

# The use of coping strategies by patients and their impact on stress management

**RESUMO** | Objetivo: avaliar o efeito das estratégias de Coping sobre o estresse de pacientes hospitalizados com Covid. Métodos: A pesquisa aconteceu no período de março a outubro de 2021 e foram utilizados 3 instrumentos de coletas de dados, inicialmente e após 30 dias da alta do paciente. Aplicou-se um questionário para caracterizar os participantes, depois utilizamos a versão em português da Escala de Estresse Percebido e o Inventário de Estratégias de Coping de Folkmann e Lazarus. Foram realizadas orientações sobre o uso das estratégias de coping aos pacientes hospitalizados. Resultados: Após as orientações sobre o uso das estratégias de coping, os pacientes passaram a utilizá-las e também diminuíram a percepção do estresse. Conclusão: A aplicação das estratégias de coping no momento da internação de pacientes com covid-19, contribuíram de forma impar para recuperação dos internados, modificando de forma significativa o estresse, possibilitando o manejo da ansiedade no período de internação e possivelmente colaborando para uma abreviação no período de internação.

**Descritores:** Estresse Emocional; Educação em Saúde; Coping; Estratégias de Enfrentamento; Covid-19.

**ABSTRACT** | Objective: to assess the effect of Coping strategies on the stress of hospitalized patients with Covid. Methods: Three data collection instruments were used, initially and after 30 days of patient discharge. A questionnaire was applied to characterize the participants, after that the Portuguese version of the Perceived Stress Scale and the Folkmann and Lazarus' Coping Strategies Inventory was used. The hospitalized patients were provided with guidelines on the use of coping strategies. Results: After guidance on the use of coping strategies, patients began to use them and also reduced the perception of stress. Conclusion: The application of coping strategies in patients with Covid-19 at the time of hospitalization contributed in a unique way to their recovery, significantly modifying stress, enabling anxiety management during the hospitalization period and possibly contributing to an abbreviation of the hospitalization period.

**Keywords:** Emotional Stress; Health education; Coping; Coping Strategies; Covid-19.

**RESUMEN** | Objetivo: evaluar el efecto de las estrategias de Coping sobre el estrés de pacientes hospitalizados con Covid. Métodos: Se utilizaron tres instrumentos de recolección de datos, inicialmente y después de 30 días del alta del paciente. Se aplicó un cuestionario para caracterizar a los participantes, posteriormente se utilizó la versión en portugués de la Escala de Estrés Percibido y el Inventario de Estrategias de Afrontamiento de Folkmann y Lazarus. Los pacientes hospitalizados recibieron orientaciones sobre el uso de estrategias de afrontamiento. Resultados: Después de la orientación sobre el uso de estrategias de afrontamiento, los pacientes comenzaron a utilizarlas y también redujeron la percepción de estrés. Conclusión: La aplicación de estrategias de afrontamiento en pacientes con Covid-19 en el momento de la hospitalización contribuyó de manera única a su recuperación, modificando significativamente el estrés, posibilitando el manejo de la ansiedad durante el período de hospitalización y posiblemente contribuyendo a una abreviación del período de hospitalización.

**Palabras claves:** Estrés Emocional; Educación para la salud; Coping; Estrategias de Afrontamiento; Covid-19.

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## INTRODUCTION

Stress is considered to be the result of man's relationship with the environment in which he lives. In this interaction, it is possible to be influenced by external threats and one's own perception of these influences is what will give rise to stress. The level of stress or the presence of it will depend on one's personal vulnerability and capacity to adapt to these threats. Therefore, the severity of this process will depend on the personality of the man and also on his general state of health.<sup>(1)</sup>

During the hospitalization period, people face difficulties such as social isolation, concerns about treatment,

degree of disease, change in their routine, length of stay and loss of autonomy, and stress is frequent for those who experience this process.<sup>(2)</sup>

The literature points out ways to manage or modify stressors, such as the use of coping strategies<sup>(3)</sup>, according to Savoia and Amadera<sup>(4)</sup>, "Coping is the ability to master and adapt to stressful situations".

This model is carried out in order to assess stress and manage the process, through knowledge of coping strategies. This coping is called the cognitive and/or problem-solving behavior used to tolerate, minimize or eliminate stress, so these strategies are contri-

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butors to stress reduction and consequently to the maintenance of general well-being.<sup>(5)</sup>

It can be understood that using coping strategies is to act against the stressor, intentionally, with physical or mental reactions, according to the external circumstances (of the environment in which they live) and/or internal (feelings) in order to recover well-being and emotional balance.<sup>(6)</sup>

The use of such a strategy can occur in two ways, focused on the problem and on emotion. When the individual acts by avoiding, distancing or looking for the positive points in a stressful situation, he is acting focused on the problem. When the individual makes cognitive efforts to forget the problem, he is using emotion-focused coping.<sup>(7)</sup>

Therefore, facing the difficulties related to hospitalization becomes extremely important for the team and patient, even more so when we are faced with new and threatening situations such as the Covid-19 pandemic.

COVID-19, the name of the respiratory syndrome caused by the new coronavirus, was initially detected in 2019 in the city of Wuhan, capital of the Central China province. It has affected people at different levels of complexity, with the most severe cases suffering from acute respiratory failure that requires intensive hospital care - including the use of mechanical ventilation.<sup>(8)</sup>

The very symptoms of the infection such as fever, hypoxia and cough are associated with an increase in alertness and worsening of anxiety and panic syndrome.<sup>(9)</sup> In some cases, anxiety related to lack of knowledge about health status, the need to check body temperature and wash hands frequently were associated with the development or intensification of obsessive-compulsive symptoms.<sup>(10-11)</sup>

In this way, we can consider that the stress levels of patients who were

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hospitalized for covid were even higher, considering that in addition to social isolation, they had to deal with the stress caused by the disease itself in the body, and with the uncertainty of what this disease could cause.

We emphasize that research that evaluated the emotional impact of the COVID-19 pandemic identified feelings of hopelessness, helplessness, stigma, guilt and loss of life purpose in the general population.<sup>(12-13)</sup> This pandemic was not just an epidemiological crisis, but also a psychological<sup>(14)</sup> and social crisis.<sup>(12)</sup>

All this problem involving patients who faced the disease and required hospitalization justifies the development of this research, as coping coping strategies aim to reduce and adapt to stress, so present in this moment of coping with the disease.

Therefore, this work aimed to evaluate the effect of Coping strategies on the stress of hospitalized patients with Covid.

## METHODS

The present research was carried out in a medium-sized city in the interior of São Paulo and it is a non-controlled and non-randomized intervention study, in this type of study there is no initial randomization for the formation of groups, the selection of patients for the research is at the discretion of the researcher.<sup>(15)</sup> Participated in the research 17 patients over 18 years old hospitalized with covid from March to October 2021 who resided in the municipality where data collection was being carried out. Being approved by the Research Ethics Committee (CEP) under No. 42643621.2.0000.5413.

We used 3 data collection instruments, initially and after 30 days of patient discharge, the author applied the questionnaire to characterize the participants, then we used the Portuguese version of the Perceived Stress

Scale (PSS-14), initially developed by Cohen, Kamarck and Mermelstein (1983) <sup>(16)</sup> and translated and validated by Luft et al. (2007). <sup>(17)</sup> This scale aims to measure the level at which subjects perceive situations as stressful.

The PSS-14 has 14 questions with response options ranging from zero to four (0=never; 1=almost never; 2=sometimes; 3=almost always 4=always). The questions with positive meanings (4, 5, 6, 7, 9, 10 and 13) have their answers summed upside down (0=4, 1=3, 2=2, 3=1 and 4=0). The rest of the questions should be added up normally. At the end of the application, the sum of all questions was performed and the score ranged from 0 to 56, whose interpretation is made considering: the higher the score, the greater the perceived stress.

Another questionnaire used was the Inventory of Coping Strategies by Folkmann and Lazarus (1986) <sup>(18)</sup>, validated in Brazil by Savoia, Santana and Mejias (1996). <sup>(19)</sup>

This instrument has 66 sentences with coping strategies for which the frequency with which they were used was marked (0= I did not use this strategy; 1= I used it a little; 2= I used it a lot and 3= I used it a lot).

The scale has 8 different "factors": factor 1 - confrontation (items 46, 7, 17, 28, 34 and 6); Factor 2 - distance (items 44, 13, 41, 21, 15 and 12); Factor 3 - self-control (items 14, 43, 10, 35, 54, 62 and 63); Factor 4 - social support (items 8, 31, 42, 45, 18 and 22); Factor 5 - acceptance of responsibility (items 9, 29, 51 and 25); Factor 6 - escape-avoidance (items 58, 11, 59, 33, 40, 50, 47 and 16); Factor 7 - problem solving (items 49, 26, 1, 39, 48 and 52); Factor 8 - positive revaluation (items 23, 30, 36, 38, 60, 56 and 20). Items 2, 3, 4, 5, 19, 24, 27, 32, 37, 53, 55, 57, 61, 64, 65 and 66 do not comprise any factor and do not represent value in the Coping assessment.

The meaning of each factor is des-

cribed as follows: the confrontation factor is related to the efforts made to change the stressful situation; the distancing factor is the cognitive efforts to minimize and detach from the situation; self-control implies efforts to regulate and control one's feelings and actions; social support is the search for informative, accurate and emotional support; the acceptance of responsibility is the recognition of one's role

within the stressful situation and the attempt to solve the problem; escape and avoidance are strategies to escape or avoid the problem; problem solving consists of efforts made to change the situation; and finally, positive reappraisal, which is the creation of positive thoughts about the situation, including, in some cases, religious thoughts. <sup>(5)</sup>

The guidelines in the table above

**Chart 1 - Patient-oriented Coping Strategies During Research (Brazil – São Paulo – Assis – 2021)**

Patient-oriented strategies	Examples of strategies	Factors
Analyze the problem to understand it better	Understanding the problem, and creating strategies to overcome it	Confrontation
Doing some fun activity to distract themselves	Cooking, reading, exercising, crossword puzzles, prayer	Confrontation
Seek help from others	Therapies, sharing problems and feelings with close people	Social Support
Accept the responsibilities	Apologize if you did something wrong, look for new solutions	Acceptance of responsibility
Inspired to create new things	Carry out other activities	Withdrawal
Finding meaning and importance to things and people in their lives	Valuing people, service and realizing how important this is	Positive Revaluation
Take advantage of the situation	Apprenticeship	Self control
Think of other options to solve the problem; think on the bright side of the situation	During hospitalization, he made new friends.	Positive Revaluation
Sleep well	To calm down, relax, gain strength	Confrontation
Saying positive phrases to themselves	It's going to be alright, I'm strong, I'll get over it	Positive Revaluation
Don't think about unpleasant situations	Always look for the good side of the situation	Escape and Avoidance
Create an action plan to overcome	Think of strategies to reduce the stressful situation	Problem solving
Talk to someone who can solve your problem	Buscar tratamento profissional, conversar com um (padre/pastor), buscar ajuda de familiares/amigos	Social Support
Not acting on impulse	Don't make any rash decisions	Self control
Look for similar overcomings in past situations to look up to	Look for similar situations to base yourself on	Acceptance of responsibility
Thinking of someone you admire and imagining how that person would do in the same situation	Look for solutions to the problem	Acceptance of responsibility
Looking at the situation from another's point of view	To try to solve the problem	Problem solving

Source: the author, 2021

were given to hospitalized patients, after listening to their entire health history, so that it was possible to understand the weaknesses of each patient and thus be able to guide coping strategies that could contribute to the prognosis and recovery, always in a motivating way, all instruments were applied to patients at the bedside.

For data analysis, the Wilcoxon test was used to compare the results of the Perceived Stress Scale (PSS14) and Folkman and Lazarus Coping Strategies Inventory protocols between the two assessments that we called Pre and Post.

The hypothesis tests developed in this work considered a significance of 5%, that is, the null hypothesis was rejected when the p-value was less than or equal to 0.05. The software used in the analyzes was SPSS V25.

**RESULTS**

The table below shows the results obtained in the research on the PSS14 scale and in the factors of the inventory of coping strategies in the initial application and 30 days after the guidelines of the strategies performed to the patients.

The results of the present study showed that after the guidance on the use of coping strategies, patients started to use them, knowing the effectiveness of this coping practice in stressful situations and also reduced the perception of stress, because when comparing the results of all patients initially and after the guidelines, there was a statistically significant difference in most factors and for those who did not reach the levels of significance, they also showed an increase in the use of strategies after guidance as we can see in the results.

We can see that for the PSS14 scale, we reached significance, that is, the stress levels dropped from 33.14 in the initial interview to 22.59 in the post, obtaining a reduction in stress.

**Table 1 – Comparison of PSS14 scale assessments and results of coping inventory factors by demographic segmentation using an N of 17 participants (Brazil – São Paulo – Assis – 2021)**

COMPARISON OF RESULTS BY DEMOGRAPHIC SEGMENTATION		MEAN	MEDIAN	STANDARD DEVIATION	Q1	Q3	CI	P-VALUE
PSS 14	Pre	33,18	34	6,23	28	36	1,02	<0,001
	Post	22,59	21	4,39	20	26	0,72	
Confrontation Factor	Pre	8,82	9	3,41	6	11	1,62	0,027
	Post	10,47	10	2,96	9	13	1,41	
Withdrawal Factor	Pre	7	7	2,21	6	8	1,05	0,068
	Post	8,59	8	2,15	7	10	1,02	
Self-Control Factor	Pre	10,53	10	2,9	8	13	1,38	<0,001
	Post	12,59	13	2,58	12	14	1,22	
Social Support Factor	Pre	14	14	2,52	12	16	1,2	0,043
	Post	16	17	2,5	15	18	1,19	
Acceptance of responsibility factor	Pre	5	5	2,4	4	7	1,14	0,691
	Post	5,24	5	2,36	4	7	1,12	
Escape and Avoidance Factor	Pre	13,24	13	3,35	12	16	1,59	0,060
	Post	14,06	15	3,8	12	16	1,81	
Problem Solving Factor	Pre	11,82	13	4,19	8	15	1,99	<0,001
	Post	15,88	16	1,83	15	17	0,87	
Positive Reevaluation Factor	Pre	11,29	12	2,85	9	13	1,35	<0,001
	Post	14,76	15	2,25	13	16	1,07	

Source: instruments applied by the researcher, 2021.

Therefore, when properly oriented in relation to the use of coping strategies, the stress levels of hospitalized patients with covid decrease, as we can see in Chart 1.

**DISCUSSION**

After the guidelines, it was observed that patients with Covid began to consciously use coping strategies, and in the factors confrontation, self-control, social support, problem solving and positive reevaluation we had statistically significant differences. However, for the factors of removal, acceptance of responsibility and avoidance, there was no statistically significant difference between the collection periods.

As a recent disease, COVID 19 is the subject of much research and discoveries. This fact generates insecurity for both health professionals and patients about how to proceed in relation to the disease, thus generating and still generating many negative feelings in the general population, such as sadness, anguish and fear.<sup>(20)</sup>

In the present research, it was observed that the PSS-14 scores for patients who were hospitalized due to COVID-19 were more pronounced in the initial interview than in the interview carried out 30 days later. After the acute phase and the period of hospitalization were overcome, we observed lower stress scores.

During the application of the ins-

truments in the postoperative period, reports were observed of how these guidelines were beneficial in the recovery of the disease, influencing in a very positive way in the recovery of self-esteem, self-control and confidence to overcome that difficult moment of hospitalization.

The literature shows that patients with COVID-19 have a higher prevalence of mental illnesses such as post-traumatic stress, anxiety and depression. <sup>(21)</sup> This study showed that the use of coping strategies provides a significant reduction in stress levels in patients with covid 19, as seen in table 1.

For the Withdrawal and Escape and Avoidance factors, although they did not reach significance, there was an increase in the use of these strategies by patients. Covid 19 has been very intense in our lives in the last two years and we believe that this is the reason why we did not reach the levels of signifi-

cance in these factors.

Another factor that did not reach the level of significance was the acceptance of responsibility, this fact is perhaps because this factor requires the recognition of the patient in his role in trying to minimize the stressful situation. Since Covid is a disease that, as proven by the literature, generates a lot of stress, affected patients need to accept responsibility seeking to modify the stressful event.

Despite this, more studies are needed to evidence this hypothesis, since much of the research on mental health in the pandemic is still being carried out with health professionals <sup>(22-23)</sup> or the general population. <sup>(24,25)</sup>

#### CONCLUSION

It was possible to verify in this study that the application of coping strategies at the time of hospitalization of

patients with covid-19, contributed in a unique way to the recovery of hospitalized patients, significantly modifying the stress, enabling the management of anxiety during the hospitalization period and possibly collaborating for an abbreviation in the hospitalization period.

Therefore, it is understood that coping strategies should always be used by health professionals as a form of complementary therapy to conventional care, because in addition to the beneficial stress reduction, the humanization process takes place in the health professional/patient relationship. The application of the questionnaire and the individualized guidelines for each patient generate a very important receptivity, establishing a relationship of trust and special attention for the hospitalized, consequently minimizing the suffering in the face of stressful situations.

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