

Level of Stress and Coping Strategies Adopted by Adolescents with Visual Impairment

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Abstract: *Blind and visual disability is a great problem all over the world. Loss of the visual acuity in children requires special attention. The study was aimed to assess the level of stress and coping strategies adopted by adolescents with visual impairment. Methodology- The research approach adopted for this study was descriptive survey approach, and Non experimental descriptive, correlational design. The study will be conducted in Sri Raman Maharishi academy for blind, J.P. Nagar, Bangalore. In the present study sample consists of 80 adolescents with visual impairment and sampling technique is non-probability, purposive sampling technique was used to select the sample for this study. Findings- The overall level of stress experienced by adolescents with visual impairment reveals that 42(52.5%) of respondents had moderate level of stress, 36(45%) of respondents had mild level of stress and 2(2.5%) of the respondents had severe level of stress. The overall coping strategies reveals that 73(91.25%) of respondents had moderately adequate coping strategies, 7(8.75%) of respondents had adequate coping strategies and none of the respondents had inadequate coping strategies. The analysis revealed that there is a statistical significant association between the stress levels of adolescents with visual impairment.*

Keywords: Stress, Coping Strategies, Adolescents, Visual Impairment.

1. Introduction

Stress in human life is often equated with tension, anxiety, worry and pressure. Chronic renal failure is threatened with many potential losses and changes in lifestyle. In the initial stages a patient may need only rest and dietary restrictions but as the disease progresses, the patient physically may not be able to cope up with his work and hence take medical leave for hospitalization to reduce his working hours or even may refrain from going to work that may affect the whole family, especially if the patient is the breadwinner [1].

Blindness is one of the most of significant social problem in India. It is estimated that there is an annual incidence of 2 million cataract induced blindness in the country.

According to WHO there are over forty million people worldwide whose vision is worse, 80% of whom live in developing countries. Half of the blind population in the United States is over 65 years of age.

About 314 million people are visually impaired world wide and 45 million of them are blind. The child blindness remains a significant problem globally. An estimated 1.4 million blind children below age 15 will live in blindness for many years. In addition, more than 12 million children ages 5-15 are visually impaired because of uncorrected refractive errors, the conditions that could be easily diagnosed and corrected with glasses, cataract lenses or refractive surgery.

Blind and visual disability is a great problem all over the world. Loss of the visual acuity in children requires special attention. Visual impairment is an important cause of developmental disability among children, if these are undetected or untreated can have substantial long-term

implications for the quality of the life of the child and the family and also can place the burden on public health resources. For evidence onchocerciasis (river visually impaired) is a serious public health problem with important socioeconomic consequences. The prevalence of onchocercal skin lesions is unsightly and has a psychosocial effect on the affected person [2].

Unlike sighted adolescents, blind adolescents have a harder time with finding independence. They have to depend more on others to get where they want to go. Sighted adolescents can go off on their own. It is important for blind adolescents to feel independent. With the feeling of independence come a higher self-esteem and a better sense of identity. Blind adolescents those have high self-esteem and a strong sense of identity have an easier time adapting to their environments than those with low self-esteem and a weaker sense of identity.

2. Need for the study

Blindness is regarded as the most severe and dramatic physical handicap. It results from any interference with the passage of stimulus, as it travels from the outer surface to the inner surface and to the brain.

Visually handicapped children are a highly heterogeneous group. They face many problems like behavioral problems, problems of social adjustment, problems in learning, poor intelligence, academic difficulties slower speech etc. this is supported by a study conducted on comparison of divergent development of gross motor skills in children who were blind and sighted. The results revealed that forty five percent of visually handicapped children had strong developmental delays in the observed skills and about twenty eight percent

in extreme developmental delay.

Stressful events frequently provoke psychiatric disorders and also provoked the emotional reactions that are disturbing. Coping strategies serve to reduce the impact of stressful events. Thus attenuating emotional and somatic responses making to more possible maintain normal performance at that time. Stress produces physiological and psychological responses inadequate handling of stress can lead to physical or mental illness and it affect the individual's total environment.

When a person loss vision, the loss may be gradual. A time comes when one can no longer ignore the loss because he or she cannot carry on their usual activities. At this point, the individual may be very depressed. Although depression is normal, it should not go on too long. Adjustment is under way when individual is able to accept vision loss, learn new skills, and go on living a full life despite vision loss.

Mental and emotional disturbances are present when a person has low vision or totally blind. A person experiencing a recent loss of vision impacts on how he feel about himself, and the role that he play in family and community.

The process of adjustment to blindness and to the psychosocial impact of blindness has the following phases, acceptance, denial, and depression/anxiety. Acceptance is undoubtedly the best response. Denial, which is an unconscious defense mechanism, may in some cases aid progressive acceptance of the handicap. Although these trips are generally made in vain, they may reduce anxiety that might otherwise become pervasive. According to Riffenburgh, acceptance of blindness in other patients is achieved through a physiological depressive reaction, which should not be considered negatively, but encouraged, as should the expression of feelings of fear, anger (including anger directed at the doctor), and self-pity. Indeed, the author considers manifestation of these feelings to have a cathartic effect[3].

In life some situations are stress provoking, but it's our thoughts about these events that determine whether or not they are problems for us. We have all met people who seem to move through life in a perpetually happy mood. Despite experiencing significant stresses, these people have successful coping strategies or techniques for managing stress. Whether vision loss is sudden or gradual, it is cause for great stress and anxiety, often leading to physical, emotional and social limitations. Visual impairment and blindness services do not look at vision loss as a tragic event. Rather the agency assumes there are solutions to be found to solve problems related to vision loss using a team approach too find those solutions. These solutions are geared towards helping the blind or visually impaired person remain independent bas long as possible in every phase of daily life.

The aberrant mental attitudes like rejection, guilt, and aggressiveness which reflected negative attitudes towards the life are more prevalent among visually impaired adolescents. These visually impaired adolescents are more prone to stress due to feeling of dependency, guilt and

financial non support. Older visually impaired are prone to be relatively more shameful for their disability and also visually impaired people are prone to suffer from sleep wake schedule disorder. This report describes aggressive behavior in a totally visually impaired, severely retarded adolescent boy hospitalized in psychiatric hospital. There is increased incidence of depression of visually impaired adolescents than normal sighted person [4].

3. Review of Literature

Review of literature involves the systematic identification location, scrutiny of the written materials that contain information on research problem. It is an extensive systematic solution of potential source of pre work, fact & finding of the chosen problem. The present literature review has contributed good background material, helpful metrology & relevant insights to the study [5].

The results were found regarding physical problems were on orientation and mobility, and concluded that there is presence of problems with blindness and less coping strategies of blind children [6]. Post menopausal women face psychological problems; they also adopt coping strategies to overcome these problems [7].

Research conducted on coping styles and psychological adjustment of blind adolescents found that coping styles were related to most aspects of social adjustment. Poor social adjustment was manifested in the form of depressive symptoms among blind adolescents [8]¹⁴.

A cross sectional study found that, low self esteem in blind adolescents is due to social influence and they feel difficulty in coping with life events [9].

Nurses have to face frequent occurrence of stress which could have negative impact on organizational climate in the future. Out of all considered causes of stress, workload and supervisors are two major factors responsible for frequent occurrence of stress among majority of nurses[10][11].

A comparative study was conducted on mental health of blind adolescents. The study was concluded that increased vulnerability of blind adolescents for depression[12].

Results of the study concludes that group of blind boys and girls self-assess as socially very capable and competent individuals. Visual loss causes them to feel threatened within the world of the sighted. The general coping strategy is cognitive efforts, but not behavioral efforts. There is a clear discordance between intrapersonal and interpersonal self-concept. Omar, (stress and coping, 1995) comments that focalized strategies in awareness, cognitive prevention and sense of control, as well as having high-level self-esteem resources may increase the individual's readjusting (coping) capacity[13].

The research on the psychosocial development of adolescents with visual impairment was reported more often feelings of loneliness and difficulties in making friends. Self-esteem, school achievement and social skills were lower in

girls with visual impairment than in the control girls. In summary, our results showed that the psychosocial developmental outcomes of many adolescents with visual impairment were similar to their peers without visual impairment. However, some adolescents with visual impairment, especially girls, need more support in their psychosocial development [14].

The findings indicated that the incidence of depression among the blind adolescents was significantly higher than the incidence of depression among the sighted adolescents [15].

4. Statement of the Problem

“A study to assess the level of stress and coping strategies adopted by adolescents with visual impairment in selected blind schools, Bangalore”.

4.1 Objectives of the study

- 1) To assess the level of stress among the adolescents with visual impairment.
- 2) To assess the coping strategies adopted by adolescents with visual impairment.
- 3) To correlate between the level of stress and coping strategies adopted by the adolescents with visual impairment
- 4) To associate the level of stress and coping strategies with selected demographic variables of adolescents with visual impairment.

4.2 Operational definitions:

- 1) Stress: It refers to the worries experienced by adolescents with visual impairment in carrying out activities of daily living.
- 2) Coping Strategies: It refers to abilities of adolescents with visual impairment in managing activities of daily living.
- 3) Visual impairment: Adolescents with loss of vision and residing in special institutions or blind schools.
- 4) Adolescents: It refers to the individuals of both male and female between the age group of 12-20 years with complete loss of vision.

4.3 Assumptions:

1. There may be increase in the level of stress among adolescents with visual impairment.
2. The adolescents with visual impairment may adopt inadequate coping strategies.

4.4 Methodology

According to Shinde (2007) research methodology is a systematic procedure which the researcher starts from the initial identification of the problem to its final conclusions. The role of methodology consists of procedures and techniques for conducting a study [5].

4.5 Research approach

The research approach adopted for this study was descriptive survey approach,

4.6 Research design

Non experimental descriptive, co-relational design.

4.7 Study variable:

In this study, level of stress and coping strategies are study variables.

4.8 Demographic variable:

In this study the demographic variables are age, gender, religion, education, type of family, order of children in family, family income, place of residence, regular hobbies, blindness, staying in home or hostel and duration of stay in school.

4.9 Setting

The study will be conducted in Sri Raman Maharishi academy for blind, J.P. Nagar, Bangalore. The setting has adequate facilities to reach.

4.10 Population

The target population in the present study includes adolescents with visual impairment.

4.11 Sample and sampling technique

In the present study sample consists of 80 adolescents with visual impairment and sampling technique is non-probability, purposive sampling technique was used to select the sample for this study.

• Inclusion criteria

1. Adolescents with visual impairment residing in selected institutions at Bangalore between the age group of 12-20 years.
2. Adolescents with visual impairment who are willing to participate in the study.

• Exclusion criteria:

1. Adolescents with visual impairment who are having auditory impairment.
2. Adolescents with visual impairment who are not available at the time of data collection.

4.12 Ethical consideration

Formal permission was obtained from Sri Raman Maharishi academy for blind, Bangalore. Informed consent got from the samples of the study after explaining about the purpose of the study and about the confidentiality. No ethical issues rose during the study.

4.13 Procedure for data collection

The data was collected by interviewing them by using perceived stress scale and coping scale. The average time taken for completing the interview schedule was 45-60 minutes for each participant.

5. Results and Discussion

5.1 Levels of stress among adolescents with visual impairment:

The overall level of stress experienced by adolescents with visual impairment reveals that 42(52.5%) of respondents had moderate level of stress, 36(45%) of respondents had mild level of stress and 2(2.5%) of the respondents had severe level of stress.

This finding is consistent with the study regarding daily stressful events of visually impaired adolescents. Sixty-nine visually impaired people (22 males, 47 females) were interviewed and divided into three groups according to their sight levels. 30% adolescents having mild stress, 43% having moderate level of stress and 27% having severe stress. Statistical analyses of the data indicated that the sight levels of visually impaired people are related to the structure of stressful events and coping styles[16].

5.2 Coping strategies adopted by adolescents with visual impairment:

The overall coping strategies reveals that 73(91.25%) of respondents had moderately adequate coping strategies, 7(8.75%) of respondents had adequate coping strategies and none of the respondents had inadequate coping strategies.

A study is consistent with study regarding Stress, coping, and adjustment of adventitiously blind male adolescents. The study revealed that 20% of male adolescents having inadequate coping level, 60% having moderately adequate coping and 20% having adequate coping level. The study concluded that they having negative impact on visual impairment in emotional and behavioral adaptation in later life [17].

5.3 Correlation between the levels of stress and coping strategies adopted by adolescents with visual impairment:

The mean percentage of respondents on level of stress is 51.77% with standard deviation of 6.12 whereas the mean percentage of respondents on coping is 65.74% with standard deviation of 7.33 The correlation coefficient value shows that there is a negative correlation ($r = -0.54$) between level of stress and coping strategies of adolescents with visual impairment in blind schools, that is, if stress increases, coping decreases and vice-versa, indicating that there is a significant relationship between stress and coping of adolescents with visual impairment in blind schools at 0.01 level.

This study is consistent with descriptive study regarding problems and coping strategies of blind children. The main objective of the study was to assess the physical and social problems and coping strategies of blind children. The data was collected from 100 samples by using purposive sampling technique. The results were found regarding physical problems were on orientation and mobility, half of the sample 52% had problems. Regarding social problems nearly three fourth of the respondents had social problems. In relation to coping strategies nearly three fourth 88% of children adopted coping strategies to pray god, 80% were taking help from others, 68% were trying to solve problems with own efforts, 68% were thinking in different way to solve the problem. There was significant association between problem scores and education, number of children, family type and disabled sibling in the family. There was significant relationship between coping strategies of blind children, number of children, and education of father. The study concludes that there is presence of problems with blindness and less coping strategies of blind children[6].

5.4 The association of the levels of stress and coping strategies with selected demographic variables:

The analysis was done to find out the association between level of stress and coping strategies with selected demographic variables of adolescents with visual impairment using Chi-square test. The analysis revealed that there is a statistical significant association between the stress levels of adolescents with visual impairment. The chi-square value shows significant association between the level of stress among adolescents with visual impairment with regular hobbies 14.23 ($p < 0.01$) and duration of stay in school 11.47 ($p < 0.01$), and significant association between the coping strategies of adolescents with visual impairment with order of children 10.09 ($p < 0.01$) and regular hobbies 10.08 ($p < 0.05$).

The present study is consistent that the similar survey research was conducted on coping strategies of blind adolescent students in relation to individual and environment factors in Chiang Mai province, Thailand. The results revealed that blind adolescent students used two effective means of coping strategies namely a problem focused strategy and a social support seeking strategy both at a high level. However, they used other coping strategies considered ineffective means of coping, namely avoidance strategies at a moderate to high level. The factors that were found to be significantly associated with the problem focused strategy were age of female, father and mother's marital status, and academic achievement. The factors that were found to be significantly associated with the social support seeking strategy were father and mother's marital status, emotional support, and tangible support. The factors that were found to be significantly associated with the avoidance strategy were age of female, father and mother's marital status, and academic achievement. Among other problems, blind adolescent students had the most problems with studying⁴³.

6. Conclusion

Majority 42(52.5%) of respondents had moderate level of stress, 36(45%) of respondents had mild level of stress and 2(2.5%) of the respondents experienced severe level of stress. 73(91.25%) of respondents had moderately adequate coping strategies, 7(8.75%) of respondents had adequate coping strategies and none of the respondents had inadequate coping strategies. There is a significant correlation (negative correlation, $r = -0.54$) between the stress and coping strategies of adolescents with visual impairment at 0.01 level. There is a significant association between the level of stress of visually impaired adolescents with regular hobbies 14.23 ($p < 0.01$) and duration of stay in school 11.47 ($p < 0.01$), and significant association between the coping strategies of visually impaired adolescents with order of children 10.09 ($p < 0.01$) and regular hobbies 10.08 ($p < 0.05$).

7. Scope of study

After analyzing the gathered information, the researcher got to know the facts about the level of stress and coping strategies adopted by adolescents with visual impairment. Based on the out come of the study, following suggestions are made to the various fields of nursing such as nursing practice, nursing education, nursing administration, nursing research etc.

7.1 Nursing education

The changing values of society, human rights, importance of education and competence among the children in the school etc, have influenced the individuals need for study and independence. The visually impaired adolescents may helped by the government and other services. They may experience some sort of stress and less coping strategies. It is today's need to involve stress and coping related education in nursing curriculum at basic level, which will prepare nurse to address the issue of stress and help for giving counseling in the clinical and community setting. The advanced nursing care aims in the provision of holistic care and hence, family is an unavoidable part of care. So the nurse with proper education in this regard should have a clear cut idea about the physical, psychological, social, economic, future occupational, familial, marital and sexual havoc to work on the need base approach. A knowledgeable nurse has to handle such problem in the country for identifying the high risk group who are prone to go in stress and teach them the effective prevention and coping strategies, in order to maintain and promote the mental health of the group.

7.2 Nursing practice

Today, health care delivery system has changed from a care-oriented approach to promotion of health and prevention of illness oriented approach. So, it focuses mainly on primary prevention, which is aimed at health promotion. Considering these factors, nursing personnel can contribute much for prevention of stressful events and how to handle the situations by creating awareness in the community through school health programs, camps and special programs at

colleges and mass media education. Since the nursing personnel come in contact with visually impaired adolescents, he/she can support them to overcome the problem in a right way by coping with available resources and utilizing the professional help referring them to special school and work places. The nurses can give guidance and counseling. Management of blind school can appoint a nurse to provide first aid services. Nurse as guide and counselor to help the blind children in the selection of various courses of study for different vocations depending upon the learning aptitudes. Nurse should organize daily life skills training to help the challenges of living in a society.

7.3 Nursing administration

The main focus of nursing administration is to organize seminars and workshop and other educational programs for staff nurses as a part of in-service education program by which knowledge towards coping strategies for adolescents with visual impairment. Nurse administrator can make a separate budget in each hospital to develop health-teaching material in this regard and make accessible to the needy population. They also can start training of volunteers to provide specialized care for the adolescents with visual impairment and some work places to carry out the livelihood for their life and family. The special programs through the NGOs and village leaders.

7.4 Nursing research

Nurses in developed countries regarding stress and coping among adolescents with visual impairment have conducted the studies. In India, very few studies have been conducted in this area. So investigation has to be carried out on large scale to assess stress and coping strategies adopted by the adolescents with visual impairment and also to enhance better coping by the adolescents with visual impairment.

8. Limitations

1. The study was limited to the particular blind schools at Bangalore and was conducted using purposive sampling, which restricted the generalization that could be made.
2. The study was limited only to the adolescents with visual impairment in selected de-addiction centers at Bangalore.
3. The data collection tools used for the investigation were prepared for this purpose and used for the first time, where adequacy of the content of the tool can not be established.
4. The study was limited to specific dimensions on level of stress and coping strategies of adolescents with visual impairment the tools used were not standardized tools.

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