

## Caregivers' Coping Strategies for Young and Adult Patients during the COVID-19 Pandemic: A Comparative Study

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### **Abstract**

The COVID-19 pandemic significantly affected global mental health, particularly increasing the prevalence of depression across various demographics. This paper aims to compare the use of problem and emotion-focused coping strategies by male and female caregivers of younger and adult patients during the COVID-19 pandemic. 100 male caregivers (50 for younger and 50 for adult patients) and 100 female caregivers (50 for younger and 50 for adult patients), were recruited from the general population of Delhi-NCR by using purposive sampling. In order to gather relevant data Coping Strategies Inventory-Short Form (CSI-SF) of Tobin et al. (1989) was administered to the recruited participants. A 2x2 factorial ANOVA was employed to analyze the data. The results of this study revealed that the difference between caregivers of younger ( $F= 6.620; \rho<.01$ ) and adult ( $F= 4.970; \rho<.05$ ) patients was also found to be significant, regarding the use of problem and emotion-focused coping strategies, during the COVID-19 pandemic. A significant gender difference was found in the use of both problem and emotion-focused coping strategies ( $F_{Male} =10.224; \rho<.01; F_{Female} =8.815; \rho<.01$ ).

### **Keywords**

COVID-19, problem-focused coping strategies, emotion-focused coping strategies, caregivers, younger patients, adult patients.

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## **Introduction**

The COVID-19 pandemic posed unprecedented challenges to public health and individual well-being. Beyond its physical health implications, the pandemic significantly heightened the incidence of psychological disorders, especially depression (Taquet et al., 2021). Restrictions such as lockdowns, social distancing, and widespread uncertainty exacerbated feelings of isolation, grief, and anxiety (Pfeffer Baum & North, 2020). This paper aims to examine the factors contributing to increased depressive symptoms during the pandemic and assess the effectiveness of various coping strategies employed across populations. The shift to online mental health services during the pandemic was both a necessity and an innovation. Digital interventions, including cognitive behavioral therapy (CBT), mindfulness apps, and virtual peer support groups, demonstrated moderate efficacy and expanded access to care (Wind et al., 2020). Expressive writing interventions, such as “life crafting,” helped users reflect on their values and goals, fostering purpose and emotional resilience (Schippers & Ziegler, 2019). COVID-19-related depression stems from both biological and psychosocial factors. Neurologically, infection with SARS-CoV 2 has been associated with inflammation that may affect neurotransmitter systems and brain structures linked to mood regulation (Rogers et al., 2020). Psychologically, the fear of infection, economic instability, and prolonged isolation created a fertile ground for depression even among those uninfected (Xiong et al., 2020). Lockdowns contributed to widespread social disconnection and loss of daily routines, increasing depressive symptoms (Loades et al., 2020). For many, the collective trauma of the pandemic produced experiences akin to post-traumatic stress, dubbed “post-pandemic stress disorder” (Chatterjee, 2024). These stressors were magnified among vulnerable populations, including frontline workers, students, and individuals with pre-existing mental health issues.

## **Coping Strategies**

Coping is conceptualized as the dynamic cognitive and behavioral efforts individuals employ to manage specific external and internal demands that are appraised as taxing or exceeding their resources (Lazarus & Folkman, 1984). This definition emphasizes that coping is a process-oriented phenomenon, meaning that coping efforts can evolve over time, and that coping is contextual, indicating that coping strategies vary across different situations. Various coping strategies have been identified to address different stressors.

**Adaptive Coping Mechanisms:** Several studies found socially supportive coping to be a significant protective factor against depression (Zacher & Rudolph, 2021). This includes seeking emotional support, maintaining communication with

family and friends, and engaging in communal or spiritual activities online. Positive reframing, active problem-solving, and acceptance were also linked to better psychological outcomes (Restubog et al., 2020). Mindfulness-based cognitive therapy (MBCT) and behavioral activation (BA) emerged as effective interventions. MBCT combines mindfulness training with cognitive-behavioral strategies and showed a 30–60% reduction in depressive symptoms among individuals with recurrent depression (Segal et al., 2002). BA encourages engagement with meaningful activities and has proven as effective as medication in some cases (Ekers et al., 2014).

**Maladaptive Coping Mechanisms:** While some strategies helped, others worsened mental health. Avoidant coping, such as denial, disengagement, and substance use, was associated with heightened depressive and anxiety symptoms (Dawel et al., 2020). Additionally, self-blame and excessive consumption of negative news (termed “doomscrolling”) contributed to emotional exhaustion (Garfin et al., 2020).

### **Objectives of the Study**

The following were the objectives of this study:

1. To study the use of problem-focused coping strategies by male and female caregivers during COVID-19.
2. To study the use of problem-focused coping strategies by caregivers of younger and adult patients during COVID-19.
3. To study the use of emotion-focused coping strategies by male and female caregivers during COVID-19.
4. To study the use of emotion-focused coping strategies by caregivers of younger and adult patients during COVID-19.

### **Hypotheses of the Study**

The following were the objectives of this study:

1. There is no significant gender difference in the use of problem-focused coping strategies during COVID-19.
2. There is no significant difference in the problem-focused coping strategies used by caregivers of younger and adult patients during COVID-19.
3. There is no significant gender difference in the use of emotion-focused coping strategies by male and female caregivers during COVID-19.
4. There is no significant difference in the emotion-focused coping strategies used by caregivers of younger and adult patients during COVID-19.

### **Method**

**Research Design:** For the present study an ex-post facto research design was used, for which a 2x2 factorial ANOVA was used to analyze the data.

**Participants:** For the present study total of 200 caregivers (100 male and 100 female) were recruited by a purposive sampling method. Out of 100 male caregivers 50 were of younger patients and 50 were of adult patients. Similarly out of 100 female caregivers 50 were of younger patients and 50 were of adult patients.

**Data collection tools:** The degree of use of two coping strategies was assessed by the 16-item Coping Strategies Inventory-Short Form (CSI-SF), developed by Tobin et al. (1989). Scores within each eight-item sub-scale were summed (range: 8–40). The reliability and validity were established in terms of Cronbach's alpha which was found as 0.59.

### **Results**

Table-1 shows that with regard to the use of problem-focused coping strategies the mean scores of male (M =24.95; SD= 5.595; N=50) and female (M =24.15; SD= 4.640; N=50) caregivers of young patients are lower than the means score of male (M =24.46; SD= 4.547; N=50) and female (M =22.04; SD= 4.679; N=50) caregivers of adult patients. The tendency of using problem-focused coping strategy by caregivers of young patients (M =24.54; SD 5.136; N=50) is greater than caregivers of adult patients (M =23.25; SD 4.759; N=50) significantly (F= 6.620;  $p < .01$ ) (see Table 2 for F-value). Regarding the gender difference, results showed that the mean score of male caregivers is (M =24.70; SD= 5.082; N=50) than the mean score of female caregivers (M =23.09; SD= 5.082; N=50) significantly (F= 10.224;  $p < .01$ ). The interaction effect of gender and the age of patients on the use of problem focused coping strategy was not found significant.

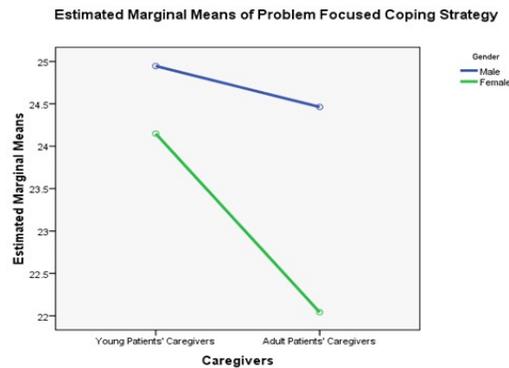
Table-3 shows that with regard to the use of emotion-focused coping strategies the mean scores of male (M =22.62; SD= 4.011; N=50) and female (M =24.61; SD= 4.261; N=50) caregivers of young patients are lower than the means score of male (M =24.26; SD= 4.337; N=50) and female (M =25.03; SD= 5.266; N=50) caregivers of adult patients. The tendency of using emotion-focused coping strategy by caregivers of young patients (M =24.54; SD 5.136; N=50) is greater than caregivers of adult patients (M =24.65; SD 4.827; N=50) significantly (F= 4.970;  $p < .05$ ) (see Table 4 for F-value). Regarding the gender difference, results showed that the mean score of male caregivers is (M =23.45; SD= 4.249; N=50) than the mean score of female caregivers (M =24.82; SD= 4.785; N=50) significantly (F= 8.815;  $p < .01$ ). Similar to the problem focused coping strategies, the interaction effect of gender and the age of patients on the use of emotion focused coping strategy was not found significant.

**Table 1: Mean Comparison for Problem-Focused Coping Strategies regarding Gender and Type of Patients**

Caregivers	Gender	Mean	Std. Deviation	N
Young Patients' Caregivers	Male	24.95	5.595	50
	Female	24.15	4.640	50
	Total	24.54	5.136	100
Adult Patients' Caregivers	Male	24.46	4.547	50
	Female	22.04	4.679	50
	Total	23.25	4.759	100
Total	Male	24.70	5.082	100
	Female	23.09	4.765	100
	Total	23.89	4.984	200

**Table 2: F-value for the Differences in Problem Focused Coping Strategies regarding Gender and Type of Patients**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	464.433 <sup>a</sup>	3	154.811	6.506	.000
Intercept	214737.439	1	214737.439	9.024E3	.000
Caregivers	157.531	1	157.531	6.620	.010
Gender	243.278	1	243.278	10.224	.002
Caregivers * Gender	61.993	1	61.993	2.605	.107
Error	8852.096	372	23.796		
Total	223929.000	376			
Corrected Total	9316.529	375			



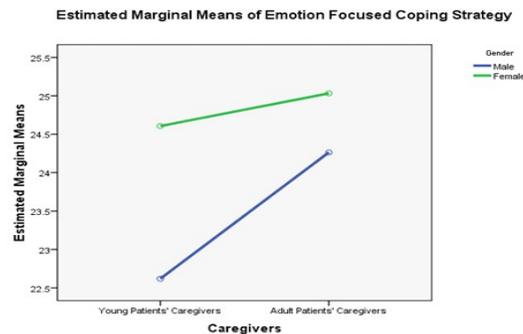
**Figure 1: Interaction of gender and age of patients with regard to the use of problem-focused coping strategies**

**Table 3: Mean Comparison for Emotion-Focused Coping Strategies regarding Gender and Type of Patients**

Caregivers	Gender	Mean	Std. Deviation	N
Young Patients' Caregivers	Male	22.62	4.011	50
	Female	24.61	4.261	50
	Total	23.62	4.246	100
Adult Patients' Caregivers	Male	24.26	4.337	50
	Female	25.03	5.266	50
	Total	24.65	4.827	100
Total	Male	23.45	4.249	100
	Female	24.82	4.785	100
	Total	24.14	4.572	200

**Table 4: F-value for the differences in Emotion Focused Coping Strategies regarding Gender and type of Patients**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	310.082 <sup>a</sup>	3	103.361	5.108	.002
Intercept	218894.134	1	218894.134	1.082E4	.000
Caregivers	100.560	1	100.560	4.970	.026
Gender	178.366	1	178.366	8.815	.003
Caregivers * Gender	34.880	1	34.880	1.724	.190
Error	7527.447	372	20.235		
Total	226965.000	376			
Corrected Total	7837.529	375			



**Figure 2: Interaction of gender and age of patients with regard to the use of emotion-focused coping strategies**

## Discussion and Conclusion

The present study's results indicate that **caregivers of young patients** tend to employ **problem-focused coping** significantly more than caregivers of adult patients. This is in line with earlier literature showing that problem-focused coping tends to be more common when individuals perceive higher control over stressors or when the challenges are seen as amenable to action. For example, in studies of caregivers of Alzheimer's disease patients, male caregivers have been found to rely more on task- or problem-focused coping (Geiger, Wilks, Lovelace et al., 2015). Also, systematic reviews of caregiving show that problem-focused coping is associated with better adjustment and lower psychological distress in caregivers generally (Hawken, Turner-Cobb & Barnett, 2018). Regarding gender differences, our finding that **male caregivers** report significantly higher use of problem-focused coping than female caregivers parallels prior work. For instance, in a study of mothers and fathers of adults with mental disability, mothers used significantly more problem-focused coping than fathers; although in our case the direction is reversed, it emphasizes gender differences in strategy preference. (Greenberg & Seltzer, 2000) Similarly, research among caregivers of patients with multiple sclerosis has shown that female caregivers tend to report higher emotional burden and more frequent use of emotion- or avoidance-oriented coping behaviors, while males more often prefer strategies oriented toward action. (Lee, Pieczynski et al., 2015).

For **emotion-focused coping**, our data show that caregivers of adult patients and especially female caregivers use it more than those caring for young patients or male caregivers. This too is consistent with the literature. The systematic review by Bueno & Chase (2023) found that female caregivers often report more negative emotional outcomes (e.g., depression, anxiety) and more frequent use of emotional coping or avoidance strategies than male caregivers. Also, studies on schizophrenia caregiving in India have revealed that female caregivers show higher socio-emotional or socio-emotional approach coping, whereas male caregivers tend to use more avoidance coping styles. Our finding that **interaction effects** of caregiver gender and patient age were *not significant* accords with some prior research which suggests that gender and other variables (e.g., patient's condition severity, caregiver relationship) act more independently than synergistically in determining coping style. The systematic reviews often note variation by many factors, but gender × patient age interactions are less well-documented or weak (Hawken, Turner-Cobb & Barnett, 2018). Finally, the implication that both age of the patient and gender of the caregiver shape coping strategy (problem- vs emotion-focused) supports theoretical models in the caregiving literature that distinguish between "action-oriented" vs "emotion-

oriented” coping and highlight that demographic and relational variables predict which style caregivers gravitate to. For example, problem-solving or active coping is often linked with lower burden and better adjustment, whereas emotion or avoidance-oriented coping is correlated with higher distress (Huang, Huang, Su et al., 2015).

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