

**KNOWLEDGE OF EMOTION-BASED AND AVOIDANCE COPING STRATEGIES
AS DETERMINANTS THE PSYCHOSOCIAL WELL-BEING OF PATIENTS IN
NATIONAL ORTHOPEDICS HOSPITAL, IGBOBI, LAGOS.**

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ABSTRACT

The study reviewed the knowledge of emotion-based and avoidance coping strategies as determinants the psychosocial well-being of patients in National Orthopedics Hospital, Igbobi, Lagos. The study used Ex-Post Facto research design. This study took place in Lagos State. The target population for this study consisted of 5,391 male and female adult patients with musculoskeletal impairment, drawn from the various out-patient clinics and in-patient wards of the National Orthopaedic Hospital, Igbobi, Lagos State. The sample size for the study was determined using the Cochran formula. The study's sample size was the whole pool of 5,391 patients. The instrument used for data collection in this study was questionnaire titled "Coping Strategies and Psychosocial Well-Being Questionnaire" (CSPWQ). Data collected from the respondents were subjected to a reliability test, and the Cronbach Alpha Statistical Tool was used to determine the reliability of the CSPWQ instrument. Demographic information was analysed using charts. The independent t-test analysis was used to test hypotheses, and the mean and standard deviation were used to resolve the research question. The study revealed that there was a significant influence of the knowledge of avoidance coping strategies on the psychosocial well-being of patients in the study group. It also found out that there was a significant influence of the knowledge of the emotion-based coping strategies on the psychosocial well-being of the patients in the study group. One of the recommendations made was that patients should be taught to deploy their knowledge of coping strategies within the shortest time possible, after suffering musculoskeletal impairment, or after getting into hospital care for other reasons.

KEYWORD: Knowledge, Emotion-Based, Avoidance, Coping Strategies, Determinants, Psychosocial Well-Being, Patients, National Orthopedics, hospital and Igbobi, Lagos.

INTRODUCTION

Knowledge of coping strategies can help one overcome the psychosocial trauma of stressful conditions. It has been observed that patients with relatively similar problems may respond differently to their medical care and management. These differences could be

because of their ability to cope with stressful conditions. According to the American Psychological Association (2018),

Coping strategies are an action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation, or in modifying one's reaction to the situation. Additionally, Yu *et al.*, (2020) defined coping strategies as the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce, or minimize stressful events.

According to Ali *et al.*, (2020), exposure to coping strategies education improved knowledge and behaviours in their subjects compared to their pre-education level. Moreover, the knowledge of coping strategies may also lead to an improvement in health related quality of life not only for patients but also for their families (Ryan *et al.*, 2013). Interestingly, coping strategies do not only play an important role in the psychosocial adjustment of individuals with disabilities but also influence the health related quality of life of people with disorders (Umucu and Lee, 2020). Together with the knowledge and awareness of coping strategies, it becomes a vital factor in improving the ability to deal successfully with situations by minimizing its impact on social and psychological functioning (Corn *et al.*, 2020).

Coping strategies, according to Weiten *et al.*, (2011), are those reactions or efforts made to master, reduce or tolerate the demands created by stress. According to the American Psychological Association (2018), coping strategies are an action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation, or in modifying one's reaction to the situation. Additionally, Yu *et al.*, (2020) defined coping strategies as the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. In order to better understand the range of coping efforts used by persons facing stressors, including for trauma and orthopaedic conditions, a number of authors over the years have tried to categorize coping strategies.

Emotion-based coping style involves the management of stress through emotion, frequently by avoiding the issue. When the individual engages in emotion-based coping, he or she is actively regulating the emotional reaction that the problem elicits rather than attempting to change the stressful situation itself (Perez, 2017). Strategies can include distraction, suppression of feelings, thinking comforting thoughts, avoidance, and expression of emotions. Emotion-based coping does not refer to dealing with stress by using emotional control. Instead, it refers to using coping skills that address emotional reactions, and are less cognitive in nature, including sleeping, wishful thinking, worrying, and ignoring the problem.

Avoidance coping strategies involve active efforts to ignore or withdraw from the distressing situation and its associated emotions (Stanisławski, 2022). Avoidance activities involve, "procrastination, passivity, or inaction, and dependency." An individual who rates high on these types of activities, "puts off solving problems as long as possible, waits for problems to resolve themselves, and attempts to shift responsibility to others" (Lazarus and Folkman, 1984). This coping style has received strong support (Endler and Parker, 1999), and has been identified as an independent coping style in several different coping instruments (Brands *et al.*, 2014). Hence, avoidance coping, including the use of denial and withdrawal, are associated with maladaptive behaviours and psychological distress (Rückholdt *et al.*, 2019).

One condition that elicits the usage of coping strategies is the burden of trauma. It is enormous on survivors, their families and the society. It greatly works against the survivors' mental health and interferes with their recovery (Guedes *et al.*, 2020). Trauma survivors may develop a spectrum of psychological disorders in the short-term or long-term period after

experiencing the trauma (Arenthet *et al.*, 2014). Although a significant number of orthopaedic trauma survivors develop serious psychiatric disorders, only a few of them get appropriate mental health services by trained professionals. Traumatic injury victims suffer from physical disabilities, which may persist during their year of work-life. Different emotional and behavioural conditions in these subjects are a common source of complaints. The magnitude of psychological disorder after orthopaedic trauma varies depending on the screening tool, site of injury and the timing of the study period from the injury. Mental health problems have been reported to have an association with reduced health-related quality of life among trauma survivors (Brands *et al.*, 2014). The concept of coping strategies is expected to gain popularity in public circles and across our health care institutions. This study was designed to investigate the effect of the knowledge of coping strategies on psychosocial well-being of persons with musculoskeletal impairment in the National Orthopaedic Hospital in Igbobi, Lagos.

STATEMENT OF PROBLEM

Trauma is the stress a patient passes through during and after illness, and many healthcare practitioners have varying degrees of experience of this stress to which the patients are subjected. Sometimes there may be increased prevalence of post-traumatic stress disorder (PTSD), anxiety, depression, psycho-physiological disturbances such as nightmares and trouble sleeping, fear, grief, behavioural problems, change in school and work performance, lack of hope and personality changes. It is against this background that the study will be conducted to find out how the knowledge of coping strategies following trauma influence orthopaedic patients, and how it improved their psychosocial well-being.

RESEARCH OBJECTIVES

- Determine the influence of the knowledge of emotion-based coping strategies on the psychosocial well-being of patients in National Orthopaedic Hospital, Igbobi, Lagos.
- Examine the influence of the knowledge of avoidance coping strategies on the psychosocial well-being of patients in National Orthopaedic Hospital, Igbobi, Lagos.

RESEARCH QUESTIONS

- What is the influence of the knowledge of emotion-based coping strategies on the psychosocial well-being of orthopaedic patients in National Orthopaedic Hospital, Igbobi, and Lagos?
- What is the influence of the knowledge of avoidance coping strategies on the psychosocial well-being of orthopaedic patients in National Orthopaedic Hospital, Igbobi, and Lagos?

RESEARCH HYPOTHESIS

- Knowledge of emotion-based coping strategies does not significantly influence the psychosocial well-being of orthopaedic patients.
- Knowledge of avoidance coping strategies does not significantly influence the psychosocial well-being of orthopaedic patients.

THEORETICAL FRAMEWORK

CONCEPT OF COPING STRATEGIES

Yu *et al.*, (2020) defined coping strategies as the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce, or minimize stressful events.. The extent to which a stressor affects an individual's physical, psychological and behavioural outcomes is accounted for, in part, by one's coping resources and strategies. Coping skill is necessary for students' educational, professional and personal development. The ability and skill to manage imposed stresses effectively will lead to high levels of psychological well-being, while inability or skill deficits to manage it leads to lower levels of psychological well-being (Weiten *et al.*, 2011).

Frydenberg (2018) emphasized that coping does not occur in a vacuum. The social context of family, friends and community not only influences one's appraisals of situations, but also one's choice of coping strategies (Aldwin, 2011). The implication here is that the development of constructive coping strategies during childhood and adolescence determines how the individual would cope with adversities throughout the youth and adult years (Melato *et al.*, 2017). A variety of other factors such as age, intellect, gender and parental/social support was found to influence coping styles amongst young people, while culture, race and nationality also emerged as prominent factors influencing coping processes (Breik and Zaza, 2019; Saleem *et al.*, 2020; Ajibewa *et al.*, 2021).

According to Liu *et al.*, 2023, support from family and friends serves an important function as a coping resource during adolescence. Any change in the social relationships with parents, siblings and peers during adolescence would have an impact on the extent to which those relationships will serve as sources for emotional support, even into adulthood. For individuals with brain injury, coping can be influenced by cognitive and interpersonal consequences of the head trauma. When accompanied by decreased perceived control, these individuals are more easily prone to use maladaptive coping styles, which can lead to a downhill spiraling into emotional instability (Murray, 2019; Roth and Hardin, 2019). For example, research has found that one of the main contributing factors to the presence of enduring post-injury emotional complaints in this population is their use of maladaptive coping styles (Velikonja *et al.*, 2013).

In other words, coping skill can be conceptualized as a combination of coping style, and range of implementable coping strategies. Coping style is a mixture of attribution style (perceived source of stress, locus of control, optimistic or pessimistic outlook on finding a solution), and personality characteristics, such as risk tolerance, sense of self-efficacy, and introversion or extroversion. Coping strategies enable the individual to handle stressors more effectively, reduce the intensity of symptoms and help recover faster from exposure (Morganstein and Ursano, 2020; Anderson *et al.*, 2022). These adaptive capacities provide immunity against damage from stress. The effectiveness of the coping strategy, however, depends on the degree of distress, variations in individual coping, the level of social support available and, to a large extent, the consultation skills and support of health professionals (Anderson *et al.*, 2022).

People using problem-focused strategies try to deal with the cause of their problem. They do this by finding out information about the problem and learning new skills to manage the problem. Problem focused coping is aimed at changing or eliminating the source of the stress, whereas emotion focused strategies involve releasing pent-up emotions, distracting one, managing hostile feelings, mediating or using systematic procedures. Emotion focused coping is oriented towards managing the emotion that accompanies the perception of stress (Singh and Singh, 2020).

EMOTION-BASED COPING STRATEGY ON THE PSYCHOSOCIAL WELLBEING OF PATIENTS

Emotion-based coping style involves the management of stress through emotion, frequently by avoiding the issue. When the individual engages in emotion-based coping, he or she is actively regulating the emotional reaction that the problem elicits rather than attempting to change the stressful situation itself (Perez, 2017). Strategies can include distraction, suppression of feelings, thinking comforting thoughts, avoidance, and expression of emotions. Emotion-based coping does not refer to dealing with stress by using emotional control. Instead, it refers to using coping skills that address emotional reactions, and are less cognitive in nature, including sleeping, wishful thinking, worrying, and ignoring the problem.

For individuals living with brain injury, it has been suggested that emotion-based strategies, particularly denial, can be more adaptive during the acute phase following brain injury, although these strategies are not useful in the long term. Instead, task-based styles in the chronic phases are more suitable (Krupanet *et al.*, 2007; Whiting, 2016; Watson *et al.*, 2020). Emotion-based coping strategies, such as emotional worry and escape avoidant coping may increase in the first six months post brain injury, and such increase has been linked to diminished productivity (Dawson *et al.*, 2006; Whiting, 2016; Watson *et al.*, 2020). In addition, other similar strategies such as self-blame, preoccupation, ignoring a problem, and keeping to oneself have been associated with increased stress, depression and anxiety in these patients. Because emotion-based coping has been related to poor outcomes following brain injury in the post-acute phases, it is considered a maladaptive coping style (Krupanet *et al.*, 2007; Whiting, 2016; Watson *et al.*, 2020).

Hobfall's Conservation of Resources theoretical model (COR) suggests that individuals strive to retain, protect and build resources and that what is threatening to them is the potential or actual loss of valued resources (O'Brien and Cooper, 2022). After people experience potentially traumatic events, they are at risk for a loss of material, social and psychological resources and with each resource loss, additional loss can occur creating a spiral of loss that can negatively impact mental health (O'Brien and Cooper, 2022). Emotion-focused coping is commonly a strategy to reduce stress and provide safety or conservation of resources, particularly in humanitarian contexts with ongoing conflict (Elnakibet *et al.*, 2021). In this way, emotion-focused coping allows youth to have control over emotional resources that can be particularly important when youth are facing resource loss at the individual, family and community level as a result of conflict. Emotion-focused coping may also be particularly effective when used in conjunction with other coping strategies (Elnakibet *et al.*, 2021).

Emotion-focused coping strategies aim to reduce and manage the intensity of the negative and distressing emotions that a stressful situation has caused rather than solving the problematic situation itself. These coping strategies thus help the subject to feel better but do not solve the source of the distress. Emotion-focused coping often is utilized when the problem is out of the subject's control as maybe seen in terminal illness or sudden death of a loved one, in which condition the subject has no other option, but to cope with and accept the situation. Among the terminally ill, it has been proven that emotional coping combined with actively expressing and processing emotions has psychological adjustment benefits, decreases depression, hostility and increases life satisfaction (Stanislawski, 2022). Sometimes, the strategies are used when one cannot use problem solving strategies or when the stressor is perceived to be overwhelming. Emotion-focused coping increases the sense of pleasure, positivity and contentment, and promotes the ability to focus on that, which can be changed. Women are better than men are at first controlling their emotions with the emotion-focused coping technique before engaging the problem-focused coping technique to solve their

problems (Stanisławski, 2022). Examples of emotion-focused coping techniques include listening to music, massage, meditation, physical exercise, going out with a friend, writing in a journal or diary, taking a hot bath, expressing emotions creatively in painting, humour (jokes or funny movies), etc. Positive self-soothing thoughts and self-reassurance can be of help. Seeking social support provides the individual an avenue to seek sympathy, understanding, moral support, information, advice and resources. Deep religious and spiritual alignment provide great potential for comfort, because they help the individual to cope with emotionally stressful conditions by providing belief systems and concepts which aid the understanding and acceptance of the situation by the religious adherents. It also helps the individual to find a positive aspect, some positive meaning in otherwise negative circumstances (Elnakibet *al.*, 2021).

Some emotion-focused coping strategies are more positive, functional and adaptable than others. People may choose to mentally disengage from the situation by day-dreaming or over-sleeping, or just giving up dealing with the situation all together. It lowers the level of mental involvement and thus one feels temporarily less distressed but it can become a dysfunctional method of coping quite quickly. Denial of the reality of the event is another method, which might help reduce the intensity of negative emotions and negative appraisal. The denial of the existence of the threat can have negative consequences such as not receiving the right medical treatment on time when the symptoms only start to appear. Substance abuse and even over-eating or smoking might provide a short relief and aid disconnect from reality, but it starts a vicious cycle of dependency and creates additional problems. An additional strategy that distressed individuals utilize is self-blame or shifting blame to others (Dorresteijnet *al.*, 2019).

It is a common reaction to initially react in an emotionally focused manner especially to traumatic events. In the shorter term, it is adaptive coping. However, after a while, problems become more complicated and less controllable. Emotionally focused coping is useful if it creates a pause, a break, which the individual takes for himself or herself, that enables him or her to have the time to gather strength and to look at the problem from different perspectives. It should, however, be a short-term solution because it does not fix the core of the problem. Emotionally focused coping is most useful when circumstances will not change and the individual needs to learn to accept the situation as it is and to learn to live with its aftermath, as is common in conflict or medical emergency rooms (Dorresteijnet *al.*, 2019). In cases of problems that can be solved and changed, more direct and active problem solving strategies are needed.

AVOIDANCE COPING STRATEGY ON THE PSYCHOSOCIAL WELLBEING OF PATIENTS

Avoidance coping strategies involve active efforts to ignore or withdraw from the distressing situation and its associated emotions (Stanisławski, 2022). Avoidance activities involve, “procrastination, passivity, or inaction, and dependency.” An individual who rates high on these types of activities, “puts off solving problems as long as possible, waits for problems to resolve themselves, and attempts to shift responsibility to others” (Lazarus and Folkman, 1984). This coping style has received strong support (Endler and Parker, 1999), and has been identified as an independent coping style in several different coping instruments (Brands *et al.*, 2014). Hence, avoidance coping, including the use of denial and withdrawal, are associated with maladaptive behaviours and psychological distress (Rückholdt *et al.*, 2019). Endler and Parker (1999), particularly, specified that individuals can engage in inactive avoidance coping either by getting away from the stressor or by engaging in other tasks (distraction) or by using other people as means to evade it (social diversion).

In a cohort study by Cherewicket *al.*, (2016), they found that avoidance coping reduced internalizing and externalizing problems in girls, but also resulted in lower empathy in girls. No change in outcome measures was observed in boys using avoidant coping. Therefore, for girls, avoidant coping is effective in reducing psychological symptoms of internalizing and externalizing problems on the one hand, but negatively impacts the well-being measure of empathy on the other. Similar to the results found with problem-based coping, use of avoidant coping may affect different outcomes along different paths. It is conceivable that avoidant coping strategies may limit the types of social interactions and bonds that girls form and thus negatively impact emotional connections to others and result in lower empathy for others in the community. It is believed that avoidant coping strategies may be more adaptive in the short term but less adaptive in the long term and consideration of adaptive trajectories in coping warrants further research (Sirois and Kitner, 2015).

Although other coping styles (such as acceptance and seeking social support) have been proposed, the most common are task-based, emotion-based, and avoidance. It has been suggested that problem-solving (task-based, problem-oriented, planful coping) is a more adaptive and positive approach, and that predominant use of this coping style is associated with a better quality of life (Wilskiet *al.*, 2019; Perez, 2017; Fairfax et al, 2019; Brands *et al.*, 2014; Rückholdtet *al.*, 2019). A clearer understanding of the factors that influence the use of these coping styles may facilitate rehabilitation treatment (Perez, 2017). Previous research has found patterns of relationships between coping and post brain injury outcomes. People who endorse less avoidant coping strategies and more problem-solving coping have better psychosocial outcomes, whereas those who indicate less plan and more avoidant coping have worse psychosocial sequel and lower productivity (Tomberget *al.*, 2005; Krpanet *al.*, 2013; O'Connor *et al.*, 2017; Scheieret *al.*, 2021). It is important to note that most of the research studies on coping styles have largely relied on self-assessment measures, without taking into consideration the level of self-awareness that the individual has regarding his cognitive deficits and without using other objective measures to complement self-reports. An over-reliance on self-assessments and a lack of objective measures to confirm the individual's reports can limit the validity of test results. Using assessments rated by professionals to measure treatment outcomes could potentially help minimize patient biases.

The choice of coping strategy is influenced by the quantity and quality of available resources for coping that may be available to a person. These include knowledge, such as knowledge of the functioning at a workplace; skills such as analytical skills; attitudes, including self-efficacy or confidence in one's ability to perform a specific behaviour; social resources, including people with whom a person can exchange information; physical resources such as health and stamina; material resources such as money; and societal resources such as policies and laws.

METHODOLOGY

The study used Ex-Post Facto research design. This study took place in Lagos State. The target population for this study consisted of 5,391 male and female adult patients with musculoskeletal impairment, drawn from the various outpatient clinics and in-patient wards of the National Orthopaedic Hospital, Igbobi, and Lagos State. The sample size for the study was determined using the Cochrane formula. The study's sample size was the whole pool of 5,391 patients. The instrument used for data collection in this study was questionnaire titled "Coping Strategies and Psychosocial Well-Being Questionnaire" (CSPWQ). Data collected from the respondents were subjected to a reliability test, and the Cronbach Alpha Statistical Tool was used to determine the reliability of the CSPWQ instrument. Demographic

information was analyzed using charts. The independent t-test analysis was used to test hypotheses, and the mean and standard deviation were used to resolve the research question.

RESULT AND DISCUSSION

Research Question One: What is the influence of the knowledge of emotion-based coping strategies on the psychosocial well-being of patients in National Orthopaedic Hospital, Igbobi, and Lagos?

Table 1: Mean and standard deviation of the influence of the knowledge of the emotion-based coping strategies on psychosocial well-being of patients

Variable	Mean	SD
I feel good seeking social support	3.29	0.79
I listen to music	3.48	0.70
I get physical exercise	3.27	0.79
I love going out with friends	3.13	0.79
I seek advice when necessary	3.44	0.58
I get right medical treatment on time when the symptoms only start to appear	3.33	0.73
Criterion mean	2.50	

***H: High; Source: Field data, 2023.**

The first research question sought to answer the question about the influence of the knowledge of emotion-based coping strategies on the psychosocial well-being of patients seen in the study. The respondents agreed that the variables measuring their knowledge of emotion-based coping strategies were enough to create a positive effect on their psychosocial well-being, with observed mean values of 3.29, 3.48, 3.27, 3.13, 3.44 and 3.33 for the variables, respectively. The observed mean values were higher than the criterion mean of 2.50 (Table 4.3), and this implied that, among the patients seen in the study, there was a remarkable influence on psychosocial well-being by the knowledge of the emotion-based coping strategies.

Research Question Two: What is the influence of the knowledge of avoidance coping strategies on the psychosocial well-being of patients in National Orthopaedic Hospital, Igbobi, Lagos?

Table 2: Mean and standard deviation of the influence of the knowledge of the avoidance coping strategies on psychosocial well-being of patients

Variable	Mean	SD
I withdraw from any distressing situation	3.31	.66
I am emotionally connected to others	3.21	.72
I experience post brain injury outcomes, including lack of concentration and forgetfulness	2.92	1.05
I see myself as being less productive	3.15	.94
I rely more on my personal effort	3.28	.78
I get right medical treatment on time when the symptoms only start to appear	3.02	.80
Criterion mean	2.50	

***H: High; Source: Field data, 2023.**

From Table 2, the variables measuring the knowledge of emotion-based coping strategies had positive effect on the psychosocial well-being of the respondents, with

observed mean values of 3.31, 3.21, 2.92, 3.15, 3.28 and 3.02 for the variables, respectively. The observed mean values were higher than the criterion mean of 2.50, and this meant that, among the patients seen in the study, there was a remarkable influence on psychosocial well-being by the knowledge of the avoidance coping strategies.

HYPOTHESIS TESTING

Hypothesis One: The null hypothesis states that their knowledge of the emotion-based coping strategies does not significantly influence the psychosocial well-being of the patients seen at the National Orthopaedic Hospital, Igbobi, Lagos. The hypothesis was tested with the independent t-test analysis of the variables.

Table 3: Independent t-test analysis of influence of the knowledge of emotion-based coping strategies on the psychosocial well-being of patients

Emotion-based coping strategy	N	X	SD	t-cal
Adequate knowledge	465	19.04	3.967	8.58*
Inadequate knowledge	35	13.00	4.63	

***Significant at 0.05 level df = 498 N= 500 critical t-value 1.645**

Source: Field data, 2023

Table 3 shows the obtained t-test value (8.58). This value was subjected to a test of significance by comparing it with the critical t-value (1.645) at 0.05 levels with 498 degrees of freedom. The obtained t-value (8.58) was greater than the critical t-value (1.645). This result was significant, and it meant that there was a significant influence of the knowledge of the emotion-based coping strategies on the psychosocial well-being of the patients in the study group.

Hypothesis Two: The null hypothesis states that knowledge of the avoidance coping strategies does not influence the psychosocial well-being of the patients seen in National Orthopaedic Hospital, Igbobi and Lagos. The independent t-test analysis was used for the test of hypothesis.

Table 4: Independent t-test analysis of the influence of the knowledge of avoidance coping strategies on the psychosocial well-being of patients

Avoidance coping strategy	N	X	SD	t-cal
Adequate knowledge	415	19.07	4.039	5.46*
Inadequate knowledge	85	16.36	4.815	

***Significant at 0.05 level df =498 N= 500critical t-value 1.645**

Source: Field data, 2023

Table 4 shows the obtained t-test value (5.46). This value was tested for significance by comparing it with the critical t-value (1.645) at 0.05 level with 498 degrees of freedom. The obtained t-value (5.46) was greater than the critical t-value (1.645). Hence, the result was

significant. The result meant that there was a significant influence of the knowledge of avoidance coping strategies on the psychosocial well-being of patients in the study group.

DISCUSSION OF FINDINGS

The results of the data analysis in tables 1 and 3 were significant due to the fact that the obtained t-value (8.58) was greater than the critical t-value (1.645) at 0.05 level with 498 degrees of freedom. This implies that there is a significant influence of the knowledge of the emotion-based coping strategies on the psychosocial well-being of the patients in the study. The significance of the result caused the null hypothesis to be rejected while the alternative one was accepted. This finding is in agreement with the opinion of Perez (2017), who observed that when an individual engages in emotion-based coping, he or she is actively regulating the emotional reaction that the problem elicits rather than attempting to change the stressful situation itself. The results also agree with the opinion of Singh and Singh (2020), that emotion focused coping strategies aim to reduce and manage the intensity of the negative and distressing emotions that a stressful situation has caused, rather than solve the problematic situation itself. He added that the coping strategies help patients feel better, but do not solve the source of their distress.

The results of the data analysis in table 2 and 4 were significant because the obtained t-value (5.46) was greater than the critical t-value (1.645) at 0.05 level with 498 degrees of freedom. This implies that there is a significant influence of the knowledge of the avoidance coping strategies on the psychosocial well-being of the patients at the National Orthopaedic Hospital, Igbobi, Lagos. The significance of the result caused the null hypothesis to be rejected while the alternative one was accepted. The significance of the result is in agreement with the opinion of Cherewick (2016), who observed that the avoidance coping techniques reduced internalizing and externalizing problems. The result also agrees with Stanisławski (2022), who said that avoidance coping strategies involve active efforts to ignore or withdraw from the distressing situation and its associated emotions (Stanisławski, 2022). He added that avoidance activities involve “procrastination, passivity, or inaction, and dependency.”

CONCLUSION

The study concludes that the knowledge of coping strategies has been shown to grant some measure of control over the psychological state of the patients. Coping strategies has a positive effect on psychosocial well-being of patients. It is also concluded from this study that the adaptive, active and emotion-based coping strategies, in that order, are more effective than the other strategies in fostering positive psychosocial well-being among patients. The coping strategies in this study were not mutually exclusive, and no single coping strategy was exclusively utilized, as the subjects employed a combination of strategies. From the study, the best single coping strategy was the adaptive coping, and the least effective single strategy was the passive coping.

RECOMMENDATIONS

- Patients should be taught to deploy their knowledge of coping strategies within the shortest time possible, after suffering musculoskeletal impairment, or after getting into hospital care for other reasons.
- A single coping strategy should not be applied in isolation of other coping modalities because there is often a functional overlap by these modalities. Therefore, a patient obtains a most positive psychosocial well-being by a combination of different strategies.

REFERENCES

- Aldwin, C. M. (2011). *Stress, coping, and development: an integrative perspective* (2nd Ed.). New York, NY: Guilford Press.
- Ali, S.M., Elsherbeny, E.M., Ahmed, M.A. and Mohamed, H.M. (2020). Effect of coping strategies education on knowledge and behaviours of women experienced workplace bullying. *Evidence-Based Nursing Research*, 2(3): 13-13.
- American Psychological Association (2018). *APA Dictionary of Psychology*. Retrieved from: <https://dictionary.apa.org/> Retrieved on September 8, 2022
- Anderson, G. S., Ricciardelli, R., Tam-Seto, L., Giwa, S. and Carleton, R. N. (2022). Self-reported coping strategies for managing work-related stress among public safety personnel. *International Journal of Environmental Research and Public Health*, 19(4): 2355.
- Arenth, P. M., Russell, K. C., Scanlon, J. M., Kessler, L. J. and Ricker, J. H. (2014). Corpus callosum integrity and neuropsychological performance after traumatic brain injury: A Diffusion Tensor Imaging study. *The Journal of Head Trauma Rehabilitation*, 29(2): E1-E10.
- Brands, I. M., Köhler, S., Stapert, S. Z., Wade, D. T. and van Heugten, C. M. (2014). Psychometric properties of the coping inventory for stressful situations (CISS) in patients with Acquired brain injury. *Psychological assessment*, 26(3): 848.
- Breik, W. D. and Zaza, H. I. (2019). Coping strategies adopted by adolescents: A comparative study in relation to gifted status, gender, and family size. *Gifted Education International*, 35(1): 3-19.
- Cherewick, M., Doocy, S., Tol, W., Burnham, G. and Glass, N. (2016). Potentially traumatic events, coping strategies and associations with mental health and well-being measures among conflict-affected youth in Eastern Democratic Republic of Congo. *Global Health Research and Policy*, 1: 1-18.
- Corn *et al.*, (2020). Corn, B. W., Feldman, D. B. and Wexler, I. (2020). The science of hope. *The Lancet Oncology*, 21(9): e452-e459.
- Dawson, D. R., Cantanzaro, A. M., Firestone, J., Schwartz, M. and Stuss, D. T. (2006). Changes in Coping Style Following Traumatic Brain Injury and their Relationship to Productivity Status. *Brain and Cognition*, 60(2): 214-216.
- Dorresteijn, S., Gladwin, T. E., Eekhout, I., Vermetten, E. and Geuze, E. (2019). Childhood trauma and the role of self-blame on psychological well-being after deployment in male veterans. *European Journal of Psychotraumatology*, 10(1): 1558705.
- Elnakib, S., Elaraby, S., Othman, F., BaSaleem, H., AlShawafi, N. A. A., Al-Gawfi, I. A. S. and Tappis, H. (2021). Providing care under extreme adversity: the impact of the Yemen conflict on the personal and professional lives of health workers. *Social Science and Medicine*, 272, 113751.
- Endler, N. S. and Parker, J. D. (1999). *Coping Inventory for Stressful Situations (CISS): Manual*. Toronto, ON, Canada: Multi-Health Systems.

- Frydenberg, E. (2018). What is coping? In *Adolescent Coping* (pp. 14-30). Routledge.
- Guedes *et al.*, (2020).
- Krpan, K. M., Levine, B., Stuss, D. T. and Dawson, D. R. (2007). Executive function and coping at one-year posttraumatic brain injury. *Journal of Clinical and Experimental Neuropsychology*, 29(1): 36–46.
- Lazarus, R. and Folkman, S. (1984). *Stress, appraisal and coping*. New York, NY: Springer.
- Melato, S. R., Van Eeden, C., Rothmann, S. and Bothma, E. (2017). Coping self-efficacy and psychosocial well-being of marginalized South African youth. *Journal of Psychology in Africa*, 27(4): 338-344.
- Morganstein, J. C. and Ursano, R. J. (2020). Ecological disasters and mental health: causes, consequences, and interventions. *Frontiers in psychiatry*, 11: 1 – 4
- O’Brien, K. and Cooper, C. (2022). Conservation of resources theory. In *Elgar Introduction to Organizational Stress Theories* (pp. 109-122). Edward Elgar Publishing.
- Perez, L. (2017). The Effects of Coping Styles and Perceived Stress on Clinical Outcomes in Individuals with Moderate to Severe Brain Injury in a Post-Acute Rehabilitation Program. PCOM Psychology Dissertations. 414.
- Rückholdt, M., Tofler, G. H., Randall, S. and Buckley, T. (2019). Coping by family members of critically ill-hospitalized patients: An integrative review. *International Journal of Nursing Studies*, 97: 40-54.
- Ryan, B. L., Speechley, K.N., Levin, S. D. and Stewart, M. (2013). Parents and physicians’ perceptions of childhood epilepsy. *Seizure*, 12: 359-68.
- Saleem, F. T., Anderson, R. E., and Williams, M. (2020). Addressing the “myth” of racial trauma: Developmental and ecological considerations for youth of colour. *Clinical Child and Family Psychology Review*, 23: 1-14.
- Singh, V. and Singh, V. (2020). Effects of Stress in Psychological Health and Its Management. *Journal of Law*, 6(1): 5-71.
- Sirois, F. M. and Kitner, R. (2015). Less adaptive or more maladaptive? A meta-analytic investigation of procrastination and coping. *European Journal of Personality*, 29(4): 433-444.
- Tomberg, T., Toomela, A., Pulver, A. and Tikk, A. (2005). Coping strategies, social support, life orientation and health-related quality of life following traumatic brain injury. *Brain Injury*, 19 (14): 1181-1190.
- Umucu, E. and Lee, B. (2020). Examining the impact of COVID-19 on stress and coping strategies in individuals with disabilities and chronic conditions. *Rehabilitation Psychology*, 65(3): 193 - 199
- Watson, P. A., Gignac, G. E., Weinborn, M., Green, S., Pestell, C. (2020). A meta-analysis of neuropsychological predictors of outcome following stroke and other non-traumatic acquired brain injuries in adults. *Neuropsychology Review*, 30: 194-223.

- Weiten, W., Dunn, D. S. and Hammer, E. Y. (2011). *Psychology applied to modern life: Adjustment in the 21st century*. Centage Learning
- Whiting, D. L. (2016). A trial of acceptance and commitment therapy to facilitate psychological adjustment after a traumatic brain injury. Doctor of Philosophy Thesis, School of Psychology, University of Wollongong. <https://ro.uow.edu.au/theses/4612>.
- Wilski, M., Gabryelski, J., Broła, W., Tomasz, T. (2019). Health-related quality of life in multiple sclerosis: Links to acceptance, coping strategies and disease severity. *Disability and Health Journal*, 12(4): 608-614.
- Yu, H., Li, M., Li, Z., Xiang, W., Yuan, Y., Liu, Y., and Xiong, Z. (2020). Coping style, social support and psychological distress in the general Chinese population in the early stages of the COVID-19 epidemic. *BMC Psychiatry*, 20: 1-11.