



IMPACT OF GENDER, AGE AND NATURE OF PATIENTS ON EMOTION FOCUSED COPING STYLES AMONG CARDIOVASCULAR PATIENTS

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ABSTRACT

An attempt was made in the present investigation to study the impact of gender, age and nature of patients on emotion focused coping styles among cardiovascular patients. Sample of study consists of 320 cardiovascular male and female patients in the age group of 40-60 years selected randomly from various Districts of Andhra Pradesh, India. Coping styles inventory developed by Tobin et al., (1984) was used to assess emotion focused coping styles among cardiovascular patients. Means, SDs and ANOVA were employed to analyze the data. Findings of the study revealed that nature of patients (surgical and non-surgical) and age have significant influence on emotion focused coping styles among cardiovascular patients.

KEYWORDS : Emotion focused coping styles, Surgical Cardiovascular patients, Non-surgical cardiovascular patients.

INTRODUCTION

Coping has been defined as constantly changing cognitive and behavioral efforts to manage specific external and internal demands that have been evaluated as taking up or exceeding the resources of the person (Lazarus and Folkman, 1984). Coping behaviors are used to help alleviate a difficult situation to reduce perceived threats and to manage the symptoms of stress. One basic classification of coping style recognizes two types of coping: Problem focused and Emotion focused coping. Problem focused coping includes active strategies to change stressful situation, whereas emotion focused coping styles are efforts to control one's emotional responses to modify the meaning of stress. These coping styles thus help us feel better but don't solve the source of distress.

Emotion focused coping styles aim to reduce and manage the intensity to the negative and distressing emotions that a stressful situation has caused rather than solving the problematic situation itself. These coping styles thus helps us feel better but don't solve the source of distress (Fawzy et al., 1990)

Gender differences in coping styles are the ways in which men and women differ in managing psychological stress. There is evidence that males often develop stress due to their careers, whereas females often encounter stress due to issues in interpersonal relationships. Early studies indicated that there was gender differences in coping were relatively small after controlling for the source of stressors (Brannon et al., 2009).

Some studies have shown that older people use effective problem focused coping styles. However such age differences between young and old may be due to functions of different types of stressors. In fact, empirical studies have shown that after controlling for type of stressors, few age differences exist in either the number of coping styles or in their effectiveness. Also older adults have gone through a variety of stressful experiences through life course transition. They may come to know what strategies are effective in particular situations and to develop their own ways to cope from their experiences. The younger adults as they have less experience to deal stressful situations they may use more emotion focused than effective coping styles.

Surgical or non-surgical patients who utilize the multi-dimensional coping factors will experience low stress levels and they combat with the situation. Long term recovery from surgery will involve managing risk factors dietary habits, exercise, life style changes, support groups, relaxation technique's help to manage heart healthy life.

In view of the above, the present investigation was carried out with the following objective

- To find out the impact of gender, age and nature of patients on emotion focused coping styles among cardiovascular patients.

HYPOTHESES

- Gender would significantly influence emotion focused coping styles among cardiovascular patients
- Age would significantly influence emotion focused coping styles among cardiovascular patients
- Nature of patients would significantly influence emotion focused coping styles among cardiovascular patients

SAMPLE AND TOOL

The sample consisted of 320 (160 male and 160 female) surgical and non-surgical cardiovascular patients in the age group of 40-60 years, drawn randomly from various Districts of Andhra Pradesh, India. Subjects were personally interviewed and data was collected using coping styles inventory developed by Tobin (1984).

VARIABLES STUDIED

In the light of the hypotheses formulated, the following variables are studied

Independent variables

- Gender (Male and Female)
- Age (40-50 years and 50-60 years)
- Nature of patients (Surgical and non-surgical)

Dependent variable

- Emotion focused coping styles

ANALYSIS OF DATA

The obtained data treated statistically in order to test the hypotheses. The Means and SDs (standard deviations) of the scores were calculated. To find out the influence of the independent variables (Gender, Age and Nature of patients) on dependent variable (emotion focused coping styles) the data were subjected to ANOVA (Analysis of variance).

RESULTS AND DISCUSSION

Table I Means and SDs of Emotion focused coping styles scores for eight groups

Age	Gender				
		Male		Female	
		Nature of Patients		Nature of Patients	
	Surgical	Non-Surgical	Surgical	Non-Surgical	
40-50 years	Mean	7.51	8.12	6.52	6.85
	SD	3.25	3.29	2.81	2.70
50-60 years	Mean	5.66	6.45	5.55	7.47
	SD	2.39	2.80	2.13	3.44

Means of the groups variable wise

Male=6.94 Surgical=6.31 40-50years=7.25
 Female=6.60 Non-Surgical=7.22 50-60years=6.28

A close observation of the table I shows that male non-surgical cardiovascular patients in the age group of 40-50 years have obtained high score (M=8.12), indicating that these subjects used emotion focused coping styles more frequently compared to the other groups. Female surgical cardiovascular patients in the age group of 50-60 years have obtained low score (M=5.55) indicating that these subjects used emotion focused coping styles less frequently compared to other groups.

It is evident from table I that male cardiovascular patients (M=6.94) used emotion focused coping style more frequently than female cardiovascular patients (M=6.60). Non-surgical cardiovascular patients (M=7.22) used emotion focused coping styles more frequently than surgical cardiovascular patients (M=6.31). Cardiovascular patients in the age group of 40-50 years (M=7.25) used emotion focused coping styles more frequently compared to Cardiovascular patients in the age group of 50-60 years (M=6.28) and it is clearly illustrated in the figure-I.

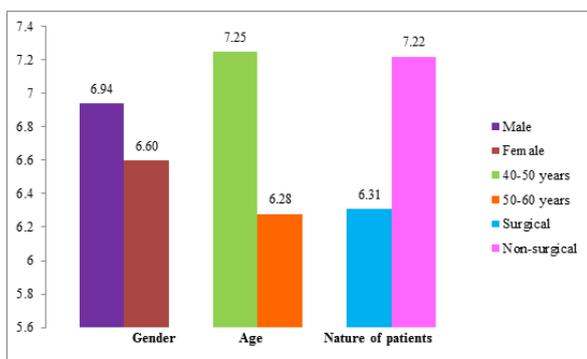


Figure-I Graphical representation of emotion focused coping styles scores in relation to gender, age and nature of patients

There are differences in mean scores of the groups related to emotion focused coping styles. However, in order to test whether gender, age and nature of patients have any significant impact on emotion focused coping styles among cardiovascular patients, the data were further subjected to analysis of variance and the results are presented in table II.

Table-II: Summary of ANOVA for scores on Emotion focused coping styles.

Source of Variance	Sum of Squares	df	MSS	'F'
Gender (A)	9.163	1	9.163	1.09@
Nature of Patients (B)	74.893	1	74.893	8.95**
Age (C)	66.461	1	66.461	7.94**
(A x B)	50.253	1	50.253	6.00**
(A x C)	3.645	1	3.645	0.43@
(B x C)	15.671	1	15.671	1.87@
(A x B x C)	10.215	1	10.215	1.22@
Within	2610.136	312	8.366	
Corrected total	2839.800	319		

**-Significant beyond 0.01 level
 *- Significant at 0.05 level
 @-Not significant

The first hypothesis stated that **gender would significantly influence emotion focused coping styles.**

It is evident from table II that the obtained 'F' value of 1.09 is not significant at 0.05 level implying that gender has no significant

influence on emotion focused coping styles among cardiovascular patients. As the 'F' value is not significant the first hypothesis, which stated that, gender would significantly influence emotion focused coping styles among cardiovascular patients, is not accepted as unwarranted by the results.

The results of the present study only go to show that both male and female cardiovascular patients used more or less similar extent of emotion focused coping styles resulting to no significant gender differences in the use of emotion focused coping styles.

Similarly cultural contexts, similar experiences, same intensity of stress and cardiac problem, personality characteristics, lack of social support, loss of hope in life and similar socio economic status probably contributed to the absence of significant gender differences among cardiovascular patients in the use of emotion focused coping styles.

Findings of the current study corroborate with the earlier findings of Brannon et al., (2009) who found that there is no significant influence of gender on emotion focused coping styles.

The second hypothesis stated that **Age would significantly influence emotion focused coping styles among cardiovascular patients.**

It is evident from table II that the obtained 'F' value of 7.94 is significant at 0.01 level implying that age has significant influence on emotion focused coping styles among cardiovascular patients. As the 'F' value is significant the second hypothesis, which stated that age would significantly influence emotion focused coping styles among cardiovascular patients, is accepted as warranted by the results.

The results of the present study has shown that subjects in the age group 40-50 years have used more of emotion focused coping styles compared to subjects in the age group of 50-60 years. The reason might be that cardiovascular patients in the age group of 40-50 years have more responsibilities inspite of their health problem in the family sector, the problems of marriage of daughters, higher education of children and fixing them up in employment, loom large because of the responsibilities as well as health problems most of the cardiovascular patients in the age group of 40-50 years used affective regulation, resigned acceptance and emotion discharge coping styles more frequently. Probably this reason might have contributed to the presence of significant age differences in the use of emotion focused coping styles among cardiovascular patients.

Findings of the current study corroborate with the earlier findings of Mccrae, (1982), who found that there is positive association between age and coping styles.

The third hypothesis stated that **Nature of patients would significantly influence emotion focused coping styles among cardiovascular patients.**

It is evident from table II that the obtained 'F' value of 8.95 is significant at 0.01 level implying that nature of patients has significant influence on emotion focused coping styles among cardiovascular patients. As the 'F' value is significant the third hypothesis, which stated that nature of patients would significantly influence emotion focused coping styles among cardiovascular patients, is accepted as warranted by the results.

The results of the present study shows that non-surgical cardiovascular patients have used emotion focused coping styles more frequently than surgical patients. In general surgical procedures help to the maximum extent to overcome the cardiac problem. Non-surgical patients experience more stress caused by living with cardiovascular problem continuously. Non-surgical

patients in general experience more anxiety, depression, loss of self-confidence and loss of hope in life. Recurring symptoms, repeated worsening hospitalization and unpredictability of the outcome might have contributed for the use of emotion focused coping styles more frequently among non- surgical cardiovascular patients compared to surgical patients.

The present finding is consistent with earlier finding of Hooli et al., (2012), who found that there was positive association between nature of patients and coping styles.

CONCLUSIONS

1. Gender has no significant influence on emotion focused coping styles among cardiovascular patients
2. Age has significant influence on emotion focused coping styles among cardiovascular patients. Cardiovascular patients in the age group of 40-50 years used emotion focused coping styles more frequently compared to the age group of 50-60 years.
3. Nature of patients has significant influence on emotion focused coping styles among cardiovascular patients. Non-surgical cardiovascular patients used emotion focused coping styles more frequently compared to the surgical cardiovascular patients.

IMPLICATIONS

The present investigation has brought out the impact of age and nature of patients on emotion focused coping styles among cardiovascular patients. The present finding implies that the subjects in the age group of 40-50 years and non-surgical cardiovascular patients have used emotion focused coping styles. Emotion focused coping styles are efforts to control one's emotional responses to modify the meaning of stress. So problem focused coping styles are more effective than the emotion focused coping styles. There appears to be urgent need to counsel the middle aged people and non-surgical patients which would be meaningful and helpful. There is a need to extend the services of psychologists, social workers and N.G.O's to reduce stress of non-surgical cardiovascular patients as well as patients in the age group of 40-50 years through counseling and interventional programmes like social support, exercise and relaxation techniques, health screening programmes, enhancing assertiveness, improving perceived health status and leisure activities.

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