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## The Prospects of Adaptive Coping Strategies in the Wellbeing of Patients in Akwa Ibom State Public Hospitals

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### ABSTRACT

*This study was to assess the prospects of adaptive coping strategies in the wellbeing of patients in Akwa Ibom State public hospital. A quasi-descriptive survey design was adopted for the study. The study was conducted in Akwa Ibom State. The population of the study comprised all patients currently in public hospitals. Stratified sampling technique was used to select 85 male and 135 female patients, making a total of 220 respondents that constituted the sample size used for the study. The Instrument used in this study for data collection was a questionnaire titled: "Adaptive Coping Strategy in the Wellbeing of Patients Questionnaire (ACSWPQ)". Face and content validation of the instrument was carried out by an expert in test, measurement and evaluation from university of Uyo to ensure that the instrument has the accuracy, appropriateness and completeness of the study under consideration. The reliability coefficient obtained was 0.80 and this was high enough to justify the use of the instrument. The researcher subjected the data generated for this study to appropriate statistical techniques such as regression analysis and independent t-test analysis. The test for significance was done at 0.05 alpha levels. The study concluded that adaptive coping strategies helps patient to improve their wellbeing during stressful conditions which could be due to their capacity to handle difficult situations. Adaptive coping strategies are influenced by various factors such as intensity of stress, nature of the stressful life event, personal characteristics such as age, gender, health status, education, religion, marital status sociodemographic, socio-cultural, geographical, and environmental aspects. Adaptive coping strategies benefit or positively affect the wellbeing of patient who adopt the strategies. Examples of these strategies include religious/spiritual coping, exercising, and socializing with friends and family. One of the recommendations made was that medical practitioners should help patient to advocate the adaptive coping strategies in their stressful situation in order to alleviate the negative effects of stress in the life of their wellbeing.*

**KEYWORDS:** Adaptive Coping Strategies, Wellbeing, Patients, Hospital and Akwa Ibom State

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## Introduction

Coping strategies help one overcome the psychological trauma faced during stressful conditions. Patients with psychological trauma conditions respond to medical treatment and management in diverse ways. This could be due to their capacity to handle difficult situations. Coping acts as a stabilizing factor that may help individuals maintain psychological adaptation during stressful periods (Thompson, Mata, Jaeggi, Buschkuhl, Jonides & Gotlib, 2010). Coping is the ability to manage threatening challenges or potentially harmful situations that are crucial for well-being. Understanding and identifying coping strategies can help health professional's direct interventions to control stressors related to the disease, favoring the adaptive process within the therapeutic regimen. Coping strategies are influenced by a variety of factors, including the severity of the stress, the nature of the stressful life event, and personal characteristics such as age, gender, health status, religion, education, religion, marital status, sociodemographic, socio-cultural, geographical, and environmental aspects (Javed & Parveen, 2021). Coping mechanisms can be divided into two categories. The first of these is adaptive coping strategies, which traditionally benefit or positively affect the lives of those who use them (Folayan, Cáceres, Sam-Agudu, Odetoyinbo, Stockman & Harrison, 2017). Examples of this approach include religious/spiritual coping such as prayer and reading scripture (Stoltzfus & Farkas, 2012); exercise (Cairney, Kwan, Veldhuizen & Faulkner, 2014); meditation; listening to music; and socializing with friends and family (Feld, 2015). The other form of coping, maladaptive coping, refers to methods that usually lead to adverse consequences, including some of the mental health challenges. Prior research divided maladaptive coping into two different categories, emotional and avoidance-based (Folayan, et. al., 2017). Maladaptive coping behaviors can include drinking, smoking, drug use, overeating, and other unbeneficial behaviors (Woolman, Becker & Klanecky, 2015). Thus, coping mechanisms focus on the meaning, the practical aspects, the emotional aspects, and the avoidance aspects linked to a crisis. People differ greatly in their ability to deal with stressful life events successfully, and a few coping strategies are way more effective than others when faced with a selected life changing event (Folkman, 2010). The way one copes with a crisis situation has important implications for wellbeing. Effective coping leads an individual to attain better life satisfaction.

## Statement of the Problem

Adaptive coping strategies have immense issues among the wellbeing of the patients in Akwa Ibom State public hospital. These go beyond the patient and lead to the early death of the patient earlier than expected. Medical practitioners have come up with adaptive coping strategies that can keep patients alive and improve their wellbeing in public hospitals. This is done because of the patient's wellbeing. Medical practitioners have brought to bay that the patient's wellbeing plays a very important role, which includes the wellbeing to resist death and live long in good health. Therefore, the study investigated the prospects of adaptive coping strategies in the wellbeing of patients in Akwa Ibom State public hospital.

## Objective of the Study

1. To determine the influence of adaptive coping strategies used on the wellbeing of patients
2. To examine the differences in the adaptive coping strategies used by male and female patient in Akwa Ibom State public hospital

## Research Questions

1. What is the influence of adaptive coping strategies used on the wellbeing of patients?
2. What are the differences in the adaptive coping strategies used by male and female patient in Akwa Ibom State public hospital?

## Hypotheses

**H0<sub>1</sub>:** There is no significant influence of adaptive coping strategies on the wellbeing of patients.

**H0<sub>2</sub>:** There is no significant differences in the adaptive coping strategies used by male and female patient in Akwa Ibom State public hospital

## Concept of Adaptive Coping Strategy and Types

Adaptive coping is the application of behavioral strategies to reduce actual or potential stress. Adaptive coping strategies generally involve confronting problems directly, making reasonably realistic appraisals of problems, recognizing and changing unhealthy emotional reactions, and trying to prevent adverse effects on the body (SparkNotes 2021). Adaptive coping includes cognitive and behavioral efforts to manage stressful conditions or associated emotional distress. Feld and Shusterman (2015) noted the following examples of adaptive coping practices that have traditionally benefited or positively affected the lives of people who utilize them: include religious/spiritual coping methods such as prayer and scripture reading, as well as exercise, meditation, music listening, and socializing with friends and family.

**Religious/Spiritual Coping:** Spirituality and religious activities have been reported as ways for people to cope with stress in a healthy way. Religious coping has also been shown to be effective in reducing stress-related behaviors. For example, people often turn to alcohol to deal with their stress, and researchers have found that combating stress-driven drinking with religious coping to be effective (Stoltzfus & Farkas, 2012). In a study conducted among students in a religiously-affiliated college, those with higher levels of religious coping predicted lower levels of stress-driven drinking not only in general, but also when students experienced academic alienation (Stoltzfus & Farkas, 2012). These findings further support that of the Higher Education Research Institute (HERI) (2006) showing that spirituality does not eliminate stress or stressors, but provides for more adaptive coping with stress and difficult situations. These findings are also consistent with Cole (2005), who found that religious coping correlated with lower levels of depressive symptoms because stress-driven alcohol consumption has often been correlated with stress-related disorders (like depression) (Holgate & Bartlett, 2015). Religious coping can

therefore be seen as an effective adaptive coping method for stress and depression, and transitively, religious coping could be predictive of a better quality of life (Alleyne, Alleyne, & Greenidge, 2010; Brandy, Penckofer, Solari-Twadell, & Velsor-Friedrich, 2015).

**Social Support:** Researchers have demonstrated that the prevalence of people struggling with psychological trauma situations rely on peer and familial support to cope with their stress (Thompson, et. al., 2010). In a study surveying high school students, 62.4% of the students reported that they talk with their friends when experiencing stress while 45.5% of the students reported that they talk with their parents (Feld & Shusterman, 2015). Similarly, Wilson, Bohnert, Ambrose, Davis, Jones & Magee (2014), in a cross-sectional survey of female college students, found that participants lacking high levels of social support often reported higher levels of depression. This finding was consistent with other research stating that a strong characteristic of depression is a lack of perceived emotional support from friends and family (Hefner & Eisenberg, 2009). Emotional support also appears to be a crucial aspect of social support. As many of the symptoms of depression greatly affect the emotional stability of an individual, social support is needed to counteract the effects of stress and depression (American Psychiatric Association, 2013).

**Exercise:** Several studies have evaluated the effects of exercise on stress. A survey of individuals living in Canada indicated that 40% of its participants reported that they use exercise as a coping mechanism to reduce stress and that females were more likely to report stress-reduction as a reason for exercise as well as those who were single or previously married (Cairney, Faulkner, Kwan, & Veldhuizen, 2014). Exercise acts as a coping strategy that focuses on the emotional aspects of stress and works effectively to prevent its negative effects. Exercise additionally functions as a tool of distraction or of refocus. These findings and ideas support exercise as an adaptive coping strategy because of its effectiveness in managing stress. It also affirms the need to measure exercise as a predictor of stress reduction and better quality of life. Exercise as an adaptive coping method compared the levels of depression in college athletes to other students (Ghaedi & Kosnin, 2014). This study shows that there may be a gender difference in the relationship between exercise and depressive symptoms that should be considered in future research as it may be a crucial part of why these differences occur. Additionally, as depression often positively correlates with higher levels of stress, these findings support a potential influence of gender on the levels of depression and, transitively, quality of life (Brandy, Penckofer, Solari-Twadell, & Velsor-Friedrich, 2015). Furthermore, comparing the levels of stress and anxiety between patients who exercise and those who do not could provide a clearer understanding if this difference found by Ghaedi and Kosnin (2014) holds true with other psychological issues as well.

### **Concept of Patient wellbeing**

Patient well-being is entwined with concepts and is part of a comprehensive model of health that measures medical, physical, psychological, functional, and sensory aspects. When this more comprehensive model is applied, more patients can be found to have significant vulnerabilities that could affect their chances of death or incapacitation within the next few years (Lawrence, 2016). Patient well-being is a multidimensional concept, with implications for patients' physical, mental, social, and environmental aspects of living (Kiefer, 2008). It concerns patient care in a healthy way and covers aspects such as awareness of the physical condition, stress reduction and

self-responsibility in patient wellbeing. The strategies for achieving well-being help patients find new ways of understanding and controlling their lives, both in an individual and collective scope. A patient refers to any recipient of health care services that are performed by healthcare professionals. The patient is most often ill or injured and in need of treatment by a physician, nurse, psychologist, dentist, veterinarian, or other health care provider (Wikipedia 2020). Patient refers to a person under health care. The person may be waiting for this care, receiving it, or has already received it (Stöppler, 2021). Patient is a person who receives medical attention, care, or treatment. Patient wellbeing refers to the positive experience of the individual who is in care, both during and after receiving treatment (Butler, 2019). To aid their recovery, patients as well as their families and close ones, must feel well physically and mentally. It's especially important in hospitals and other healthcare centres, which can often be stressful and uncomfortable environments.

### **Types of Health Challenges**

***Physical Activity:*** Physical activity refers to any bodily movement produced by skeletal muscles that requires energy expenditure. Physical activity includes exercise as well as other activities which involve bodily movement and are done as part of playing, working, active transportation, house chores and recreational activities (World Health Organization 2011). Exercise, sport, play, games, dance and many other terms have been used to describe the wide variety of pursuits considered to be physical activity.

***Substance Abuse:*** Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. One of the key impacts of illicit drug use on society is the negative health consequences experienced by its members. Drug use also puts a heavy financial burden on individuals, families and society (WHO 2021). Substance abuse, also known as drug abuse, is the use of a drug in amounts or by methods which are harmful to the individual or others. It is a form of substance-related disorder (Wikipedia 2021). Substance abuse may lead to social, physical, emotional, and job-related problems.

***HIV/AIDS:*** HIV (Human Immunodeficiency Virus) refers to a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. While AIDS is the late stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus (Minority HIV AIDS Fund 2020). HIV is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome).

***Obesity:*** Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health. It is defined by body mass index (BMI) and further evaluated in terms of fat distribution via the waist-hip ratio and total cardiovascular risk factors (Sweeting, 2007). Obesity, also called corpulence or fatness, is the excessive accumulation of body fat, usually caused by the consumption of more calories than the body can use. The excess calories are then stored as fat, or adipose tissue.

***Mental Health:*** Mental health is defined as a state of well-being in which an individual recognizes his or her own abilities, is able to cope with normal stresses of life, is able to work productively, and is able to contribute to his or her community (World Health Organization 2018). Mental health refers to cognitive, behavioral, and emotional well-being. It is all about

how people think, feel, and behave. People sometimes use the term “mental health” to mean the absence of a mental disorder (Legg, & Felman, 2020). Mental health is also an integral and essential component of health.

### **Effect of Adaptive Coping Strategies on Patient Health**

It is imperative to apply adaptive coping strategies in strikingly stressful situations in order to try to alleviate the negative effects of stress. How the patient copes adaptively with the problem of wellbeing is dependent on various factors. These factors include the cause and nature of the patient’s health status, the available patient’s mental resources, the extent of available social support, religious/spiritual coping, and the applied coping strategies. Knowledge about the psychology of coping strategies leads to more possibilities for developing a person-centred and effective support programme. The method of help should be adjusted to the nature of the problem and the individual’s needs and expectations (Furman et al., 2010; Peterson et al., 2012; Petok, 2015; Van den Broeck, Emery, Wischmann, & Thorn, 2010). According to Lazarus and Folkman (2004), the cognitive coping model proposes that successful coping in a stressful state depends on how the person assesses their own situation and whether they are able to choose appropriate coping strategies. Two main strategies can be identified in Lazarus and Folkman (2004)’s classic model: problem-focused and emotion-focused coping. Following this model, several studies confirmed that in infertility, emotion-focused coping tends to be adaptive because it is a low-control stressor for the person (Faramarzi et al., 2013; Peterson et al., 2006). Terry and Hynes (2008) emphasized that problem-solving may also be effective. Planful problem-solving, that is, a problem-focused strategy and distancing, were found to be the most effective in males (Faramarzi et al., 2013; Peterson et al., 2006). Planful problem solving may be adaptive because modelling a strategy to solve the problem and planning the steps to reach the purpose increases feelings of control and competence and further helps the couple in their joint effort to solve the problem (Peterson et al., 2006). The findings noted reveal that exchanging maladaptive coping strategies for adaptive strategies should be an important aim of infertility treatments on the wellbeing of patients.

### **Method**

A quasi-descriptive survey design was adopted for the study. The study was conducted in Akwa Ibom State. The population of the study comprised all patients currently in public hospitals. A stratified sampling technique was used to select 85 male and 135 female patients, making a total of 220 respondents that constituted the sample size used for the study. The instrument used in this study for data collection was a questionnaire titled: "Adaptive Coping Strategy in the Wellbeing of Patients Questionnaire (ACSWPQ)". Face and content validation of the instrument was carried out by an expert in test, measurement, and evaluation from the University of Uyo to ensure that the instrument has the accuracy, appropriateness and completeness of the study under consideration. The reliability coefficient obtained was 0.80 and this was high enough to justify the use of the instrument. The researcher subjected the data generated for this study to appropriate statistical techniques such as simple regression analysis and independent t-test analysis. The test for significance was done at 0.05 alpha levels.

### **Result and Discussion**

**Hypothesis One:** The null hypothesis states that there is no significant influence of adaptive coping strategies on the wellbeing of patients. In order to answer the hypothesis, simple regression analysis was performed on the data (see table 1).

**Table 1: Simple Regression Analysis of the Influence of Adaptive Coping Strategies on the Wellbeing of Patients**

Model	R	R-Square	Adjusted R Square	Std. error of the Estimate	R Square Change
1	0.69a	0.49	0.49	1.09	0.49

**\*Significant at 0.05 level; df= 218; N= 220; critical R-value = 0.139**

The above table 1 shows that the calculated R-value (0.69) was greater than the critical R-value of 0.139 at 0.05 alpha levels with 218 degrees of freedom. The R-Square value of 0.49 predicts 49% of the influence of adaptive coping strategies on the wellbeing of patients. This rate of percentage is moderately positive and therefore means that there is significant influence of adaptive coping strategies on the wellbeing of patients. It was also deemed necessary to find out the influence of the variance of each class of independent variable as responded by each respondent (see table 2).

**Table 2: Analysis of Variance of the Influence of Adaptive Coping Strategies on the Wellbeing of Patients**

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	246.122	1	246.122	207.462	.000b
Residual	258.623	218	1.186		
Total	504.745	219			

a. Dependent Variable: Wellbeing of Patients

b. Predictors: (Constant), Coping strategies

The calculated F-value (207.462) and the P-value as (.000b). Being that the P-value (.000b) is below the probability level of 0.05, the result therefore means that there is significant difference in the influence exerted by each case of the independent variables i.e. coping strategies on the dependent variable which is wellbeing of patients. The result therefore is in agreement with the research findings of Feld & Shusterman, (2015) who noted that the following examples of adaptive coping practices that have traditionally benefited or positively affected the lives of patients who utilize them; religious/spiritual coping methods include prayer and scripture reading, as well as exercise, meditation, music listening, and socializing with friends and family. The significance of the result caused the null hypotheses to be rejected while the alternative one was accepted.

## Hypothesis Two

There is no significant difference in the level of adaptive coping strategies used by male and female patient in Akwa Ibom State public hospital.

**Table 3: Independent t-test analysis of the differences in the level of adaptive coping strategies used by male and female patient in Akwa Ibom State public hospital**

Variable	N	$\bar{X}$	SD	t	Sig.
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Male	85	13.40	1.03	7.45*	0.000
Female	135	12.23	2.11		

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**\*Significant at 0.05 level; df= 218; N= 220; critical t-value 1.96**

The above table 3 presents the calculated t-value as (7.45) and P-value of .000. The P-value of (.000) being compared with the alpha level of .05 were found less and so proved that the corresponding calculated t-value (7.45) were significant. The result means that there is a significant difference in the level of adaptive coping strategies used by male and female patients in Akwa Ibom State public hospital, meaning that male patients do better in coping strategies than their female counterparts. The result therefore is in agreement with the research findings of Craske, (2003) and Hammen, (2005) that differences in how women and men respond to stress may be an underlying mechanism that contributes to observed sex differences in the development and clinical presentation of anxiety and depressive disorders. The significance of the result caused the null hypotheses to be rejected while the alternative one was accepted.

### **Conclusion**

The study concluded that adaptive coping strategies help patients improve their wellbeing during stressful conditions, which could be due to their capacity to handle difficult situations. The intensity of stress, the nature of the stressful life event, and personal characteristics such as age, gender, health status, education, religion, marital status, sociodemographic, socio-cultural, and environmental aspects all influence adaptive coping strategies. Adaptive coping strategies benefit or positively affect the wellbeing of patients who adopt the strategies. Examples of these strategies include religious/spiritual coping, exercising, and socializing with friends and family.

### **Recommendation**

1. Medical practitioners should help patients to advocate adaptive coping strategies in their stressful situations in order to alleviate the negative effects of stress on their lives.
2. Medical practitioners should adopt the method of adaptive coping strategies to the nature of the wellbeing of patients in Akwa Ibom State public hospital.
3. Medical practitioners should help patients to support the nature of adaptive coping strategies in their wellbeing to promote their health.



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