Assessment of Coping Strategies among Patients with Asthma in Babylon Government

Saba W. Kareem*, Prof. Arafat Hussain Aldujali**

*MSc student in Nursing Science from faculty of Nursing, University of Kufa.
Email Address: sabaw.algmely@student.uokufa.edu.iq
**Prof. Psychiatric Medicine Department, Faculty of Nursing, University of Kufa.

DOI: 10.29322/IJSRP.10.05.2020.p10194
http://dx.doi.org/10.29322/IJSRP.10.05.2020.p10194

Abstract: This work incurs assess the coping strategies among patients with asthma and to find out the relationship between coping strategies among patients with asthma and demographical data. Method: A descriptive design cross- sectional study has been carried throughout the present work to identify the assessment of coping strategies among patients with asthma, sample of 106 ,18 to 60-years old with asthma completed questionnaires of demographical data and coping strategies scale that include two parts; problem focusing coping and behavior focusing coping. Results: A statistical distribution of the sample of the study by their socio-demographic data, it shows that the highest percentage of the patient's subgroup are: patients with ages between (18-28) years old (37.7%), male patients (55.7%), married patients (62.3%), those who live in urban distracts (65.1%), those who are illiterate (21.7%), and finally those who are Unemployed or housewives (23.6 % for each). The relation between the type of asthma and the overall assessment of problem-focused and the overall assessment of behavior- focused is non-significant. Conclusions: The results show that most patient with asthma are males according to the data analysis results and the young subgroup ages, illiterate people have higher incidence of asthma and this due to their inability to understand their condition and absence of educational programs and demographical characteristics not effect on coping strategies of the patients with their condition.

Key words: asthma, coping strategies

Introduction

Asthma is a common condition with which nearly everybody is facing. asthma is a minor psychological sickness that is thought to have been really bothered or objectively initiated.[1] Asthma is a wearisome disease that causes reversible breathing inconveniences as a result of narrowing of the airways, thickening of the air ways passage, and extended natural liquid creation. These physical characteristics usually lead to indications including wheezing, shortness of breathing, chest coziness, and hack, which move basically after some time and between people.[2] It is a moderate sickness influencing 10-12% of grown-ups and 15% of kids. Viral illnesses, allergens, stress and uneasiness may expand the symptoms of asthma. Among these variables, mental factors and stress incredibly influence the nearness of pointers.[3] Following to Lazarus and Folkman's stretch demonstrate, constant maladies such as asthma may be a life stressor, and adapting techniques can have a critical effect on COPING result by progressing quiet adjustment individual assets counting information of the infection, self-efficacy, and social back.[4] Lazarus and Folkman (1984) characterize adapting as "the individual's continually changing psychological and social endeavors to oversee explicit outside or potentially inward requests that are assessed as exhausting or surpassing the individual's assets". In their view, adapting is "process arranged," logically affected by close to home circumstance," and "a person's endeavors to supervise ask without a prior doubt around what builds up blessed or terrible adapting. [5] Adaptation is usually indicating signs of change in intellectual and conduct effort to Supervising the outside and/or internal Demands to improve prosperity. Three adapting techniques are large described. Issue centered methodologies, described by dynamic, expressive and positive reasoning, lead to greater larger amounts of execution, just as increasingly positive outcomes on clinical proportions of malady and more elevated amounts of mental prosperity. Encounter focused enthusiasm is a negative system; nothing has been done to less the risk itself. Instances of negative techniques react to nervousness, outrage, and unrealistic reasoning.[6] Coping strategies are controllable and customize elements identified with patients' mental reactions. Reaction techniques are characterized into two sorts: issue arranged adapting procedures and effect situated adapting methodologies. Reaction arranged adapting methodologies center around changing the distressing circumstance and have been appeared to decrease pressure and keep up inspirational dispositions. Directed adapting systems influence diverting consideration far from an upsetting circumstance or having the capacity to remain by refusal.[7] Researchers inspected the relationship of adapting regarding progressively exhaustive conceptualization and found that adapting by concentrating on asthma was identified with expanded emergency clinic confirmations

This publication is licensed under Creative Commons Attribution CC BY.

while limiting way of life because of asthma just as enthusiastic response in asthma assaults were identified with expanded work non-appearance. Lower dimension of evasion adapting has anticipated utilization of wellbeing administrations additionally in longitudinal settings.[8]

This publication is licensed under Creative Commons Attribution CC BY.

Objectives of the Study

1- To Assess the coping strategies among patients with asthma.
2- To find out the relationship between coping strategies among patients with asthma and demographical data.

Methodology

An illustrative structure cross-sectional examination was conveyed all through the present investigation to recognize the evaluation of adapting techniques among patients with asthma. During the period from 10 April 2019 to 20 may 2019.This examination was led among patients with asthma living in the provincial and urban region, Iraq/Babil. A non-probability purposive example of (120) understanding with asthma were chosen from AL-Qassim General Hospital/restorative Department was (43) example and from Imam al Sadiq general emergency clinic was (77) example at babil city. At long last, just (106) surveys were worthy for examination because of absent or inadequate information. Using Self-regulatory survey was built by the analyst with the end goal of present examination. An evaluation device was embraced and created by the specialist to quantify the utilizing of adapting techniques from English to Arabic. Interpretation legitimacy was accomplished through the procedure of forward and in reverse interpretation, at that point forward to the specialists to audit the interpretation. Every one of that was done after specialists explored it and substance legitimacy was set up. investigation instrument comprises of three sections:

1- **patient's demographical data**
2- **coping strategies scale:** This scale can be utilized with patients of 18 years of age. The scale isolated into two sections Each of the parts have various things those things covers a particular trademark, capacity, or conduct that incorporates: I. Identifying with People; II. Impersonation; III. Passionate Response; IV. Adjustment to Change.; V. Listening Response; VI. Dread or Nervousness.

Results

Table (1) Statistical distribution of study sample by their demographic data

Items	Sub-groups	Study group Total = 106	
		Frequency	Percentage
Age / Years	18-28	40	37.7
	29-39	32	30.2
	40-50	16	15.1
	51-61	18	17.0
Gender	Male	59	55.7
	Female	47	44.3
Occupational Status	Student	13	12.3
	Governmental Job	20	18.9
	Retired	6	5.7
	Private	17	16.0
	Unemployed	25	23.6
	Housewife	25	23.6
Residency	Urban	69	65.1
	Rural	36	34.0
Levels of Education	Illiterate	23	21.7
	Read And Write	6	5.7
	Primary	21	19.8
	Secondary	13	12.3
	High School	19	17.9
	Diploma	18	17.0
	Baccalaureate	6	5.7
Marital Status	Married	66	62.3
	Single	27	25.5
	Divorced	7	6.6
	Widow	6	5.7

This publication is licensed under Creative Commons Attribution CC BY.

This Table (1) show statistical distribution of study sample by their socio- demographic data, it states that the highest percentage of the patient's subgroup are: patients with ages between (18-28) years old (37.7%), male patients (55.7%), married patients (62.3%), those who live urban residents (65.1%), those are illiterate (21.7%), and finally those who are Unemployed or housewives (23.6 % for each).

Table (2): Assessment of overall coping mechanisms for patients with asthma

Items	MS	RS	Assessment
Problem-Focused	1.94	64.78	Moderate
Behavior-Focused	1.96	65.23	Moderate
Overall Assessment	**1.95**	**65**	**Moderate**

Table (2) and reveal assessment of overall assessment of coping mechanisms for patients with asthma, it shows that the assessment for each of the problem- focused and behavior-focused is (moderate), and overall assessment of coping mechanisms is also (moderate). This assessment is based on the statistical scoring system that indicated total score between (1-1.66) as poor knowledge; moderate is between (1.67-2.3); while good knowledge is above (2.33).

Table (3): Relationship between overall assessment of problem-focused for patients with asthma and their demographic data

Demographic Data	Chi Square	P value	Significance
Age	3.5	**0.74**	**NS**
Gender	0.6	**0.73**	**NS**
Residence	2.14	**0.7**	**NS**
Marital Status	4.75	**0.57**	**NS**
Educational Level	8.2	**0.76**	**NS**
Occupational Status	10.06	**4.35**	**NS**

NS: Non-significant

Table (4): Relationship between behavior-focused patients with asthma and their demographic data

Demographic Data	Chi Square	P value	Significance
Age	4.6	**0.37**	**NS**
Gender	3.12	**0.21**	**NS**
Residence	4.12	**0.58**	**NS**
Marital Status	2.79	**0.83**	**NS**
Educational Level	11.58	**0.48**	**NS**
Occupational Status	6.51	**0.77**	**NS**

NS: Non-significant; S: Significant at p<0.05

According to the Tables (3) and (4), there is no significant relationship (p >0.05) between the type of asthma and the overall assessment of problem- focused and the overall assessment of behavior-focused respectively.

Discussion

The current study includes a total number of (106) patients with asthma who are participants of the study, Throughout the course of the data analysis of present study, the findings have shown that the majority statistical distribution of study sample by their socio-demographic data, the highest percentage of the patient's subgroup are: patients with ages between (18-28) years old (37.7%) according to other age groups among participants of the study, Also the data analysis has shown that male patients have the highest percentage (55.7%) Married patients reveal place or the environmental high percentage (62.3%),The Study analysis demonstrates that those who live in urban residents scored (65.1%) percentage, In the current study, the value of Pearson's correlation coefficients between means of scores for each of problem-focused and behavior-focused for patients with asthma shows that there is a high significant positive correlation (P<0.01) between those two parts of the coping mechanisms with a value of Pearson's correlation coefficients is (0.678), there is no significant relationship (p >0.05) between the type of asthma and the overall assessment of problem-focused.

This publication is licensed under Creative Commons Attribution CC BY.

Conclusions

The study indicates that most patients with asthma are males according to the data analysis results and the young subgroup ages between (18-28) years, Illiterate people have higher incidence of asthma and this is based on their inability to understand their condition and absence of educational programs that may can help them to more understanding and clarifying how they can handle their life-long disease, Unemployed people also have shown a high percentage which may be related to the stress they have faced in their life and how to provide their living needs, Demographical characteristics are not effect on coping strategies of the patients with their condition.

Recommendations

Sufficient and adequate information on asthma is needed and it is essential to be provided for patient who have asthma or chronic obstructive pulmonary diseases, An educational program can be created or established for patients with asthma by health workers and the use of awareness information about how to deal with asthma and teach patients about the stimulates and how to deal with or avoid them, Because of the lack of information about how to cope with, an educational program can be created or established for patients with asthma by the psychological experts teach patients who to cope to their life- long condition and how can they use coping strategies effectively.

References

1- Nina Lind, Umeå 2015, Comorbidity, Distress, Coping and Social Support in Asthma and Allergy.
2- Global Initiative for Asthma. 2011. "Global Strategy for Asthma Management and Prevention" (PDF).
3- Adeli SH, Aghaali M, Nasab JM., 2014 Studying the effects of fasting during Ramadan on pulmonary function test and asthma severity. Health, Spirituality and Medical Ethics. 2015 Spring.
4- Barnes, P. J. (2008). "Asthma". In Fauci, Anthony S.; Braunwald, E.; Kasper, D. L. (eds.). Harrison's Principles of Internal Medicine (17th ed.). New York: McGraw-Hill.
5- Abebaw M. Yohannes1 and George S. Alexopoulos, Depression and anxiety in patients with COPD, Rev 2014; 23: 345–349.
6- Grégory Ninot, PhD,a Marina Fortes, PhD,a Magali Poulain, PhD,b Audrey Brun, Psychologist,b Jacques Desplan, MD,b Christian Préfaut, MD, Professor,c and Alain Varray, PhD, Professor,d Montpellier and Osseja, France, Gender difference in coping strategies among patients enrolled in an inpatient rehabilitation program, MARCH/APRIL 2006 HEART & LUNG.
7- Lee HM, Le H, Lee BT, Lopez VA, Wong ND. Forced vital capacity paired with Framingham Risk Score for prediction of all-cause mortality. The European respiratory journal: official journal of the European Society for Clinical Respiratory Physiology. 2010;36(5):1002–1006. Epub 2010/06/22.
8- Hannah J Durrington1 Stuart N Farrow, David W Ray, 2014, Recent advances in chronotherapy for the management of asthma, Chrono- Physiology and Therapy.

This publication is licensed under Creative Commons Attribution CC BY.