

# **AN INDEPT STUDY OF ADAPTIVE AND MALADAPTIVE COPING STRATEGIES FOR WELLBEING OF PATIENTS**

**By**

**Dim, U. M. E., Ph.D**  
**Department of Human Kinetics and Health Education,**  
**Faculty of Education,**  
**University of Uyo, Nigeria**

**Prof. Dim, E. M.**  
**Department of Orthopaedics and Traumatology,**  
**Faculty of Clinical Sciences,**  
**University of Uyo, Nigeria.**

**And**

**Oforjigha-Dim, C. W.**  
**Department of Medical Laboratory Sciences,**  
**Federal Medical Centre, Ebute-Metta,**  
**Lagos, Nigeria**

## **ABSTRACT**

*Coping strategies play a crucial role in determining the psychological and physiological wellbeing of patient. The study provides an indept research of adaptive and maladaptive coping strategies for wellbeing of patients. Adaptive coping strategy involves problem solving, including collecting information and refocusing on the problem or regulation of emotion by focusing attention on the emotional response aroused by the stressor). Conversely, maladaptive strategies, including avoidance, substance use, and self-blame, often exacerbate distress and hinder treatment adherence. The findings underscore the need for targeted interventions, including cognitive-behavioral therapy (CBT) and psychoeducation, to equip patients with effective coping tools. Understanding the interplay between coping strategies and patient wellbeing can inform holistic treatment approaches and improve overall health outcomes. On this basis the study concluded that adaptive coping mechanisms enhance resilience, reduce stress, and improve recovery outcomes. Conversely, maladaptive strategies often worsen distress and hinder treatment adherence. One of the recommendations made was that the entire concept of coping strategies should be incorporated into public health education curricula of the various training programmes for health care personnel.*

**Keywords: Adaptive, Maladaptive, Coping Strategies, Wellbeing and Patients**

**Introduction**

Coping is also defined as the thoughts and behaviours mobilized to manage internal and external stressful situations (Algorani and Gupta, 2022). 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.

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. Some of the coping dimensions that have been explored are: Adaptive and Maladaptive (Mahmoud Alilou *et al.*, 2022, Zeidner and Saklofske 2015), Active and Passive (Perez-Tejada *et al.*, 2019), Emotion based (Perez, 2017), and Avoidance (Brands *et al.*, 2014, Stanisławski, 2022).

Generally speaking, adaptive strategies help patients to reduce pain and stress, while promoting or improving function (Mahmoud Alilou *et al.*, 2022). Adaptive coping strategy might involve problem solving, including collecting information and refocusing on the problem, or regulation of emotion by focusing attention on the emotional response aroused by the stressor). Maladaptive coping strategies are those that attempt to manage stress, but end up decreasing function despite temporary respite from certain symptoms (Jensen *et al.*, 2011).

## **Theoretical Framework**

### **PERMA Well-Being Theory by Martin Seligman (2011)**

Seligman's theory on well-being was developed as an extension of his earlier theory on authentic happiness (Seligman, 2002). He is described as one of the founders and leaders of the positive psychology movement among others (Linley and Joseph, 2004; Compton, 2005; Baumgardner and Crothers, 2010; Dodge *et al.*, 2012). In his theory on well-being, Seligman (2011) postulated that well-being itself was a theory of free choices made by human beings and comprised a number of elements. The five elements, he argued, were characterized by what individuals would choose on their own accord and for their personal benefit. Each of these elements, according to Seligman (2011), must have the following three characteristics: a) It makes certain contributions to the individual's well-being; b) The individual will pursue it for its own sake, exclusive of other elements; and c) The definition and measurement of the element is independent of others. The five elements in Seligman's well-being theory are positive emotion, engagement, positive relationships, meaning as well as accomplishment. These elements are represented by the acronym, PERMA (Seligman, 2011), and are briefly described.

Positive emotions, also known as the pleasant life, are crucial building blocks of well-being and comprise subjective measures of happiness and life satisfaction. These are divided into physical pleasures such as enjoying a good meal, or the more sophisticated pleasures such as a complex game of chess, which are described as complex combinations of emotions capable of producing feelings of joy or ecstasy (Compton and Hoffman, 2013). In relation to engagement, Seligman (2011) indicated that the good life was achieved through engagement in absorbing activities, which promote full participation in life. His description of the good life was embedded in the construct of signature strengths, described by Peterson and Park (2009) as "positive traits that a person owns, celebrates and frequently exercises". Authentic happiness, according to Seligman (2002), is an innate ability to identify and cultivate one's strengths in everyday activities

such as work, play and being a parent. Closely related to this is the notion of “gratification”, which is described as the emotional response to activities that promote the enactment of signature strengths and virtues, which in turn culminate in authentic happiness and abundant gratification (Compton and Hoffman, 2013; Butler and Kern, 2016).

Human beings are said to be inherently in need of positive and reciprocal relationships (Seligman, 2011). Closely related to this need for relatedness (Butler and Kern, 2016), is their need for living autonomously, deciding on goals and challenges which they can strive to achieve, coupled with a sense of competence and mastery of life and environmental contexts (Compton and Hoffman, 2013). In a meaningful life, personal or signature strengths are employed for the achievement of something more significant than one’s individual self, thus approaching life from a wider perspective of purpose and meaning. This would lead people to understand their world better and make sense out of it, most especially as they would get a sense of fulfilment when they believe that their lives are significant and have a purpose (Seligman, 2011; Compton and Hoffman, 2013; Butler and Kern, 2016).

Accomplishment is achieved by using one’s most prominent strengths, which in turn leads to the experience of more positive emotion and deeper meaning. Feelings of accomplishment will also have a positive impact on our relationships (Seligman, 2011). The importance of strengths and virtues in the development of well-being was proven by a number of research studies over the past few decades (Petersen and Seligman, 2004; Seligman, 2011), and the findings in such studies equally appraised strengths as an imperative part in the conceptualization of well-being. Seligman (2011) constructively criticized his own theory of authentic happiness (Seligman, 2002) as being one-dimensional, in that it concentrates on feeling good and attempting to maximize these feelings on a continuous basis. The well-being theory was, in contrast, appraised by Seligman (2011) for

its multipronged nature, both in method and application. In his criticism of the PERMA theory, Wong (2011) argued against the use of the term “gold standard” for measuring well-being, which had been used in Seligman’s description of the theory. Wong contended that there was a global agreement amongst positive psychology scholars that the Ryff and Singer (1998) model of well-being deserved the title of gold standard of well-being. Wong (2011) further argued that research had not found any undisputed evidence supporting the PERMA theory as a representation of a new theory of well-being, as suggested by Seligman (2011). The author, however, credited the theory for its scientific expansion of the theory of authentic happiness (Seligman, 2002; Wong, 2011).

The addition of the elements of accomplishment and relationships, in particular, brought a social component to the PERMA theory, thus making it more inclusive and integrative than other theories of well-being (Keyes, 1998; Wissing and Van Eeden, 2002; Gallagher *et al.*, 2009; Butler and Kern, 2016). The PERMA theory, therefore, is a relevant scientific theory that could be operationalized for use in future research studies in order to understand the concept of well-being, from yet another viewpoint.

A practical example that relates this theory with the present study is seen in people with high level of well-being. High level of well-being is associated with better physical health, stronger immune system, reduced cardiovascular mortality, fewer sleep problems, greater self-control, better self-regulation and coping abilities. A patient with high level of well-being will be able to cope better, relate well with the health team and be more cooperative in his care.

## **Conceptual Framework**

### **What is coping strategy?**

Coping strategies is defined 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).

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). Typically, people that use a mixture of all two types of coping strategies, and coping skills will usually change over time. All these methods can prove useful, but some claim that those using problem focused coping strategies will adjust better to life (Gerhold, 2020). Problem focused coping mechanisms may allow an individual greater perceived control over their problem, while

emotion focused coping may sometimes lead to a reduction in perceived control (maladaptive coping). According to Boamah., (2015), personality disposition (self-rated health status), age, location, educational level, occupation, ethnicity, housing quality and income are all significant predictors of the adoption of coping strategies in Nigeria.

The increase of knowledge can provide patients with more confidence. However, other researchers highlight that the choice of coping strategies depended mainly on the individual's personality. Job position influenced significantly the selection of coping strategies (Zyga *et al.*, 2016). In particular, Zyga *et al.*, (2016), showed that educated victims tended to choose such coping strategies as “Positive re-evaluation”, “Problem solving” and “Positive approach”. Also, educated victims adopted more “Denial” strategies than uneducated victims. Consequently, Zyga *et al.*, concluded that it is more likely for educated victims to refuse or to transfer their resolution of a stressor situation.

According to Nguyen, (2020), knowledge of coping methods specific to each group is important for nurses and other health professionals to know which coping methods people tend to use within each group, and to be prepared to improve or seek positive coping methods. They also noted an association between forms of coping and the socio-demographic variables of people on chronic hemodialysis. Using level of education as an example, they noted that the people with duration of education  $\geq 12$  years had a preponderance of problem-focused coping methods compared to people with lesser years of education (Nguyen, 2020). In other studies, people with high levels of education were less likely to suffer depression when they adopted problem-focused coping methods (Chan *et al.*, 2011; Subramanian *et al.*, 2017). According to Alnazly (2016), the use of coping strategies in relation to the level of education shows that only two coping subscales were significantly different in terms of the level of education, distancing, and self-controlling.

Alnazly (2016) also noted that a lower educational level was associated with more frequent use of distancing and self-control than a higher educational level. Trauma patients appeared to distance themselves from stress-provoking events and controlled themselves to avoid stress. Although these strategies have a calming effect on patients, they do not increase their comfort level and are effective only temporarily. If their effects lasted longer, these strategies might result in maladaptive coping, leading to a stressful lifestyle. Interventions to educate patients on effective coping strategies, including self-controlling and distancing was recommended (Alnazly, 2016).

### **Adaptive and Maladaptive Coping Strategies**

The term adaptive coping strategy has been replaced by many other words and includes such words as active, problem-oriented, task-based, etc. Generally speaking, adaptive strategies help patients to reduce pain and stress, while promoting or improving function (Mahmoud Alilou *et al.*, 2022). Adaptive coping strategy might involve problem solving, including collecting information and refocusing on the problem, or regulation of emotion by focusing attention on the emotional response aroused by the stressor). Maladaptive coping strategies are those that attempt to manage stress, but end up decreasing function despite temporary respite from certain symptoms. Several reviews have concluded that responding to traumatic pain with “passive” strategies has been associated with poor overall adjustment (Jensen *et al.*, 2011). Similarly, Zeidner and Saklofske (2015) unequivocally referred to avoidance coping as “maladaptive,” a stance that self-help websites and magazine articles are quick to agree with. The difference between adaptive and maladaptive coping strategies are not the strategies themselves, rather the outcomes they produce. Adaptive/Maladaptive are descriptors of the outcomes of applying said coping strategy with respect to the particular stressor involved. In other words, if the strategy manages stress while promoting optimal function in the user, it is in that sense an adaptive strategy. On the other hand,

if the strategy manages stress symptoms but produces an overall decrease in function in the user, it is referred to as maladaptive. The proof of the particular cake is in the eating.

*i. Task-based Coping Strategy*

Task-based coping strategies are used when an individual is actively seeking a solution to the problem by defining the problem. This has also been called planful coping by Krpan *et al.*, (2013). When using this type of coping, the person is addressing and confronting the situation by changing it or by attempting to obtain more information, resources, and skills. It may include defining the problem, generating alternative solutions, weighing the options, choosing among all potential alternatives, and acting upon them (Lazarus and Folkman, 1984). Planful or task-based coping has been consistently linked to positive outcomes, and thus it is considered an adaptive coping strategy. Although this type of coping seems to be more useful in the long term, there is still very limited research on post-acute coping strategies. Hence, there is a great need to identify those specific patient characteristics that are associated with the use of adaptive coping styles in the long-term periods after brain injury.

Task-based coping generally is said to be the best coping strategy, attested to by Cupples *et al.*, 2021, as it removes the stressor, so deals with the root cause of the problem, providing a long term solution. Problem-focused strategies are successful in dealing with stressors such as discrimination, HIV infections and diabetes. However, it is not always possible to use problem-focused strategies. For example, when someone dies, task-based strategies may not be very helpful for the bereaved. Dealing with the feeling of loss requires emotion-focused coping. Task based approaches will not work in any situation where it is beyond the individual's control to remove the source of stress. They work best when the person can control the source of stress (e.g. exams, work based stressors etc.). It is not a productive method for all individuals. For example, not all people are able to take control of a situation, or perceive a situation as controllable. For example,

optimistic people who tend to have positive expectations of the future are more likely to use task-based strategies, whereas pessimistic individuals are more inclined to use emotion-focused strategies (O'Connor *et al.*, 2017; Scheier *et al.*, 2021).

Ersek *et al.*, (2006) found that among older adults with persistent pain, the most frequently reported coping strategies were Task Persistence (maintaining activity, for example despite fluctuations of pain intensity), Pacing (activity avoidance), and Coping Self-Statements (a form of conditioning to put a stop to thoughts that lead to anxiety and to replace them with rational thoughts). The least frequently used strategies were Asking for Assistance and Relaxation. Findings from that study suggest useful coping strategies clinicians could explore with individual patients (Ersek *et al.*, 2006).

## **ii. *Emotion-based Coping Strategy***

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 (Krpan *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 (Krpan *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 (Elnakib *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 (Elnakib *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 gets 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 (Stanisławski, 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 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 silver lining, some positive meaning in otherwise negative circumstances (Elnakib *et 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 (Dorresteijn *et 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 (Dorresteijn *et al.*, 2019). In cases of problems that can be solved and changed, more direct and active problem solving strategies are needed.

### ***iii. Avoidance Coping Strategy***

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 Cherewick *et 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 (Wilski *et al.*, 2019; Perez, 2017; Fairfax *et al.*, 2019; Brands *et al.*, 2014; Rückholdt *et 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 (Tomberg *et al.*, 2005; Krpan *et al.*, 2013; O'Connor *et al.*, 2017; Scheier *et 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.

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.

## **Conclusion**

This study highlights the significant role of coping strategies in shaping patient wellbeing. Adaptive coping mechanisms enhance resilience, reduce stress, and improve recovery outcomes. Conversely, maladaptive strategies often worsen distress and hinder treatment adherence. Encouraging adaptive coping through therapy and support systems can lead to better health and psychological stability. Healthcare providers should prioritize interventions that promote positive coping behaviors. Addressing maladaptive tendencies is crucial for improving overall patient care. A balanced approach to coping strategies fosters holistic wellbeing. Future research should explore tailored interventions for diverse patient needs.

## **Recommendations**

1. The entire concept of coping strategies should be incorporated into public health education curricula of the various training programmes for health care personnel.
2. Health care workers should be properly equipped with the knowledge of coping strategies to enable them apply it positively in order to facilitate recovery and psychosocial wellbeing.

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