



Comparison of Coping Styles and Social Support among Patients of Private and Public Hospitals

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Abstract

Background and Objectives: Social support on the outcomes of medical treatment has the potential to reduce the cost of medical care. The purpose of this study was to compare coping styles and social support among patients in private and public hospitals in Kerman city, the capital of Kerman province (Southern Iran).

Methods: A sample of 101 patients hospitalized in private hospitals and 101 patients admitted to public hospitals were randomly selected. The coping strategies scale of the Moos and Billings and the social support scale of Stewart and Sherbourne were used as the study tools. Data were analyzed using descriptive statistical methods and multivariate analysis of variance (MANOVA).

Findings: No significant difference was observed between patients of public and private hospitals in terms of the problem-focused coping style. Patients of public hospitals showed significantly higher emotion-focused coping style. While no difference between the patients in the public and private hospitals in the variables such as tangible support, emotional support, affections and positive social interaction was observed, the patients in the private hospitals felt more information support than those in the public hospitals.

Conclusions: Educating patients on appropriate coping styles and informing the families and hospital staff on the importance of social support, can help promote the coping style in the patients.

Keywords: Coping style, Social support, Private hospital, Public hospital, Health care quality

Background and Objectives

Today a wide range of some branches in the medical and social sciences evaluate the stress and the coping processes. This evaluation firstly was done through the evidences related to the positive relationship between coping with the stressful events of the life and the physical symptoms or the psychological distress. Today stress - disease relationship is considered as a complex process involving predisposing stressors and moderating factors such as social and coping resources.¹

Lazarus and Folkman defined coping as constantly changing cognitive and behavioral efforts to manage specific internal or external demands that are evaluated as valuable personal resources. Coping helps to 2 important

functions: management or correction of the problem due to the environmental suffering (problem-focused coping) and regulating emotional responses to the problem (emotion-focused coping). The theoretical and empirical supports have been obtained for both coping functions. Problem-focused and emotion-focused copings affect each other through stressful events. They can operate or facilitate each other.²

The function of problem-focused coping is the correction of the problems related to someone or the environment through action on the environment or person. The function of the emotion-focused coping is to change two things: (a) a method in which the stressful relationships with the environment are considered (consciously or avoidance) and (b) The meaning related to what happens and it reduces the stress even if the actual terms of the relationship have not been changed. The second function requires re-assessment, being optimistic or being less threatening, and denial or keeping away from the

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situation.³

Lazarus and Cohen believed that the stressors are the expressed demands in the internal or external environment and they disarrange the balance or homeostasis, so they affect physical and psychological well-being and involve the measures to restore balance. Stress can help the disease through the direct or indirect physiological effects. These effects occur through maladaptive health behaviors (such as smoking, poor eating habits, etc). Stress does not affect all people equally and some people despite the terrible threatening experiences, cope with the stress very well and they do not get sick.⁴

Research has shown that the coping methods are effective against MS; particularly the problem-focused coping methods have positive effect on the compliance with the disease.⁵

The patients or a person who is at risk of getting sick uses a method to cope with the problems and it has a significant impact on health, psychological or physical consequences. Supporting the friends, family and health care providers in coping with stress can also have profound effects on the physical and psychological consequences.⁴

Social support is defined as information that leads to this belief in a person who is cared and loved and respected and he is a part of a network of mutual obligations. Investigation of the evidences suggests that the supportive interactions between people are protection against the health consequences of the stress in life. It seems that social support can protect people from the pathologic states of crisis such as low birth weight, death, arthritis, tuberculosis, depression and alcoholism and social breakdown syndrome. In addition, social support can lead to reducing the need for medication, accelerating recovery, and facilitating the compliance with the prescribed diet.⁶ Family support and other people are positively related with the physical and mental health that is assessed by that person. Supporting others provides new information about coping strategies.⁷

Research has shown that social support is beneficial for cancer patients to cope with stress resulted by their disease.⁸ People with low levels of social support, especially in heart disease, have a higher mortality rate.⁹ The effect of social support on the outcome of medical treatment will be discussed, because the results may reduce the cost of medical care.⁶

Hospitals are a key resource in the health care system. They consume the majority of health expenditures of a city. The hospitals play an important role in providing health care services and they put them in front of many stressful issues. Because of these issues, hospitals strongly affect the performance of the health care system.¹⁰

Today the patients are more sensitive than before in health care services and they get more involved with the health care. They ask about their disease diagnosis and they want to get ensured that if their treatment is appropriate and to see if their expectations are not met they react. Health care providers are faced with the fact that people are ready to claim their rights.¹¹

Shaikh and Hatcher conducted a study and they concluded that socio-demographic factors, social structures, education level, beliefs and cultural practices, gender discrimination, economic and political systems, environmental conditions, disease patterns and health care systems in use of a health care public or private system are decisive.¹²

Results of a study in Pakistan showed that private hospitals provide better services, especially in empathy, assurance and tangible response when they are compared with the public hospitals.¹³ In Vietnam, poor service in the public sector is leading to increase in the use of private service providers.¹⁴

In Iran public and private sectors together are responsible for various health services. But the government, especially the Ministry of Health and Medical Education has more contribution in this field. More than 70.9% of the medical institutions are dependent on medical school. 18.8% of the total health institutions belong to the private sector.¹⁵

Finally, the debilitating nature of the disease that severely affect the personal, social, occupational and mental health of patients is important from the patient's point of view because of the serious concerns relating to disease and based on the health care providers. The exact consequences of the use of the coping style and social support from the patients need further research at least because of 2 reasons; first, because of the imbalances in the available research, especially in the field of coping styles and second, due to lack of previous studies on this field in Iran.

Therefore, the aim of this study is to compare the coping styles and social support among public and private hospitals in Kerman in 2016.

Methods

The statistical population included all patients admitted in the public and private hospitals in Kerman in 2016. A sample of 202 subjects (54 male, 148 female) were selected by multistage random sampling method. To do this purpose, first a public hospital and 2 private hospitals were selected. Then, three sectors of each hospital were selected and the final sample was extracted among the mentioned sectors. Data analysis was done by using SPSS version 23, descriptive statistics, and multivariate

analysis of variance (MANOVA).

The statistical instruments were as follow:

Stress Coping Strategy Scale by Moos and Billings to examine the people's response to the stressful events and it has 19 items. The choices are based on Likert scale starting from never = 0 to always = 3. The questionnaire consisted of 2 methods of the problem-focused coping with 8 statements and the emotion-focused coping with 11 statements. The maximum score of the subjects in this questionnaire is 57 which included a maximum score of 24 related to the problem-focused coping and maximum score of 33 related to the emotion-focused coping. Samari et al¹⁶ and Shareh et al¹⁷ measured reliability 0.78 based on Cronbach α and the internal consistency of the 2 subscales were measured 0.44 and 0.88. Besides, the content validity of the questionnaire was 0.88. The reliability of this study was measured 0.59 through Cronbach α .

Social Support Questionnaire: Social support scale was used to measure social support by Stewart and Sherbourne in 1991. This test measures the amount of received social support by the participants and it consisted of 19 statements and 5 subscales. The subscales include tangible support which measures material and behavioral assistance, emotional support which measures positive emotion, sympathy and encouragement to express feelings, information which measures guidance, information or giving feedback, affection which measures the expression of love and positive social interaction which measures the individuals' engagement in recreational activities. This is a self-report scale and the subject stated his agreement or disagreement with each statement in a 5-point Likert scale

(never = 1 point, rarely = 2 points, sometimes = 3 points, often = 4 points, always = 5 points). The lowest point of this test is 19 and the highest point is 95. To obtain an overall score, all the points have been added. The high score of the subject in this scale indicated that the subject benefits from a desirable social support. The reliability of this test was measured by using Cronbach α coefficient ranging from 0.74 to 0.93.¹⁸ In this study reliability of this questionnaire was measured 0.92 by using Cronbach α .

Results

In this study, the coping styles and social support were compared in the public and private hospitals. Table 1 shows the demographic information of the participants. MANOVA between the subjects of 2 groups was conducted on 7 dependent variables: problem-focused coping style, emotion-focused coping style and tangible support, emotional support, information, affection and positive social interaction while the hospital type (public or private) was the independent variable.

Investigation of Box's M test results on the equality of covariance matrices showed that the assumption of homogeneity of variance-covariance matrix is rejected and the covariance matrices observed in the dependent variable is not equal in the groups (Box's M = 69.602, $P < 0.001$). Also, the investigation of Bartlett test was statistically significant ($X^2 = 686.204$, $P < 0.001$) and it represents sufficient correlation between the dependent variables for further analysis. Due to the significant Box's M test that represents heterogeneity of variance-

Table 1. Demographic Information of the Participants

Group	Age (Mean \pm SD)	Gender	Marital Status	Education
State hospital	38.88 \pm 15.28	Male (n=25) Female (n=76)	Single (n=5) Married (n=96)	High school & No Degree (n=44) Diploma & Associates degree (n=44) Bachelor (n=9) Master & PhD (n=3)
Private hospital	37.66 \pm 12.43	Male (n=29) Female (n=72)	Single (n=14) Married (n=87)	High school & No degree (n=12) Diploma & Associates degree (n=41) Bachelor (n=32) Master & PhD (n=15)

Table 2. The Effects of Multivariate Tests to Compare the Groups in the State and Private Hospital

Multivariate Test	Value	F	Hypothesis df	Error df	P	Partial Eta Squared
Pillai's trace	0.087	2.56	7	194	0.001	0.087
Wilk's Lambda	0.913	2.56	7	194	0.001	0.087
Hotelling's trace	0.096	2.56	7	194	0.001	0.087
Roy's largest root	0.096	2.56	7	194	0.001	0.087

covariance matrices, Pillai's Trace has been reported. According to Table 2, indicators of Pillai's Trace showed that the type of hospital significantly affects the linear combination of the dependent variable (partial $\eta^2=0.087$ and $P<0.012$ and $F [7,194] =2.56$). ANOVA univariate statistics for each dependent variable was run separately to determine the source of statistical significance of the multiplier effect.

Table 3 shows the type of hospital significantly affects the emotion-focused coping style (partial $\eta^2 =0.023$ and $P<0.032$ and $F [1,200] = 4.681$) and the information support (partial $\eta^2 =0.023$ and $P<0.031$ and $F [1,200] = 4.715$). The means and standard deviation of 7 dependent variables for each group was shown in Table 3.

The mean scores of the emotion-focused coping style of the patients in the public hospital (mean = 17.08 and SD = 3.61) were higher than these mean scores in the private hospitals (mean = 16.00 and SD = 3.47). In the information support scale the mean scores of the patients in the private hospitals (mean = 15.74 and SD = 3.68) was higher than the mean scores of the patients in the public hospital (mean = 14.59 and SD = 3.83). The effect of the hospital type on the other dependent variable is not statistically significant.

Discussion

The aim of this study was to compare the styles of coping and social support among the patients in the public and private hospitals in Kerman. The results showed that there is no significant difference between the 2 groups of the patients in the style of problem-focused coping. Thus, the patients admitted in the public hospitals were not significantly different from the patient admitted in the private hospitals in the problem-focused coping style. When stressful situations are investigated by a person as "controllable" situation, the problem-focused coping prevailed.³ It seems that when the problem-focused coping faces with stressful situations, it does not depend

on the type of hospital. But the ability to control the situations through action is important and so this factor is handled equally by both public and private hospitals too. Wineman et al examined the coping styles in patients with MS and they have achieved similar results.¹⁹ Besides, some problem-focused strategies were partly consistent while other emotion-focused coping strategies were very inconsistent across stressful situations. For example, seeking social support (an emotion-focused strategy) was very inconsistent and unstable, while reappraisal event (a problem-focused strategy) was moderately and statistically significant. In fact, if people look for social support in one situation, there is little chance to look for it in another situation. However, if people reappraise in a situation, they may operate it in other situations as well.³ So it can be concluded that the stability of problem-focused coping strategies is another important factor that is not dependent on the type of the hospital and it is the same in the patients of both groups.

Other finding of this study showed a significant difference between 2 groups of public and private hospitals in the emotion-focused coping style. This means that patients in the public hospitals compared to private hospitals use more emotion-focused coping styles. The finding that patients use more emotion-focused coping styles is consistent with the results of Jean et al, McCabe et al and Pakenham et al.²⁰⁻²² But to justify this finding that the level of the emotion-focused coping style in patients in the public hospitals is higher than this level in the private hospitals, based on Varmaghani et al hospital costs and patients' income are the most important factors that affect the choice of the hospital and they make many patients to choose the public hospitals. In the public hospitals also a large number of patients, lack of time, clinicians and lack of sufficient coordination between medical staff and patients result in the patients' dissatisfaction.¹¹ The dissatisfaction and high pressure and stress increase the use of emotion-focused coping style among the patients in the public hospitals. However, the patients in the private hospitals face with less problems and therefore they use less emotion-focused coping style. Evaluation of the stressful

Table 3. MANOVA to Compare 2 Groups of State and Private Hospitals

Variable	State Hospital		Private Hospital		F	P
	Mean	SD	Mean	SD		
Problem-focused coping	14.70	3.77	15.14	3.76	0.707	0.402
Emotion-focused coping	17.08	3.61	16	3.47	4.681	0.032
Tangible support	16	3.23	16.39	3.05	0.800	0.372
Emotional support	16.07	3.04	15.99	3.37	0.039	0.844
Information support	14.59	3.83	15.74	3.68	4.715	0.031
Affection	12.28	2.31	12.16	2.77	0.109	0.742
Positive social interaction	15.71	3.22	15.59	3.77	0.058	0.710

situations by a person as “resistant to change” increases the use of emotion-focused coping style.³ This factor is also high in the public hospitals. In one study that examined the impacts of training intervention on perceived psychological health and quality of life among hemodialysis patient, after training, a 20% enhancement in the coping and communicating skills was achieved.²³

Another finding of this study showed that there is no significant difference between the patients in the public and private hospitals in the variables such as tangible support, emotional support, affections and positive social interaction. This finding is consistent with the results of Arasli and colleagues’ research in Small Islands when they found that the quality of services in public and private hospitals affect the patients’ satisfaction.²⁴ Rafiei et al compared rate of responsiveness in public and private hospitals and found low difference in dignity and respect as the key responsiveness dimension in both hospital.²⁵ In one study that compared the quality of Iranian public and private hospitals as perceived by patient tourists who travelled to country for treatment, the overall hospital quality and all related dimensions except communication were rated significantly higher in private health settings as compared to public hospitals.²⁶ But the results of this study are not consistent with Irfan et al,²⁷ Palsa et al,²⁸ Taner and Antony²⁹ who found that the quality of services in the private hospitals is higher than the quality of services in the public hospitals. In these studies the variables such as empathy, tangible guarantee, discipline, unity, giving priority to the needs of patients and the examined relationship have been studied and the social support variable based on 5 subscales have not been studied. These results may be due to the different conditions of the private hospitals in other countries.

The latest findings of this study show the significant effect of information support. This means that the patients in the private hospitals feel more information support than the patients in the public hospitals. This finding is consistent with the results of Andaleeb,¹⁴ Arasli et al²⁴ and Irfan et al.²⁶ In the study of Kanwar et al,³⁰ ineffective hospital information system contributed to patient over stay in public hospital. However, in the study of Shafaei et al the level of information satisfaction is generally higher in the public hospitals than in the private hospitals.³¹ This inconsistency may be due to the limited sample size to cesarean section, while in this study other sections of hospital have been taken into consideration.

Study Limitations

One limitations of this study were fatigue and pain felt by the patients which caused their lack of attention to the

questionnaire. To alleviate this, the questionnaires were asked to be completed after the patients’ situation got stable. Lack of control on the variables such as drug use, severity and duration of illness and length of stay were other limitation of the present study.

Conclusions

Our study suggests that setting educational programs based on the coping needs of the patients is necessary to enhance their coping abilities. Also, informing the hospital staff who provides health services to the patients on the importance of social support during patient recovery process may positively affect the patients’ well-being. Public hospitals should place special emphasize on improving emotional coping style.

Authors’ Contributions

KL contributed to study design, data collection and analysis and manuscript drafting. KMN took part in interpretation of the results and drafting the manuscript. Both authors read and approved the final manuscript.

Competing Interests

The authors declare no competing interests.

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