

**EXAMINATION OF THE INFLUENCE OF KNOWLEDGE OF ACTIVE AND PASSIVE
COPING STRATEGIES ON THE PSYCHOSOCIAL WELL-BEING OF PATIENTS IN
NATIONAL ORTHOPAEDIC HOSPITAL, IGBOBI, LAGOS.**

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ABSTRACT

The study examined the influence of knowledge of active and passive coping strategies on the psychosocial well-being of patients in National Orthopaedic Hospital, Igbobi, and 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 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 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 found out that there was a significant influence of the knowledge of the active 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 passive coping strategies on the psychosocial well-being of patients in the study group. Evidence from this study suggests that a combination of the active and the passive strategies may yield the most positive effect on the psychosocial well-being of the patients.

KEYWORDS: Active and Passive Coping Strategies, Psychosocial Well-Being, Patients, National Orthopaedic Hospital, Igbobi and Lagos.

INTRODUCTION

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. Coping strategies is also seen as the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. 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. 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. 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. In order to better understand the range of coping efforts used by persons facing stressors, including for trauma and orthopedic conditions, a number of authors over the years have tried to categorize coping strategies. Some of the coping dimensions that have been explored are: Active and Passive (Perez-Tejada *et al.*, 2019).

Generally speaking, active coping strategies include securing social support, biofeedback, active distraction, problem solving, gathering information, prioritizing tasks, turning to religion, requesting and accepting help from family and friends. Active coping mechanisms usually involve an awareness of the stressor and conscious attempts to reduce stress. Active coping refers to cognitive and behavioural attempts to deal directly with problems and their effects (Prell *et al.*, 2021).

Passive coping responses are often used when individuals decide that the basic circumstances cannot be altered and, thus, they need to accept a situation as it is (Kavčič *et al.*, 2022). Passive coping responses to depressive symptoms can interfere with treatment outcomes (Mannes *et al.*, 2020), since the feelings and behaviours associated with learned helplessness can contribute to worsening cognitive distortions about the level of threats from a minor adverse event and negatively affect one's sense of control over life stressors and self-efficacy related to the outcomes of treatment (Xie *et al.*, 2022). Individuals under pressure typically use multiple tactics to deal with the stressors, especially when they appraise the stressors as severe threats, with potentials for harm and loss (Folkman and Lazarus, 1980; Kavčič *et al.*, 2022). Nevertheless, a high level of passive coping responses to depressive symptoms, with or without active coping, may amplify a depressed mood. Rather than engaging in pleasurable activities with or without seeking help from social support networks to alleviate depressed mood, those with passive coping responses may choose to further withdraw from activities and interactions with others, resulting in increased social isolation and worsening depressed mood (Saravanan *et al.*, 2019).

Coping strategies are usually classified as active or favourable, and passive or unfavourable (Prell *et al.*, 2021). Of these, the "passive avoidant" and "active positive" strategies predominate in patients with stressful and chronic diseases. The "passive avoidant" strategies are also associated with diseases with the worst health outcomes (Adnan *et al.*, 2013). According to Burns (2016), psychosocial well-being is about lives going on well. It has to do with inter-individual and intra-individual levels of positive functioning that can include one's relatedness with others and self-referent attitudes that include one's sense of mastery and personal growth. Subjective well-being reflects

dimensions that affect judgments of life satisfaction. Chang *et al.*, (2022) viewed psychological well-being as some combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudemonic perspective). Oluwaseyi (2020) reviewed the consequences of psychological well-being as being in better physical health, mediated possibly by brain activation patterns, neurochemical effects and genetic factors.

STATEMENT OF PROBLEM

Over the years, there have been instances of psychosocial trauma among critically ill patients in Nigerian hospitals, sometimes on account of serious body injuries. Generally speaking, these illnesses go beyond orthopaedic patients, and may result in early death of the victims. It is for this reason that health experts have come up with various strategies to keep these patients alive while receiving treatment in the hospital. These strategies leverage the power of mind. Psychologists have elucidated that the human mind plays a very important role in one's actions, including the power to resist death and live long in good health. The psychological impact of trauma and orthopaedic injuries on persons of all ages is enormous.

RESEARCH OBJECTIVES

- Examine the influence of the knowledge of active coping strategies on the psychosocial well-being of patients in National Orthopaedic Hospital, Igbobi, Lagos.
- Determine the influence of the knowledge of passive 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 active coping strategies on the psychosocial well-being of orthopaedic patients in National Orthopaedic Hospital, Igbobi, Lagos?
- What is the influence of the knowledge of passive coping strategies on the psychosocial well-being of orthopaedic patients in National Orthopaedic Hospital, Igbobi, Lagos?

RESEARCH HYPOTHESIS

- Knowledge of active coping strategies does not significantly influence the psychosocial well-being of orthopaedic patients.
- Knowledge of passive coping strategies does not significantly influence the psychosocial well-being of orthopaedic patients.

THEORETICAL FRAMEWORK

CONCEPT OF COPING STRATEGIES

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. 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 are adaptive capacities that 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).

ACTIVE COPING STRATEGIES ON THE PSYCHOSOCIAL WELL-BEING OF PATIENTS

According to Grommisch *et al.* (2020), coping strategies reflect the repertoire of responses available to the individual and which can be successfully deployed in times of stress. Whereas personality is relatively fixed, coping strategies can be taught explicitly or through modelling. The effect of coping strategies is usually classified as active or favourable, and passive or unfavourable (Prell *et al.*, 2021). Active coping strategies include securing social support, biofeedback, active distraction, problem solving,

gathering information, prioritizing tasks, turning to religion, requesting and accepting help from family and friends. Active coping mechanisms usually involve an awareness of the stressor and conscious attempts to reduce stress. Active coping refers to cognitive and behavioural attempts to deal directly with problems and their effects (Prell *et al.*, 2021) as explained hereunder.

- **Social Support**

This is the support accessible to an individual through social ties to other individuals, groups, and the larger community, and which stands on the premise of social interactions and relationships that offer help or attachment and are perceived as loving and caring (Elnakib *et al.*, 2021; Alsubaie *et al.*, (2019) defined social support as any social relationship that promotes health and wellbeing. Research has maintained that a positive correlation exists between social support and mental health, irrespective of how the researchers have differentiated social support and how they went about measuring and quantifying it (Elnakib *et al.*, 2021). The National Cancer Institute's Dictionary of Cancer Terms defines social support as a network of family, friends, neighbours, and community members available in times of need to offer psychological, physical, and financial assistance (www.cancer.gov). Social support comprises such emotional support as love, trust, and understanding; it also includes advice and such concrete measures as helping in time management. Social support may depend on the developmental stage of the person who is receiving the support.

- **Biofeedback**

The concept of biofeedback was developed in the 1960s, and research on human patients with particular pathologies or disorders began in the 1970s (Yates, 2012). Biofeedback is a method through which various biological processes of the body can be monitored, recorded, and potentially controlled by the patient undergoing treatment with the assistance of specialized equipment. These processes are usually involuntary or not easily or fully perceptible. They can be recorded with electronic equipment that translates the input to visual, auditory, or other cues. The patient may become aware of these autonomous functions and may attempt to influence or control them. The patient is trained to alter a given signal to a certain level through exercise or relaxation, thus approaching "normal" or the nearest normal levels. Electromyography biofeedback is a specific form of biofeedback. The goal of treatment is to train the patient to control the reduction or increase of tension during a specific encounter.

- **Religiosity and Spirituality**

Religiosity and spirituality are coping strategies that are predictive of physical and mental health outcomes among chronically ill patients (de Diego-Cordero *et al.*, 2022; Sohail *et al.*, 2020). Religion has been consistently found to be an important coping resource for those with life-threatening illnesses. Religious coping can be particularly compelling for disenfranchised populations, such as the elderly, minorities, and women who often confront challenges in accessing health care (de Diego-Cordero *et al.*, 2022; Sohail *et al.*, 2020). More specifically, religious practices such as prayer and meditation can enhance a sense of control over stressful events by helping individuals achieve a personal relationship with a higher entity that offers strength and support to cope with their illness. Furthermore, religion provides a sense of purpose and meaning for

seemingly incomprehensible events or chronic adversity. Religious belief systems can provide a framework for understanding the experience of death and dying (Campbell *et al.*, 2020; Sallnow *et al.*, 2022).

- **Active Distraction Coping**

According to Waugh *et al.* (2020), active distraction coping is distinct from avoidance in that it is an adaptive disengagement strategy, while avoidance is maladaptive. Active distraction itself can be further qualified as involving positively-valenced or emotionally neutral alternative targets (positive active distraction or neutral active distraction, respectively). It is unlikely for active distraction coping to be negatively-valenced. Distraction is the turning away from a stressor and towards a target that induces negative emotions. It implies an extreme desire to disengage from a stressor, in which case it is not likely that one intends to cope with the stressor at all (Waugh *et al.*, 2020). Active distraction therefore is a distraction that a victim can engage in, which takes so much effort and focus, making it difficult to spend any time worrying about the trauma. It involves thinking or engaging in other activities not related to the stressor. Waugh *et al.*, (2020), found that engaging in leisure activities (leisure coping) as a means of active distraction coping predicted improved coping efficacy and well-being even when accounting for the predictive effects of other commonly studied coping strategies including avoidance and other forms of disengagement.

- **Problem Solving**

Problem solving is also another vital coping strategy for psychosocial well-being of trauma and orthopedic patients. According to Heppner *et al.* (2019), problem-solving is related to cognitive and affective coping activities when dealing with stressful life problems. Specifically, there is a consistent association between a positive problem-solving appraisal and problem-focused coping (approaching and attempting to alter the cause of a stressful problem). In addition, demand appraisal and self-efficacy are significant predictors of problem-focused coping (Pakmehret *et al.*, 2021). Victims' strategies for seeking and using helping resources are also related to their appraisal of their problem-solving skills. A positive (as opposed to negative) problem-solving appraisal is associated with more awareness of the availability of helping resources, higher rates of utilization, and more satisfaction with those resources (Heppner *et al.*, 2019).

PASSIVE COPING STRATEGIES ON THE PSYCHOSOCIAL WELL-BEING OF PATIENTS

Passive coping responses to depressive symptoms can also interfere with treatment outcomes (Mannes *et al.*, 2020), since the feelings and behaviours associated with learned helplessness can contribute to worsening cognitive distortions about the level of threats from a minor adverse event and negatively affect one's sense of control over life stressors and self-efficacy related to the outcomes of treatment (Xie *et al.*, 2022). One previous study that examined the primary care of post-traumatic stress disorder (PTSD-PC) and coping styles (related to the general life stress) among primary care patients (average age of 55.2 ± 16.0 ; 64% employed at least part time) with minor depression found that those who were high in avoidant coping, but not those low in avoidant coping, showed greater improvement with PTSD-PC than those who received usual care consisting of routine physician practice (Oxman *et al.*, 2008). The authors

credited PTSD compensatory effect on those with avoidant coping style. The compensatory effect of PTSD-PC may be lower for depressed, low-income home-bound older adults with limited personal and social resources than for younger, mostly employed primary care patients. Passive coping responses are often used when individuals decide that the basic circumstances cannot be altered and, thus, they need to accept a situation as it is (Kavčič *et al.*, 2022). Previous studies found that individuals under pressure typically use multiple tactics to deal with the stressors, especially when they appraise the stressors as severe threats, with potentials for harm and loss (Folkman and Lazarus, 1980; Kavčič *et al.*, 2022). Furthermore, certain coping strategies have both active and passive components. For example, ruminative and distracting responses to depression are largely passive coping styles as they tend to aggravate depressive symptoms, may also be considered active, as even ruminative individuals focus on their symptoms of depression to try to assess and remedy their depressed state (Morrow and Nolen-Hoeksema, 1990). Nevertheless, a high level of passive coping responses to depressive symptoms, with or without active coping, may amplify a depressed mood among home-bound older adults in many ways. Firstly, given that the cognitive symptoms of the feelings of hopelessness, helplessness, and worthlessness tend to be more sensitive to depression in older than younger adults, passive coping may prolong the course of depression by reinforcing these feelings. Secondly, as late-life depression is also characterized by anhedonia and a depletion syndrome, manifested by withdrawal, apathy, and a lack of vigour (Devita *et al.*, 2022), passive coping can aggravate these tendencies. Rather than engaging in pleasurable activities with or without seeking help from social support networks to alleviate depressed mood, those with passive coping responses may choose to further withdraw from activities and interactions with others, resulting in increased social isolation and worsening depressed mood (Saravanan *et al.*, 2019).

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 out-patient 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.

RESULTS AND DISCUSSIONS

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

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

Variable	Mean	SD
I use distraction to turn away from a stressor	3.15	.73
I priorities tasks	3.21	.69
I gather information relevant to my situation only	3.17	.74
I consider authoritative criteria when choosing among alternatives	3.26	.62
I have limited control over life circumstances that lead to depression	3.13	.75
In some situations I am confused about what to do	3.21	.72
Criterion mean	2.50	

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

The summary of Table 1 shows that the six variables measuring the knowledge of the active coping strategies were adequate to create a positive effect on the psychosocial well-being of the respondents, with observed mean values of 3.15, 3.21, 3.17, 3.26, 3.13 and 3.21 for the variables, respectively. The observed mean values were higher than the criterion mean of 2.50, and this inferred that, among the patients seen in the study, there was a remarkable influence on psychosocial well-being by the knowledge of the active coping strategies.

Research Question Two: What is the influence of the knowledge of passive 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 passive coping strategies on psychosocial well-being of patients

Variable	Mean	SD
I am under pressure from caregivers to use multiple tactics to deal with the stressors	2.87	.86
I choose to further withdraw from interactions with others	2.86	.89
I focus on symptoms of depression to try to remedy my depressed state	3.05	.85
I experience cognitive symptoms of the feelings of Hopelessness	3.00	.92
I am engaged in pleasurable activities	3.18	.78
I enjoy seeking help from social support networks to alleviate depressed mood	3.13	.87
Mean as a criteria	2.50	

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

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The summary of Table 2 shows that the six variables measuring the knowledge of the passive coping strategies were found adequate to create a positive effect on the psychosocial well-being of the respondents, with observed mean values of 2.87, 2.86, 3.05, 3.00, 3.18 and 3.13 for the variables, respectively. The observed mean values were higher than the criterion mean of 2.50, and this meant that, among the study population, there was a remarkable influence on psychosocial well-being by the knowledge of the passive coping strategies.

HYPOTHESIS TESTING

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

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

Active coping strategy	N	X	SD	t-cal
Adequate knowledge	466	18.71	4.290	1.907*
Inadequate knowledge	34	17.26	4.244	

*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 (1.907). 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 (1.907) was greater than the critical t-value (1.645). Hence, the result was statistically significant. The result meant that there was significant influence of the knowledge of the active coping strategies on the psychosocial well-being of patients in the study group.

Hypothesis Two: The null hypothesis states that knowledge of the passive coping strategies does not significantly influence the psychosocial well-being of patients in National Orthopaedic Hospital, Igbobi, 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 the passive coping strategies on the psychosocial well-being of patients

Passive coping strategy	N	X	SD	t-cal
Adequate knowledge	378	19.07	4.017	4.247*
Inadequate knowledge	122	17.20	4.82	

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

Source: Field data, 2023

Table 4 shows the obtained t-test value (4.247). 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 (4.247) 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 passive coping strategies on the psychosocial well-being of the patients in the study group.

CONCLUSION

The study concluded that patients' knowledge of coping strategies was associated with positive psychosocial well-being. This means that coping strategies can be applied to alleviate psychological impacts, emotional impacts and social impacts of musculoskeletal impairments on patients. The knowledge of coping strategies has been shown in this study to grant some measure of control over the psychological state of the patients. All coping strategies do not have the same effect on psychosocial well-being of patients. The study also found out that that there was significant influence of the knowledge of the active coping strategies on the psychosocial well-being of patients in the study group. And also that there was a significant influence of the knowledge of the passive coping strategies on the psychosocial well-being of patients in the study group

RECOMMENDATIONS

- Evidence from this study suggests that a combination of the active and the passive strategies may yield the most positive effect on the psychosocial well-being of the patients.
- The entire concept of coping strategies should be incorporated into public health education curricula of the various training programmes for health care personnel.

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