

PSYCHOLOGICAL DISTRESS, COPING MECHANISM AND QUALITY OF LIFE OF CHILDREN LIVING IN ORPHANAGE

Shehzad Rasheed, Saima Majeed

¹Riphah Institute of Clinical and Professional Psychology, Riphah International University, Lahore, Pakistan

²Punjab Institute of Mental Health, Lahore, Pakistan

Abstract

Aims. The present study was conducted to investigate the relationship between psychological distress, coping mechanism and quality of life of children living in orphanage. **Methods.** The current study used correlational research design. One-hundred participants were recruited through non-probability purposive sampling technique. Kessler Psychological Distress Scale (Ronald, 2002), The Coping Scale (Hamby et al, 2003) and Quality of Life Scale (Flanagan, 1970) were used as an assessment measures. **Results.** Correlational analysis showed highly significant negative association between psychological distress and quality of life, however, coping mechanism has significant positive relationship with quality of life. Findings also showed significant predicting role of psychological distress and coping mechanism with quality of life. **Conclusions.** Results concluded that higher coping mechanism would direct to healthy quality of life and decrease psychological distress.

Keywords: Psychological Distress, Coping Mechanism, Quality of Life, Orphan Children

1.1 Introduction

In mostly cases, Institutional care was familiarized early in the twentieth century by ministers or foreign administrations, reproducing what was then familiar in their home countries (Tolfree & David, 1995). Lots of kids around the world presently exist in residential organizations. Globally, it is estimated that over 2 million children are living in orphanages. In most developed countries, no one sees how many kids exist in such care and how numerous residential institutions are presently working (Williamson & Greenberg, 2010). There are much less researches conducted on orphanage in Pakistan with these variables and that is why there is need to work on this domain to fulfill this gap. However, the current study is an endeavor to fulfilling this gap. The objective of the current research was to observe the relationship between psychological distress, coping mechanisms and quality of life of orphan children.

1.1 Psychological Distress

Kessler (2002) definite psychological distress as the emotive state that one feels when it is essential to manage with distressing, annoying or destructive conditions. Mirowsky and Ross (1989) add that psychological distress is the hostile individual condition of sadness and nervousness (still anxious, agitated, concerned irritable and fearful), which has both emotive and mental appearances. The family is considered a social system by which the child is affected since his / her birth and before that, the child, as well, will learn the language, culture, traditions, values, and trends of the society he lives in, the family is the most important environment which is responsible for the upbringing of the child and his sponsorship where it meets the physical, psychological and social needs, and it feels him with security, love and trust, and he will become more compatible with himself and others (Qamish & Imam, 2006).

In addition, the normal upbringing of the child requires the experience of the normal upbringing for the child to the existence of a sound family father and mother in an atmosphere full with love, the child's relationship with his family have a significant impact on the development and the growth of the child (Peter, 2007). But, the disruption of poise for the trial of family (father, mother, and children) leads to concussions and mental disorders for children that is why the

presence of complete members of the family (father, mother and children) is regarded a base for the mainly mental health of the family members (Peter, 2007). However, any loss of one or both parents will put significant negative effects on the mental health of children, as behavioral and emotional disorders will be appeared clearly for them (Zeton. 2005).

1.2 Coping Mechanism

Coping is usually definite as the intellectual and interactive efforts that are applied to solve issues and decrease the stress that these issues might cause (Hamby, Grych & Banyard, 1987). Numerous coping strategies can be utilized in tense conditions (Holahan & Moos, 1987). The personal skill to cope has been revealed to directly effect on the quality of life of people. The nature of a person's coping strategies might directly influence not only their own quality of life, but also the quality of life of the family caregiver.

Prior researches have observed these influences in several situations, like when persons have cancer (Hamidou et al., 2017), severe mental diseases (Boyer et al., 2017), or hearing impairment (Lazzarotto et al., 2017). Coping strategies built on problem-solving or optimistic reasoning seem to be related with a healthier quality of life, while coping strategies built on evasion or societal support seem to be a mental hazard aspect for a lesser quality of life (Baider & Nour, 2017.). Though, all these researches utilized observational and cross-sectional plans, which do not permit for connection changes to be made between coping strategies and quality of life.

1.3 Quality of Life

Quality of life is reflected like a symbol of overall pleasure, with pleasure and happiness with life as a complete. The highest overall explanation of quality of life, recommended through World Health Organization, was: 'the individual's opinion of their value in life, within the perception of state and cultural approaches in which they live and in association to their aims, hopes, values and worries' (Whoqol, 2016).

However, quality of life means a respectable life. A respectable life is the similar like living a life with a great superiority. This might appear obvious, but it is essential to create such a modest explanation, as therapeutic terminology frequently utilizes very thin ideas of the quality of life (such as, side effect outlines). Quality of life relate on the great and utmost general level of life. All great faiths and beliefs have a concept of a respectable life extending from explain. That a respectable life is achieved by applied rules to appeals to involve in a sure optimistic approach to life or to explore into the complexities of your own being. Views regarding a great life are carefully related to the nation. While individuals in a European nation opinion a moral life, the ethnic training makes them incline to comprise pleasure, contentment of desires, working in a societal perspective, etc. (Ventegodt, 1995).

Significance of the Study

The purpose of the current research was to study the association between psychological distress, coping mechanism and quality of life among orphan children. The present study led to support mental health professionals and social workers to understand how much psychological distress and coping mechanism show a significant influence on the quality of life. The current study creates an awareness that how mental health professionals manage individuals with emotional and stressful problems. The main purpose of the present research is to provide insight and create awareness that how policy makers, social worker and mental health professionals increase coping mechanism and decrease quality of life of children living in orphanage.

2. Method

2.1 Research Design

Correlational research design was used in present study.

2.2 Sample and Sampling Strategy

Purposive sampling technique was utilized to recruit sample of 100 orphan children.

2.3 Procedure

Firstly, researcher get institutional ethical clearance letter from University. Permission was taken from the authors of scales. Researcher prepare the booklet consisting on the informed consent hold demographic sheet and scales, provided to the participants and collect data then pilot study and main study was conducted.

2.4 Measures

2.4.1 Kessler Psychological Distress Scale (K-10)

Kessler psychological distress tool was originally established by Ronald, (2002). This scale was translated by Husain and Kousar, (2010). This scale has 20 items. This tool used 5-point Likert (1= strongly agree, 5= strongly disagree). The Cronbach alpha reliability of this tool is .89.

2.4.2 Coping Scale

The coping scale was originally developed (Hamby, Grych & Banyard, 2013). This scale was translated by MAPI guidelines. This scale has 13 items. This tool used 5-point Likert scale (1= strongly agree, 5= strongly disagree). The Cronbach alpha reliability of this tool is .82.

2.4.3 Quality of Life Scale (QoLS)

Quality of life tool was originally established by Flanagan, (1970). This scale was translated by Bano and Kousar, (2012). This scale has 16 items. This tool used 5-point Likert scale (1= strongly agree, 5= strongly disagree). The Cronbach alpha reliability of this scale is .79.

3. Results

Table 1

Pearson Product Moment Correlation Analysis between Study Variables among Orphan Children (n=100)

Variables	1	2	3
1. Psychological Distress	-	-.10*	-.22*
2. Coping Mechanism	-	-	.19*
3. Quality of Life	-	-	-

** $P < 0.01$, * $P < 0.05$

Results revealed that psychological distress has significant ($p < .05$) negative association with quality of life. And, coping mechanism has significant positive relationship ($p < .05$) with quality of life.

Table 2

Hierarchal Regression Analysis Used to Predicting Quality of Life (n=100)

Predictors	Quality of Life Orphan Children	
	ΔR^2	β
Step 1	.19*	
Psychological Distress		-.19*
Step 2	.21*	
Coping Mechanism		.17*
Total R ²	33%	

Note: * $p < .05$, ** $p < .01$, *** $p < .001$.

a. Dependent Variable: Quality of Life

b. Predictors in the Models: Psychological Distress, Coping Mechanism

Results revealed that psychological distress and coping mechanism were significant predictors of quality of life ($p < .05$).

4. Discussion

Findings of the current research revealed significant negative relationship between psychological distress and quality of life. Prior researches proved the results. Research was directed to examine the awareness, information, attitudes and practice of psychological illnesses, estimation the occurrence of and risk aspects for psychological distress and examine relationship of psychological distress and other covariates features with quality of life. Findings showed that awareness, information, attitudes and experience of psychological diseases showed negative relationship with psychological distress. However, findings showed psychological distress and other socio-demographic features were significantly negatively related with quality of life (Uddin, Bhar, Mahmud & Islam, 2017).

Another study was conducted to examine the belongings of these two features on quality of life and to discover possible mediation effects between psychological distress and self-stigma in substance user people. Kessler psychological distress scale and quality of life scale were used. This study comprised 268 participants. Results showed that psychological distress has an important influence on the quality of life of managed substance abuser. It seems to be an essential component in reducing the negative effects of self-stigma on features of quality of life (Chang et al., 2019). One more study was conducted to examine the association between psychological distress and quality of life. Results showed in palliative patients, depressive symptoms have significant relation with quality of life. (Brahler, Gansera, Polze & Kohler, 2014).

Outcomes of the current research revealed significant positive association between coping mechanism and quality of life. Prior researches reinforced the findings. Research was conducted to discover stress (indications of sadness and worry), coping and the general quality of life of orphaned children in contrast to non-orphans who resided with their parents. Results exposed additional worry signs as compare to non-orphans but there were no important changes between orphaned children and non-orphans on signs of sadness and inclusive quality of life. In addition, findings also exposed important associations between sadness, worry, coping and quality of life in the orphaned children and non-orphans. Though, consequences also exposed that for orphaned children, worry and support-seeking coping arose as important predictors of quality of life while sadness appeared as a significant predictor of quality of life for the non-orphaned children (Yendorknceba & Somhlaba, 2014).

In addition, A research was directed to discover the association between the coping strategies and quality of life in outpatients with depressing disease. Findings revealed coping strategies are meaningfully related with quality of life. Higher using of positive coping has a positive relation with quality of life. The main aspects associated to quality of life are the subjective severity of the disease, employment and optimistic coping strategies (Holubova & Prasko, 2017). Moreover, another study was directed to classify the effect of coping mechanisms on quality of life in hemodialysis patients and to build the relations between stress features and coping mechanisms, to assess coping mechanisms as important predictors of physical and psychological wellbeing, and to classify the effects of demographic and socioeconomic features on coping mechanisms. Results revealed fatalistic coping mechanism is an important predictor of mental health, whereas hopefulness and palliative coping are important predictors of physical wellbeing (Soponaru, Bojian & Iorga, 2016).

Findings revealed psychological distress was significant predictors of quality of life. A study was conducted to examine the fixed and changeable risk issues of psychological distress and quality of life Results showed psychological distress was significantly predicted quality of life (Atkins, Naismith, Luscombe2 & Hickie, 2013). Another study was directed to studied the psychological distress by the students effected their own quality of life and the quality of life of their relatives.

Results showed the psychological distress was the significant predictor of quality of life (Baumstarck et al., 2018).

4.1 Limitations and Recommendations

The sample size of present research was 100. And the sample of present study was short for better understanding. A larger sample size would allow researchers to have more data to analyze which would provide a better understanding of the topic. It will also enhance the validity and reliability of research. When a study is conducted with a small sample size there is more margin of error which decreases the validity.

4.2 Conclusions

It is evident from the current research and previous researches that higher coping mechanism would direct to healthy quality of life and decrease psychological distress.

Acknowledgement

Working on my MS Thesis has been both a wonderful and overwhelming experience. I am grateful to so many good people for ensuring the time I have spent working on this project has been an unforgettable experience. First of all, I would like to thank my family for the exceptional support, care and encouragement they have given me during these past months. Without their guidance and constant feedback, this project would not have been achievable. I gratefully acknowledge the support I received from the Riphah International University, Lahore, Pakistan that has ensured the completion of this project. I am thankful to the Participants who by agreeing to participate in this research and made this project possible.

References

1. Afsheen Masood, Sumaira Rashid, RubabMusarrat and hamaMazahir. (2016). DEPRESSION, ANXIETY, PSYCHOLOGICAL DISTRESS AND QUALITY OF LIFE OF WOMEN IN MENOPAUSAL PHASE. *Pakistan Journal of Women's Studies: Alam-e-Niswan*, Vol. 23, No.1, 2016, pp.77-89, ISSN: 1024-1256.
2. Baumstarck K, Leroy T, Hamidou Z, Tabouret E, Farina P, Barrie M, Campello C, Petrirena G, Chinot O, Auquier P. Coping with a newly diagnosed highgrade glioma: patient-caregiver dyad effects on quality of life. *J Neuro- Oncol*. 2016;129:155–64.
3. Boyer L, Baumstarck K, Alessandrini M, Hamidou Z, Testart J, Serres M, Arquilliere P, Auquier P, Leroy T, Zendjidjian X. Emotional intelligence and coping strategies as determinants of quality of life in depressed patientcaregiver dyads: an actor-partner interdependence analysis. *Compr Psychiatry*. 2017;74:70–9.
4. Baider L, Kaplan De-Nour A. Psychological distress and intrusive thoughts in cancer patients. *J Nerv Ment Dis*. 1997;185:346–8.
5. Borowiak E, Kostka T: Predictors of quality of life in older people living at home and in institutions. *Aging Clin* 2004, 16:212–220.
6. Boals, A., vanDellen, M. R., & Banks, J. B. (2011). The relationship between self-control and health: The mediating effect of avoidant coping. *Psychology & Health*, 26, 1049-1062.
7. Bussing, A., Fischer, J., Ostermann, T., & Matthiessen, P. F. (2009). Reliance on God's help as a measure of intrinsic religiosity in healthy elderly and patients with chronic diseases. correlations with health-related quality of life?. *Applied Research in Quality of Life*, 4(1), 77-90.
8. Camelia Sopenaru, Ancuta Bojian, Magdalena Iorga. (2016). Stress, coping mechanisms and quality of life in hemodialysis patients. *Chronic and Faliure*, e16–e23. DOI: 10.5114/amsd.2016.59601.
9. Chang K-C, Lin C-Y, Chang C-C, Ting S-Y, Cheng C-M, Wang J-D (2019) Psychological distress mediated the effects of self-stigma on quality of life in opioid-dependent individuals: A cross-sectional study. *PLoS ONE* 14(2): e0211033.<https://doi.org/10.1371/journal.pone.0211033>
10. Carver, S. C. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92-100.

11. Demura S, Sato S: Relationships between depression, lifestyle and quality of life in the community dwelling elderly: a comparison between gender and age groups. *J Physiol Anthropol Appl Human Sci* 2003, 22:159–166.
12. Eisses A, Kluiter H, Jongenelis K, Pot A, Beekman A, Ormel J: Risk indicators of depression in residential homes. *Int J Geriatr Psychiatry* 2004, 19:634–640.
13. Folkman S, Moskowitz JT. Positive affect and the other side of coping. *Am Psychol*. 2000;55:647–54.
14. Folkman S, Lazarus RS, Dunkel-Schetter C, DeLongis A, Gruen RJ. Dynamics of a stressful encounter: cognitive appraisal, coping, and encounter outcomes. *J Pers Soc Psychol* 1986; 50: 992-1003.
15. Golden J, Conroy RM, Lawlor BA: Social support network structure in older people: underlying dimensions and association with psychological and physical health. *Psychol Health Med* 2009, 14:280–290.
16. Götze & Elmar Brähler & Lutz Gansera & Nina Polze & Norbert Köhler. (2014). Psychological distress and quality of life of palliative cancer patients and their caring relatives during home care. *Support Care Cancer*, 22:2775–2782. DOI 10.1007/s00520-014-2257-5.
17. Golden J, Conroy RM, Bruce I, et al: Loneliness, social support networks, mood and wellbeing in community-dwelling elderly. *Int J Geriatr Psychiatry* 2009, 24:694–700.
18. Glass, K., Flory, K., Hankin, B. L., Kloos, B., & Turecki, G. (2009). Are coping strategies, social support, and hope associated with psychological distress among Hurricane Katrina survivors?. *Journal of Social and Clinical Psychology*, 28(6), 779-795.
19. Holahan CJ, Moos RH. Personal and contextual determinants of coping strategies. *J Pers Soc Psychol*. 1987;52:946–55.
20. Hamidou Z, Auquier P, Leroy T, Barlesi F, Salas S, Chinot O, Baumstarck K. Dyadic effects of coping strategies, time perspectives, and personality on the quality of life of cancer patients and their caregivers. *Psychooncology*. 2017;27(2):590–99.
21. J.Salifu YendorkNceba Z.Somhlaba. (2014). Stress, coping and quality of life: An exploratory study of the psychological well-being of Ghanaian orphans placed in orphanages. *Children and Youth Services Review*, 28-37. <https://doi.org/10.1016/j>.
22. Joanna Atkins, Sharon L Naismith, Georgina M Luscombe, Ian B Hickie. Psychological distress and quality of life in older persons: relative contributions of fixed and modifiable risk factors. *BMC Psychiatry* (2013), 13:249 <http://www.biomedcentral.com/1471-244X/13/249>.
23. Karine Baumstarck, Olivier Chinot, Emeline Tabouret, Patrizia Farina, Marilynne Barrié, Chantal Campello, Gregorio Petrirena, Zeinab Hamidou and Pascal Auquier. Coping strategies and quality of life: a longitudinal study of high-grade glioma patient-caregiver dyads. *Quality of Life Outcomes* (2018) 16:157 <https://doi.org/10.1186/s12955-018-0983-y>.
24. Lazzarotto S, Baumstarck K, Loundou A, Hamidou Z, Aghababian V, Leroy T, Auquier P. Age-related hearing loss in individuals and their caregivers: effects of coping on the quality of life among the dyads. *Patient Prefer Adherence*. 2016;10:2279–87.
25. M.Holubova and J.Prasko. (2017). Connection between coping strategies and quality of life in outpatient with depression – cross-sectional study. *European Psychaitry*, Page S239.
26. Michaela Holubova, Jan Prasko, Marie Ociskova, Kryštof Kantor, Jakub Vanek, Milos Slepeck, Kristyna Vrbova. Quality of life, self-stigma, and coping strategies in patients with neurotic spectrum disorders: a cross-sectional study. *Psychology Research and Behavior Management* (2019) :12 81–95.
27. Naismith SL, Glozier N, Burke D, Carter PE, Scott E, Hickie IB: Early intervention for cognitive decline: is there a role for multiple medical or behavioural interventions? *Early Interv Psychiatry* 2009, 3:19–27.
28. Nasiri M, Kheirkhah F, Rahimian B, Ahmadzadeh B, Hasannejad H, Mohammad Jafari R. Stressful factors, coping mechanisms and quality of life in hemodialysis patients. *Iran J Crit Care Nurs* 2013;6(2):119-126.

29. Nadab Parshad and Amjad Tofail. (2014). Depression, Anxiety, Coping and Quality of Life among Elderly Living in Old Age Homes and in Family Setup. *Pakistan Journal of Professional Psychologists*, Vol 5, No. 1, p.11.
30. Ogina TA. The use of drawings to facilitate interviews with orphaned children in Mpumalanga province, South Africa. *S Afr J Educ.* 2012;32(4):428-440.
31. Oh, Pok-Ja RN, PhD; Cho, Jung-Ran RN. (2020). Changes in Fatigue, Psychological Distress, and Quality of Life After Chemotherapy in Women with Breast Cancer. *Cancer Nursing*, Volume 43 - Issue 1 - p E54–E60. doi: 10.1097/NCC.0000000000000689.
32. Penley, J. A., Tomaka, J., & Wiebe, J. S. (2002). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of behavioral medicine*, 25, 551-603.
33. Peter H., Psychological problems, Dar almasear, Oman, P. 3, 2007.
34. Qamish J. and Imam M.M., Children with special needs, Private basics of Education, Dar alkalm, aleanz, P.26, 2006.
35. Rather, Y.H. & Margoob, M.A. (2006).The children living in Orphanages in Kashmir: An exploration of their nurture, nature and needs.JK-Practitioner. Pakistan.
36. Smart, R. (2003). Policies for Orphans and Vulnerable Children.
37. Smart, R. 2003. *Planning for Orphans and HIV/AIDS-Affected Children: Home-based HIV/AIDS Care*. London: Oxford University Press.
38. Stuck AE, Walthert JM, Nikolaus T, Bula CJ, Hohmann C, Beck JC: Risk factors for functional status decline in community-living elderly people: a systematic literature review. *Soc Sci Med* 1999, 48:445–469.
39. Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: a review and critique of category systems for classifying ways of coping. *Psychological Bulletin*, 129, 216.
40. Tolfree and David, (1995). *Roofs and Roots. The care of separated children in the developing world.* The Aldershot, U.K. save the child foundation.
41. Tomlinson M, Swartz L, Daniels K. No health without mental health The global effort to improve population mental health. *Rout Stud Pub Hlth* 2011:174–91.
42. Uddin MN, Bhar S, Al Mahmud A, *et al.* Psychological distress and quality of life: rationale and protocol of a prospective cohort study in a rural district in Bangladesh. *BMJ Open* 2017;7:e016745. doi:10.1136/bmjopen-2017-016745
43. Viviana Lo Buono, Francesco Corallo, Placido Bramanti and Silvia Marino. (2015). Coping strategies and health-related quality of life after stroke. *Journal of Health Psychology*, Vol. 22(1) 16–DOI: 10.1177/1359105315595117.
44. Williamson, J., and Greenberg, A. (2010). *Families, not orphanages.* Edited by Melissa Bilyeu. Working paper.
45. Zeton M.A., *Health and violence*, the National Council for Refugees Family, Jordan- - Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition, Text Revision. DSM- 4 TR, APA 2000, Washington. D C, pp:59-60, 2005.

Article received 2021-11-25