

COPING STRATEGIES ADOPTED BY THE CARE GIVERS OF LOWER LIMB FRACTURED PATIENTS

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ABSTRACT

Coping has been defined as the constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person. Coping strategies are mediators of stress that may aid or inhibit positive adaptation. The terms, active coping, approach coping and engagement coping are generally used interchangeably to describe coping dimensions. Examples of coping strategies include coping through religious faith, seeking social support, denial, use of alcohol or drugs, humour, and emotional release.

The objectives of the study were to determine coping strategies adopted by caregivers of lower limb fractured patients and find out the association of coping strategies adopted by the caregivers of the lower limb fractured patients, with socio-demographic variables. Total study subjects were 30 at Brooklyn Himalaya Hospital, Baddi, Solan in Himachal Pradesh. An exploratory research design was used. The data obtained was compiled, tabulated and analysed by using descriptive statistics. The study results found that the overall percentage of coping strategies adopted by the caregivers indicated good coping in 47%, while average coping was noted in 53%, and none had poor coping. The chi-square value shows that there is no significant association between the coping strategies adopted by the caregivers and their demographic variables.

Key words: Caregivers, Lower Limb Fracture, Coping Strategies.

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INTRODUCTION

Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to, tolerate, reduce, or minimize stressful events. Two general coping strategies have been distinguished: problem-solving strategies are efforts to do something active to alleviate stressful circumstances, whereas emotion-focused coping strategies involve efforts to regulate the emotional consequences of stressful or potentially stressful events. Research indicates that people use both types of strategies to combat most stressful events. The predominance of one type of strategy over another is determined, in part, by personal style (e.g., some people cope more actively than others) and also by the type of stressful event; for example, people typically employ problem-focused coping to deal with potential controllable problems such as work-related problems and family-related problems, whereas stressors perceived as less controllable, such as certain kinds of physical health problems, prompt more emotion-focused coping. ¹

A caregiver is one who gives unpaid support to a family members, friends or neighbor who is ill or disable. The family care giver work with the health care team and has an important role in improving the patients' health and quality of life. Family caregivers can provide wide variety of services to care recipients: administering medications and physical therapy, assisting with daily tasks, and they also provide emotional support for coping with injury.

RESEARCH STATEMENT

"An exploratory study on coping strategies adopted by the caregivers of lower limb fractured patients."

OBJECTIVES

- To determine coping strategies adopted by caregivers of lower limb fractured patients.
- To find out the association of coping strategies adopted by the caregivers of the lower limb fractured patients with socio demographic variables.

OPERATIONAL DEFINITIONS

- **Caregivers:** Caregivers may be a domestic partner, sibling, parents, child, friends or any other near blood relative aged no less than 18 years who will assist the lower limb fracture patients in activities of daily living during hospital stay and at home.
- **Coping strategies:** Coping means to invest one's own conscious effort, to solve personal and interpersonal problems, in order to try to master, minimise or tolerate stress and conflict. The psychological coping mechanisms are commonly termed coping strategies or coping. ³

MATERIAL AND METHODS

An exploratory research design was used to assess the coping strategies adopted by the caregivers of lower-limb-fractured patients. Samples were selected by purposive sampling technique.

Sampling Criteria: —

Inclusion Criteria :

- The caregivers of lower-limb-fractured patients.
- Caregivers as individuals who could communicate in both Hindi and English.

Exclusion Criteria:

The study excludes:—

- Caregivers of lower-limb-fractured patients who were below 18 years of age.
- Caregivers who are unit health team members; paid nurses were not to be included.

Description of the Tool: —

A self-administered tool was used:

Section A (Socio demographic information): This section consists of variables to collect identification and socio-demographic information such as age, gender, marital status, educational status, occupational status, monthly income, religion, residential area, relationship with the patients, types of family, dietary pattern and length of hospital stay for care-giving.

Section B: (Self-administered check list to assess coping strategies adopted by the caregivers of lower-limb-fractured patients): This section Checklist was used to assess the coping strategies adopted by the caregivers of lower-limb-fractured patients.

RESULTS

The result showed the coping strategies adopted by the caregivers of lower-limb-fractured patients and problems encountered by the caregivers of these patients. It showed 47% had good coping, 53% had average coping and none of them had poor coping.

Table .1: Table showing levels of Scores

Criteria Measure of Coping Scores		
CATEGORY SCORES	PERCENTAGE (%)	FREQUENCY
Good (21–30)	47	14
Average (11–20)	53	16
Poor (0–10)	0	0

Maximum Score = 30, Minimum Score = 0

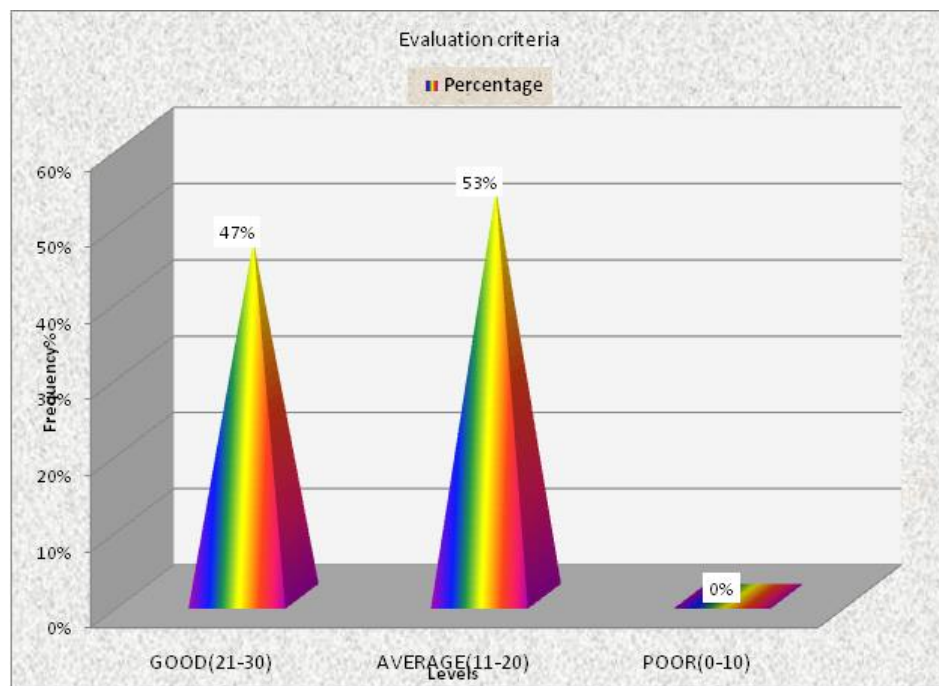


Figure 1: diagram showing levels of scores

CONCLUSION

The present study was conducted to assess the coping strategies adopted by the caregivers of lower-limb-fractured patients. It was conducted at Brooklyn Himalaya Hospital, Baddi, Solan in Himachal Pradesh. The objectives of the study were to determine coping strategies adopted by caregivers of lower-limb-fractured patients and to find out the association of coping strategies adopted by the caregivers of these patients with their socio demographic variables. The subjects of the study were 30 caregivers of lower-limb-fractured patients. The checklist was used for data collection. The study results found that the overall percentage of coping strategies adopted by the caregivers of lower-limb-fractured patients indicated good coping in 47%, while average coping was noted in 53%, and none of the samples had poor coping. The result shows that the chi-square value indicated that there is no significant association between the coping strategies adopted by caregivers of lower-limb-fractured patients and their demographic variables.

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