A COMPARATIVE STUDY OF GENDER IN REGARD TO COPING STRATEGIES AND LIFE SATISFACTION AMONG CARDIAC PATIENTS

FOZIA AKRAM, KHALID MAHMOOD
1Lecturer, Department of Applied Psychology, Government College University, Faisalabad, Pakistan.
2Assistant Professor, Department of Applied Psychology, Government College University, Faisalabad, Pakistan

CORRESPONDING AUTHOR: FOZIA AKRAM, foziakram2013@gmail.com, Contact No: 0092-0322-6279459

OBJECTIVE
The present research was conducted to explore the gender differences in the use of different coping strategies and the level of satisfaction with life among cardiac patients.

DESIGN
Comparative study

PLACE & DURATION OF STUDY
The present study was conducted in different private and public cardiac and general hospitals (cardiac wards) of Faisalabad and Lahore, from May 2012 to July 2012.

SUBJECTS & METHODS
A sample of 140, 70 male and 70 female diagnosed cardiac patients with age range 35 to 55 years were selected from different private and public cardiac and general hospitals (cardiac wards) of Faisalabad and Lahore. Purposive sampling technique was used for the selection of participants. To explore gender wise differences in the use of coping strategies and level of life satisfaction, Coping Response Inventory and Life Satisfaction Ladder Scale were administered. Independent sample t-test was applied for hypotheses testing through SPSS version 20.

RESULTS
The results showed that male cardiac patients use more approach coping strategies as compared with female cardiac patients. Further, no gender differences were found in the use of avoidance coping strategies and level of life satisfaction among cardiac patients.

CONCLUSION
Majority of the male cardiac patients use approach coping strategies while both genders are equally satisfied with their lives.

KEY WORDS
Cardiac patients, Coping strategies, Life satisfaction.

INTRODUCTION
Coping is an alleviating source that can help people to maintain psychosocial adaptation in stressful times. It includes cognitive and behavioral efforts to decrease and exclude stressful conditions and accompanying emotional distress. Life satisfaction is defined as an individual’s subjective, comprehensive appraisal of the positively of life overall or with particular life domains for example physical health, mental health, longevity, and other outcomes of life. Satisfaction with life is an indicator of subjective well being and can be used as a barometer to determine how an individual adapts his or her current life situations. The use of different coping strategies and satisfaction with life can bring comfort in one’s life especially those who are suffering from any chronic illness. A cardiac patient can live satisfied life while using both approach and avoidance coping strategies and survive in a better way.

Cardiac diseases are lethal and one of the utmost anxiety provoking chronic diseases all over the world. Cardiac diseases affect the whole psychological mindset of a person that disrupt the psychological well-being and subsequently influence the satisfaction with life. Cardiac patients use both approach and avoidance coping strategies, to deal this trauma. Cardiac diseases are rapidly increasing as a core health concern in almost all urban and developing countries all over the world. In Pakistan every year 100,000 people are dying due to cardiac diseases and 12 percent of all deaths every year are due to cardiac diseases. People are affected by this disabling disease at comparatively younger ages, around 30 to 35 years in countries like Pakistan. Cardiac diseases have been estimated to be the leading reason of death also in developing countries and it is anticipated that by 2015, almost 20 million people will die from cardiac disease.

Gender differences in the use of coping strategies and life satisfaction are the means in which male and female cardiac patients vary in dealing psychological stress. Researches showed that males mostly take stress because of unemployment and job issues however females get affected because of their family related problems. Previous studies showed that gender differences were found in the sources of stressors and in coping relatively. Male cardiac patients use more Approach coping strategies while female cardiac patients use avoidance coping strategies to deal with their stressful events.

The objective of the current study is to explore the differences among male and female cardiac patients in the use of different coping strategies and level of life satisfaction. The hypotheses of the present study are:
1. Male cardiac patients would have high scores on approach coping strategies scale as compared with female cardiac patients.
2. Male cardiac patients would have high scores on avoidance coping strategies scale as compared with female cardiac patients.
3. Male cardiac patients would be more satisfied with life as compared with female cardiac patients.

**METHOD**

Sample

140 cardiac patients with age range 35 to 55 years were taken from different private and public cardiac and general hospitals (cardiac wards) of Faisalabad and Lahore. 70 male and 70 female cardiac patients with any type of cardiac disease were included in the sample. Purposive sampling technique and comparative group research design were used for the current study. Literate participants were included in the sample. Cardiac patients with any other physiological illnesses and psychological disorders or taking any psychological treatments were excluded from the sample.

Measures

Urdu version of coping response inventory (CRI-Youth form) by Mahmood and Sheraz (2012) originally developed by Moos (2002) and Life Satisfaction Ladder Scale (LSLS) translated by Naheed (1997) were used.

Procedure

The concerned authorities and ethical committee were contacted to take permission for conduction of research. To obtain informed consent, it was assured to the participants in the research procedure that the information provided by them would not be revealed to others and will not be used for any other purpose except the current research. The verbal informed consent was taken from the participants after debriefing the study, keeping in mind their comfort level due to their physical condition. Brief research questionnaires were used to keep comfort to the patients and avoid the disruption of the medical services. After data collection the participants were appreciated for their cooperation and lending their time. Data were entered to SPSS and independent sample t-test was used to analyze the data.

**RESULTS**

The findings indicate that significant difference was found between male and female cardiac patients in the use of approach coping strategies. Male patients got higher scores in the use of Approach coping strategies as compared with female patients ($p<.05$). Further results indicate that non-significant difference was found between male and female cardiac patients on avoidance coping strategies scores ($p<.05$). It reveals that both male and female cardiac patients equally use avoidance coping strategies to deal with stressful events in their lives. Moreover, non-significant difference was found between male and female cardiac patients on the level of life satisfaction ($p>.05$). It indicates that both male and female cardiac patients were equally satisfied with their lives.

**DISCUSSION**

It was hypothesized that male cardiac patients would have higher scores on approach coping strategies scale as compared with female cardiac patients. The hypothesis is supported by data and findings are consistent with previous researches that male cardiac patients used more approach coping strategies as compared with female cardiac patients. A previous research found that male cardiac patients used less active problem-solving strategies as compared with male cardiac patients. Furthermore, adaptive coping is related with advanced levels of active problem-focused coping and lower levels of emotion-focused coping. In this context, male patients get more social and moral support and less passive reactions and expression of emotions as compared with female cardiac patients.

In Pakistani society males are considered stronger and emotionally stable as compared with their female counterparts. Males have more social support and have less emotional discharge that is why males use more approach coping strategies in comparison with females.

Another hypothesis of the study was that male cardiac patients would have higher scores on avoidance coping strategies scale as compared with female cardiac patients. The findings were non-significant and the result was not in agreement with previous researches. Findings showed that there is no difference in using avoidance coping strategies among male and female cardiac patients. A study was conducted on gender differences in coping strategies that females used emotion-focused strategies more often than males. The mentioned research was conducted in developed country but Pakistan is considered under the category of developing countries therefore, no psychological rehabilitation awareness is given to make them educated about how to cope with their disease and level of satisfaction with life. Furthermore, both male and female cardiac patients try to use cognitive and behavioral coping strategies to evade thoughts about their illness subsequently they take up escapist as well as denial conducts equally.

It was also hypothesized that male cardiac patients would be more satisfied with life as compared with female cardiac patients. Previous researches show that male cardiac patients are more satisfied with life because of the use of effective coping strategies as compared with female cardiac patients. But findings revealed non-significant difference on the scores of life satisfaction which showed that male and female cardiac patients are equally satisfied with their lives. The reasons of this finding could be same socioeconomic status, similar psychosocial factors, strong social and family support and faith in religion.

**CONCLUSION**

In the present study gender difference has been found in use of approach coping strategies among individuals suffering from cardiac diseases. Male patients use more approach coping strategies as compared with female patients when dealing with stressful events. No gender differences are found while using the avoidance coping strategies and level of satisfaction with life among individuals with cardiac diseases. Findings also indicated male and female cardiac patients have equal level of satisfaction with their lives. Overall, the present study is valuable in understanding the role of gender in the
use of different coping strategies among cardiac patients and their level of satisfaction with life. Moreover, it may promote gender related psychological counseling among cardiac patients as well individuals with other chronic illnesses.

Table 1
Gender wise differences in the use of Approach coping strategies among cardiac patients. (N=140)

<table>
<thead>
<tr>
<th>Cardiac Patients</th>
<th>M</th>
<th>S.D</th>
<th>df</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male (n=70)</td>
<td>44.314</td>
<td>6.177</td>
<td>138</td>
<td>3.352</td>
<td>.001</td>
</tr>
<tr>
<td>Female (n=70)</td>
<td>40.428</td>
<td>7.478</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2
Gender wise differences in the use of Avoidance coping strategies among cardiac patients. (N=140)

<table>
<thead>
<tr>
<th>Cardiac Patients</th>
<th>M</th>
<th>S.D</th>
<th>df</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male (n=70)</td>
<td>27.528</td>
<td>6.663</td>
<td>138</td>
<td>1.795</td>
<td>.075</td>
</tr>
<tr>
<td>Female (n=70)</td>
<td>26.628</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3
Gender wise differences on the level of life satisfaction among cardiac patients. (N=140)

<table>
<thead>
<tr>
<th>Cardiac Patients</th>
<th>M</th>
<th>S.D</th>
<th>df</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male (n=70)</td>
<td>6.500</td>
<td>1.558</td>
<td>138</td>
<td>.225</td>
<td>.822</td>
</tr>
<tr>
<td>Female (n=70)</td>
<td>6.442</td>
<td>1.440</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFERENCES