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Original research article

Gender, age and proactive coping as predictors of coping in patients with limb amputation

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ABSTRACT

Patients with indications of amputation experience stressful situations of high intensity as several stressors combine, including particularly the surgical procedure, pain, immobilisation, hospitalisation, and concerns about future. The intensity of the stressful situation can be so high that patients do not have the ability to cope with it. In such situations, the nursing diagnosis “Ineffective Coping” (00069) is given to patients, which requires an intervention. In clinical decision-making, nurses should take various predisposing factors into consideration regarding patient care to predict the development of coping. The research objective was to study the effects of gender, age and proactive coping strategies on the effectiveness of coping in patients with lower limb amputation. The research included 50 respondents (25 women and 25 men) with the indicated amputation of a lower limb. We used the NOC (Nursing Outcomes Classification) scale – Coping (1302) to assess the effectiveness of coping, and the PCI (Proactive Coping Inventory) to assess proactive coping. The software SPSS 22.0 was used for statistical data analysis. The gender and age do not prove to be statistically significant predictors of coping in patients with lower limb amputation. Three proactive coping strategies are suggested as significant predictors of effective coping (Preventive Coping, Avoidance Coping, and Strategic Planning). Knowing the preferred coping strategies in patients can be beneficial for nurses as it is the main predictor of coping with amputation in patients.

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Introduction

In the present literature the terms load and stress are related to coping as are terms of similar meaning, but the professional literature indicates their inconsistency and the importance of differentiation between them. The term load is characterised as a set of requirements of outer or inner environment the person is able to meet, i.e. is able to cope with. Stress is characterised as a set of requirements of quantitative or qualitative character that the person is not able to respond to positively, i.e. is not able to cope with [1]. Related to stress, a stressful situation is characterised as a condition in which the intensity level of the stressful situation is higher than the person's ability to cope with the situation [2].

Schreiber [3] divides stressors, also external environment factors which can trigger stress in an organism, into the categories that are suitable also for medical practice. For example, he characterises the surgical procedure, pain and immobilisation as somatic pathological stressors, and he includes the disease stressors (pain, worries, immobilisation, and hospitalisation) in psychological stressors.

Attention has also been paid to the term coping in the scope of nursing practice for several years and in multiple situations, and several nursing diagnoses related to this term have occurred within the NANDA International (NANDA-I) classification system. In our research, we analysed the nursing diagnosis Ineffective Coping (00069) which is characterised as "inability to form a valid appraisal of the stressors, inadequate choices of practiced responses, and or an inability to use available resources" by Herdman [4] and Ackley with Ladwig [5]. The definition of the nursing diagnosis is supplemented by its defining characteristics and related factors [4,5]. To objectivise the development of the diagnosis in patients, several scales have been developed within the Nursing Outcomes Classification (NOC), e.g. Decision-Making (0906), Stress Level (1212), Acceptance: Health Status (1300), Coping (1302), Psychosocial Adjustment: Life Change (1305), Adaptation to Physical Disability (1308), Personal Resiliency (1309), etc. [5].

Generally, we can characterise coping as a set of cognitive and behavioural efforts by a person to manage the conditions that exceed the degree of his or her immediate adaptation abilities, thus threatening or exceeding his or her resources [6]. In our research, we focused particularly on coping patterns (strategies) that are characterised as addictive, trans-situational, relatively consistent patterns of processing and coping on behavioural, cognitive or experience levels that are used by persons when facing internal or external stressors [7]. They are general behavioural patterns used in various types of demanding situations.

Lazarus and Folkman [6] describe two forms of coping strategies: problem-focused coping (the person focuses on the situation and [constructively] attempts to seek the ways how to change it, or prevent it in the future) and emotion-focused coping (when the person focuses on alleviation of experienced emotions that occurred as a result of stress while the situation does not have to be changed). Schwarzer and Taubert [8] added the time aspect to this theory and formulated it in the conception of proactive coping. The essence of this approach is

in anticipation of stressors, and solving the situation before it escalates and the stressful situation occurs. The aim of the conception was to create a positively oriented way of coping, based on setting the goals and efforts to meet them before the full escalation of the stressor effects [9].

Based on the literature review, we state that coping can be affected by multiple variables such as personality [10–12], gender [6], and age [13]. Ruiselová [14] states that after the years of intensive investigation of coping, mainly situational and dispositional effects, including their interaction, are emphasised.

The objective of the research was to study the effects of gender, age and proactive coping strategies on the effectiveness of coping in patients with lower limb amputation.

Materials and methods

The research included 50 respondents from the Department of Vascular Surgery, Faculty Hospital in Nitra. Inclusion criteria of respondents for the sample were: an indicated planned amputation of a lower limb as a result of insufficient blood flow in patients with diabetes mellitus and arteriosclerosis; maximum after the seventh day after amputation; the informed consent of the patient; and willingness of the patient to participate in the research. There were 25 women and 25 men out of the total 50 respondents. The average age of the respondents was 66.14 years (SD = 16.08; min = 23; max = 89); there were 49% respondents up to 65 years of age.

Based on the research objectives and hypotheses, we used the scale from the NOC system – Coping (1302) [15] recommended for assessment of the nursing diagnosis Ineffective Coping (00069). For research purposes, the original English version of the scale was translated by two independent translators, followed by language correction, and was adapted for the use in our conditions by nursing and psychology professionals. The scale consists of 17 items assessed on the Likert-type scale from 1 to 5 (1 – Never demonstrated, 2 – Rarely demonstrated, 3 – Sometimes demonstrated, 4 – Often demonstrated, and 5 – Consistently demonstrated). Each of the symptoms and the total scores were assessed individually.

For assessment of proactive coping, we used the PCI by Greenglass (Proactive Coping Inventory); the Slovak version [16] was also used. The Inventory consists of seven subscales: Proactive Coping (14 items), Reflective Coping (11 items), Strategic Planning (4 items), Preventive Coping (10 items), Instrumental Support Seeking (8 items), Emotional Support Seeking (5 items), and Avoidance Coping (3 items). The items are scored on the four-point scale (not at all true, barely true, somewhat true, and completely true). Beliefs of the persons with high scores in the scales of proactive coping provide high potential for a change that brings self-improvement and improvement of the environment. The research was approved by the Ethics Committee, Faculty Hospital in Nitra. The data collection was performed by the nurse from the Department of Vascular Surgery, Faculty Hospital in Nitra, who was trained to use both measurement tools.

The software SPSS 22.0 was used for the statistical data analysis. Arithmetic mean and standard deviations were used to determine the levels of coping. We used the Independent

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