

Impact of Handicapped Child Care for Family Functioning

Wpływ opieki nad upośledzonym dzieckiem na funkcjonowanie rodziny

Helena Kadučáková

Faculty of Health, Catholic University in Ruzomberok, Slovakia

Faculty of Health and Medical Science, Andrzej Frycz Modrzewski Krakow University, Poland

Abstract

Introduction. The birth of a child with a handicap is always the quality and cohesion test of family relationships. As reported in Matějček, the birth of a child with a handicap may ruin the family, or bind vice versa. Family cohesion is under the influence of this situation always threatened and especially when a child with a handicap comes to the family during the transition between different developmental phases.

Aim. The aim of the study was to determine the preference for the use of coping strategies and their differences between mothers and fathers in the care of a child with a disability.

Material and Methods. Research was conducted on a sample of fathers and mothers who care to provide their disabled child. To collect empirical data was used — COPE — coping questionnaire that identifies reactive strategies aimed at the problem.

Results. Data analysis revealed that fathers cope with the burden of caring for a disabled child used more strategies aimed at the problem. For mothers prevails more emotion focused on social support, positive reinterpretation, acceptance and expression of emotions, behavioural and mental disengagement from the problem.

Conclusions. Determination of risk factors is the first step of family assessment. Evaluation methods for identifying risk factors in the family provide immediate possibility of setting needs and focus on the appropriate intervention family support program. (JNNN 2015;4(4):158–161)

Key Words: family functioning, coping, reactive strategy of behaviour

Streszczenie

Wstęp. Narodziny dziecka z upośledzeniem jest zawsze testem na trwałość i spójność więzi rodzinnych. Jak zostało napisane w Matějček, narodziny upośledzonego dziecka mogą zarówno zrujnować jak i wzmocnić rodzinę. Ta sytuacja ma znaczny wpływ na spójność więzi rodzinnych, szczególnie gdy niepełnosprawne dziecko pojawia się w rodzinie w czasie jej przejścia przez różne fazy rozwojowe.

Cel. Celem badania było zdeterminowanie wyboru strategii radzenia sobie z zaistniałą sytuacją oraz analiza ich różnic w odniesieniu do kobiet i mężczyzn sprawujących opiekę nad upośledzonym dzieckiem.

Materiał i metody. Badanie zostało przeprowadzone na grupie matek i ojców którzy sprawują opiekę nad upośledzonym dzieckiem. Dane zostały zgromadzone dzięki wykorzystaniu COPE — kwestionariusza radzenia sobie ze stresem, który identyfikuje reaktywne strategie koncentrujące się na problemie.

Wyniki. Analiza zgromadzonych danych pokazała, że ojcowie radzą sobie z ciężarem opieki nad upośledzonym dzieckiem, wykorzystując przy tym więcej strategii skoncentrowanych na problemie. Z kolei u matek przeważają emocje związane z koncentracją na opinii publicznej, pozytywnej reinterpretacji, akceptacji, wyrażaniu emocji oraz behawioralnym i mentalnym oderwaniu od problemu.

Wnioski. Determinacja wskaźników ryzyka jest pierwszym krokiem dla oceny rodziny. Metody oceny identyfikujące wskaźnik ryzyka w rodzinie dają możliwość określenia potrzeb i określają właściwy program wsparcia dla rodziny. (PNN 2015;4(4):158–161)

Słowa kluczowe: funkcjonowanie rodziny, reaktywne strategie zachowania

Introduction

The birth of a child with a handicap is always the quality and cohesion test of family relationships. As reported in Matějček [1], the birth of a child with a handicap may ruin the family, or bind vice versa. Family cohesion is under the influence of this situation always threatened and especially when a child with a handicap comes to the family during the transition between different developmental phases [2].

Experts recommend parents not to experience their child's handicap only as a "tragedy" because this approach leads to passivity and to retreat within oneself. Such a solution does not help the situation of the child or the parents as well. On the contrary, it is necessary to go to the activity — jointly deal with the issues of the meaning of life and coping with stress. Positive claims coping following from the handicapped child care is one of the prerequisites for maintaining the effectiveness of family functioning. Family's effort to cope with conditions which go beyond their current adaptation abilities can be generally defined as coping and activities to cope with stress situation as coping strategies [3]. Identifying strategies of stress coping following from the care, which are in terms of the development of a handicapped child health status inefficient and effective strategies support can significantly contribute to the effective functioning of family relationships.

Ineffective coping is nursing diagnosis included in the NANDA International Classification System. The diagnosis of that nursing problem focuses on finding ineffective coping strategies in relation to changes in the bio-psycho-social and spiritual health of the family.

The aim of the study was to determine the preference for the use of coping strategies and their differences between mothers and fathers in the care of a child with a disability.

Material and Methods

Research was conducted from October 2012 to May 2013. The group consisted of 34 respondents (15 men and 19 women). The average age of women was 29.5 years, the average age of men was 34 years. Criteria for the selection of respondents: parent family, a parent who provides care to the handicapped child, the age of the child is under 3 years of age, willingness to cooperate and signed informed consent to participate in research. To a file there were not included parents whose handicapped child has acute complications related to handicap.

To collect empirical data COPE questionnaire was used from authors Carver, Scheier and Weintruba [4,5] that captures the widest range of different coping strategies.

The questionnaire contains 60 items, which are incorporated into 15 subscales — 15 coping strategies (active coping, planning, overcoming competing activities, coping self-control, instrumental social support, emotional social support, positive reinterpretation, acceptance, religion, speech emotions outwardly, denial, behavioural release, the mental release, use of alcohol drugs, humour). Each subscale questionnaire consists of 4 items. Individual items are evaluated on a four scale (1 — never, 2 — rarely, 3 — often, 4 — always).

Administration of questionnaires was carried out in a combined way through the Outpatient facilities for children and adolescents and the association of disabled Orava o.z. On a cumulative assessment of respondents' answers was used descriptive statistics (arithmetic mean [AM], standard deviation [SD]) and unequal variance significance level (p) 0.05.

Results

Analysis of the obtained results in terms of gender (male/female) and individual subscales is presented in Table. Men on the coping strategies most commonly

Table. Differences in the use of coping workload strategies in terms of parents sex

Coping Stress Strategies	Men (N=15)		Women (N=19)		p
	AM	SD	AM	SD	
COPE					
Active coping	10.73	1.53	10.16	1.86	0.342
Planning	10.47	2.00	10.37	1.77	0.880
Overcoming competing activities	10.13	2.00	7.89	1.24	0.001
Coping self-control	10.13	1.85	9.11	2.00	0.133
Instrumental social support	11.27	1.83	11.00	1.70	0.664
Emotional social support	10.07	1.71	12.00	2.69	0.021
Positive reinterpretation	10.47	1.92	11.37	1.98	0.191
Acceptance	12.47	1.60	13.16	2.24	0.321
Religion	6.26	2.79	6.47	3.18	0.844
Expression of emotions outwardly	7.67	1.11	9.21	1.58	0.003
Denying	6.13	1.46	6.11	1.41	0.955
Behavioural release of the	5.80	1.42	6.11	1.76	0.590
Mental release of the	8.00	1.36	9.16	1.30	0.017
Alcohol/Drug	5.27	2.05	4.53	1.26	0.233
Humour	9.33	2.69	8.16	2.22	0.172

used acceptance, instrumental social support and active coping. In women, the most frequent strategy was acceptance, emotional social support and positive reinterpretation.

Men in relation to women most frequently used strategies aimed at active coping, planning, overcoming competing activities, coping self-control, instrumental social support, denial, use of alcohol/drugs and humor. Women are more focused on strategies such as emotional social support, positive reinterpretation, acceptance, religion, speech emotions outwardly, the behavioral release, the mental release.

Statistically significant differences in the use of strategies were identified in the strategies — overcoming competing activities men scored and strategies as emotional social support, external manifestation of emotions and mental relaxation are also used women, much more.

Discussion

As we already mentioned in the results of our research, the most common coping strategies in both sexes was acceptance. The authors COPE questionnaire it deemed workable strategies aimed at coping with emotions [4], because if one adopts the situation, you can expect that it is to begin to actively cope, which has a positive impact on long-term family functioning. The acceptance of losing even the very essence of coping with the trauma.

The second most important coping strategies that exploit our respondents in both sexes was social support. Carver et al. [4], distinguishes between two types of social support, which according to them has different meanings. Instrumental social support may, in the case of handicapped children's parents constitute advices of experts and experienced parents, assistance with child-care by the extended family or institution to focus. In our research, it mainly used by men. The importance of instrumental social support in different contexts for parents of handicapped children describes many authors who associate it either with lower levels of stress (Barakat, Linney 1992; Trivette, Dunst 1992, cit. According Vancura, 2006) [6], with life satisfaction (White and Hastings 2004, cit. According Vancura, 2006) [6], with positive impressions (Hastings et al., 2002 cit. According Vancura, 2006) [6], etc.

Emotional social support by respondents in our survey reported as the second most common strategy constitutes, according to Carver et al. [4], earlier understanding, reassurance and the opportunity to vent their worries, the parents of a handicapped child often need.

Social support has a unique place even in the very process of family functioning, because it means that the individual provides facilities for its projection and brings new scheme, looks at the situation [7].

Another strategy utilized by men has been active coping, which is generally recognized as an effective strategy for coping [4]. Even Matějček [1] recommends parents to the child's handicap was not seen as a misfortune, but as a challenge to be answered by activity aimed at finding information and support, procurement of equipment and the like. Scorgie, Wilgosh and McDonald (1998, quoted According Vancura, 2006) [6], describe active coping as a determination to succeed, the commitment is not just blind activity, but mainly adopting realistic view of the situation and willingness to face obstacles. Women, unlike men use strategies like positive reinterpretation, the essence of which is to focus on the positives suffered a difficult situation, the authors themselves have the COPE questionnaire associate it with the term development (growth) [4]. Hastings et al. [8], found that coping type reinterpretation was positively related to positive impression of mothers. Our research confirmed this relationship and the degree of perceived family functioning in the areas of perception of new possibilities in life, personal development (perception of its limits as well as the ability to manage load) and in respect for life (changes in values and ability to enjoy the little things).

From the aspect of gender, we found significant differences in the three subscale — overcome competing activities men scored and strategies as emotional social support, external manifestation of emotions and mental relaxation are also used by women, much more. Women compared with men more likely to vent their emotions (more openly expressing their feelings, etc.) and are also frequently blamed. The above findings correspond with the general assumption that women are more emotional (talk openly about their feelings) compared with men. Kebza [9], in this regard that women in stressful situations often seek help from their surroundings than men and are more able to “benefit” from their social relationships in terms of profit for their personal well-being.

Ineffective coping strategies burden (denial, alcohol and drug use) were used to a lesser extent, especially in the male population.

In conclusion we can say that particular child's current health status, objective measure of its vulnerability and emotional experience of parents have a significant impact on the use of coping strategies with stress in mothers and fathers.

Conclusions

The research results confirm the assumption that the adoption of a handicapped child is an important strategy for the proper functioning of the family. The impact of gender differences in the choice of coping strategies has been the subject of several research studies, but

nevertheless proceeded to clear conclusions. As exemplified by the results of coping strategies have a major preferred those usually are assigned to adaptive way to deal with stressful situations.

It is therefore on the one hand, the practice — oriented coping problems that are planned and proactive approach to addressing the situation and on the other, the methods of coping oriented to emotions, such as acceptance and effort to see the problem in a different light.

In the end even remind Lazarus note (1993) [10], that coping as a process changes over time. In the case of long-acting stress situations, such as parenting of a handicapped child, the resource load change over the years. Coping strategies used in this case will depend on the specific threats and challenges of the child development period, family and community development.

Implications for Nursing Practice

Determination of these risk factors is the first step in the assessment of the family. Evaluation methods to identify risk factors in the family provide immediate possibility of establishing a nursing diagnose and determining the need and focusing on appropriate intervention program of the aid to family within the planning and implementing nursing care.

Limitations of Research

In the end, it is also necessary to introduce the limitations of our research. A major limitation of the study is a method of respondents selecting. To address such specific population is not easy for a number of reasons:

- from the methodology of quantitative research in general;
- to get contacts to potential respondents who are not in contact with institutions helping the families of children with handicap, the need to focus also on the parents who are not in contact with the institutions;
- the willingness of parents to engage in similar research is generally relatively low that may be caused by a natural desire to protect your privacy;
- mental capacity and willingness of parents to complete the questionnaire;
- many parents remain beyond our control — it may just be less motivated parents, or the ones

that have failed adequately to cope with their life situation;

- belonging to a national minority;
- the size of the research group (sample noticeably limits the possibilities for data analysis).

References

- [1] Matějček Z. *Dítě a rodina v psychologickém poradenství*. Praha 1992.
- [2] Pešová I., Šamalík M. *Poradenská psychologie pro děti a mládež*. Praha 2006.
- [3] Mood D. Coping strategies and quality of life in women with advanced breast cancer and their family caregivers. *Psychology and Health*. 2004;19(2):139–155.
- [4] Carver Ch.S., Scheier M.F., Weintraub J.K. Assessing coping strategies: atheoretically based approach. *Journal of Personality and Social Psychology*. 1989;56(2):267–283.
- [5] Ficková E. *Multidimenzionálny dotazník copingových stratégií*. In Praktická Inteligencia II. Vybrané metodiky. Bratislava 1992.
- [6] Vančura J. Psychologické zisky a ztráty rodičů dětí s mentálním postižením. In dizertační práce. Masarykova universita fakulta sociálních studií. [online]. Retrieved 2006, from http://is.muni.cz/th/19268/fss_d/
- [7] Tedeschi R.G., Calhoun L.G. The posttraumatic growth: concept foundation and empirical evidence. *Psychological Inquiry*. 2004;15:1–18.
- [8] Hastings R.P., Taunt H.M. Positive perceptions in families of children with developmental disabilities. *American Journal on Mental Retardation*. 2002;107(2):116–127.
- [9] Kébza V. *Psychosociální determinanty zdraví*. Praha 2005.
- [10] Lazarus R.S. Toward better research on stress and coping. *American Psychologist*. 2000;55(6):665–673.

Corresponding Author:

Helena Kadučáková

Fakulta zdravotníctva Katolícka univerzita v Ružomberku
Nám. A. Hlinku 48, 034 01 Ružomberok, Slovakia
e-mail: helena.kaducakova@ku.sk

Conflict of Interest: None

Funding: None

Author Contributions: Helena Kadučáková^{A, B, C, E, F, H}

(A — Concept and design of research, B — Collection and/or compilation of data, C — Analysis and interpretation of data, E — Writing an article, F — Search of the literature, H — Approval of the final version of the article)

Received: 28.05.2015

Accepted: 08.07.2015