

Research Paper

Comparison of Coping Styles, Distress Tolerance and Religious Adherence in Mothers of Children with Physical-Motor Disabled and Normal

Zahra Rabani ^{1,*}

¹ MA of Social Research, Department of Social Studies, Dehaghan Branch, Islamic Azad University, Dehaghan, Iran

* **Corresponding author:** Zahra Rabani, Department of Social Studies, Dehaghan Branch, Islamic Azad University, Dehaghan, Iran. E-mail: hastihasti6040@gmail.com

How to Cite this Article:

Rabani Z. Comparison of Coping Styles, Distress Tolerance and Religious Adherence in Mothers of Children with Physical-Motor Disabled and Normal. *J North Khorasan Univ Med Sci.* 2020;6(4):10-18.

DOI: [10.29252/ijrn-06042](https://doi.org/10.29252/ijrn-06042)

Received: 26 Jun 2019

Accepted: 15 Jan 2020

Keywords:

Coping Styles

Disabled

Distress Tolerance

Physical-Motor

Religious

© 2020 Iranian Journal of
Rehabilitation Research in Nursing

Abstract

Introduction: Having a disabled child can negatively effect on health and quality of life of parents, especially mothers. Therefore, the present research aimed at the comparison of coping styles, distress tolerance, and religious adherence in mothers of children with physical-motor disabled and normal.

Methods: In a causal-comparative study among mothers of children with physical-motor disabled and normal of Tehran city in the 2018 year, several 70 people (35 in each group) were selected by the available sampling method. The groups responded to the questionnaires of coping styles, distress tolerance, and religious adherence. Data were analyzed by multivariate analysis of variance method using SPSS version 19 software.

Results: The findings showed that there was a significant difference between the groups in terms of coping styles and distress tolerance, but there wasn't a significant difference in terms of religious adherence. In other words, the rate of distress tolerance and coping techniques, including problem-solving, physical control, attracting social support, emotional monitoring and cognitive evaluation in mothers with physical-motor disabled children were lower than mothers with healthy children ($P < 0.05$).

Conclusions: The findings indicated there were lower types of coping styles, and distress tolerance in mothers of physical-motor disabled children is compared with mothers of healthy children. Therefore, specialists and authorities should design and implement programs to improve the coping styles and distress tolerance of mothers with physical-motor disabled children.

Extended Abstract

OBJECTIVE

Disability is the permanent inability to perform all or part of the ordinary necessities of individual or social life (1). Having a disabled child can negatively effect on health and quality of life of parents, especially mothers (3). Usually, mothers with disabled children are in a lower position in terms of coping styles than mothers with typical children (4). Also, distress tolerance means the capacity to resist negative emotions or tolerate negative inner states caused by stressors (8), and religious adherence can change one's attitude toward the world and increase

one's ability to adapt to adverse, stressful and unpredictable circumstances (14). Therefore, the present research aimed at the comparison of coping styles, distress tolerance, and religious adherence in mothers of children with physical-motor disabled and normal.

MATERIALS AND METHODS

This research was a causal-comparative study. The statistical population was mothers of children with physical-motor disabled and normal of Tehran city in the 2018 year. The sample research was 70 people (35

in each group) who were selected by the available sampling method. The groups responded to the questionnaires of Billings and Moss's coping styles, Simons and Gaher's distress tolerance, and Janbozorgi's religious adherence. Data were analyzed by multivariate analysis of variance method using SPSS version 19 software.

RESULTS

The findings showed that there was no significant difference between the experimental and control groups

in terms of education and age. Other results showed that there was a significant difference between the groups in terms of coping styles and distress tolerance. Still, there wasn't a significant difference in terms of religious adherence. In other words, the rate of distress tolerance and coping styles, including problem-solving, physical control, attracting social support, emotional monitoring and cognitive evaluation in mothers with physical-motor disabled children was lower than mothers with typical children ($P < 0.05$) (Tables 1-2).

Table 1. Mean and Standard Deviation of Variables

Variables	Mothers with Disabled Children	Mothers with Normal Children
Problem solving style	4.35 ± 0.74	5.88 ± 0.89
Physical control style	12.41 ± 2.08	16.52 ± 2.44
Attracting social support style	6.28 ± 1.14	8.16 ± 1.37
Emotional control style	14.30 ± 2.27	19.31 ± 2.92
Cognitive evaluation style	9.22 ± 1.88	11.75 ± 2.16
Distress tolerance	37.26 ± 3.39	44.80 ± 4.05
Distress tolerance	121.43 ± 11.75	115.94 ± 11.93

Data are presented as mean ± SD.

Table 2. MANOVA Results

Variables	Sum of Squares	Df	Mean Squares	F	P-Value	Eta Squared
Problem solving style	33.739	1	33.739	16.169	< 0.001	0.288
Physical control style	115.864	1	115.864	29.565	< 0.001	0.506
Attracting social support style	43.864	1	43.864	22.750	< 0.001	0.371
Emotional control style	137.233	1	137.233	27.329	< 0.001	0.483
Cognitive evaluation style	62.280	1	62.280	19.638	< 0.001	0.347
Distress tolerance	394.209	1	394.209	12.750	< 0.001	0.245
Distress tolerance	1283.365	1	1283.365	1.461	< 0.068	0.079

CONCLUSION

Due to the high number of children with disabilities and the problems that have their mothers, intervention is necessary to improve their characteristics. The findings indicated there were lower types of coping styles, and distress tolerance in mothers of physical-motor disabled children is compared with mothers of healthy children. Therefore, specialists and authorities should design and implement programs to improve the coping styles and distress tolerance of mothers with physical-motor disabled children.

Ethical Considerations

In this study, moral points according to the ethical protocols of Helsinki studies were done and received ethical code from the Islamic Azad University of Dehaghan branch with the number of IR.IAUDehaghan.REC.1397.41. Also, the research consent form was signed by all subjects.

Funding or Supports

This research has not sponsored and is done at personal expense.

Author's Contribution

Zahra Rabani collected data, analyzed them, and wrote the article.

Conflict of Interest

In this article, there was no reported any conflict of interest.

Applicable Remarks

Disables make the most significant minority of Iran and knowing them. Their parents, especially mothers who are considered primary and directly responsible for their care, have to need a lot of research. The results of the present study showed that distress tolerance and coping styles of mothers with disabled children were at the unsuitable level than those of mothers with healthy children, and there was no difference between them in terms of religious adherence. Therefore, health professionals can make based on results of this study and similar studies a perspective for improving the health of mothers with disabled children and design programs to enhance psychological characteristics especially to improving their distress tolerance and coping styles which use of such programs can be useful in improving the health-related attributes of mothers with disabled children.

Acknowledgments

Thus gratitude and appreciation from officials of the Islamic Azad University of Dehaghan branch and Welfare organization of Tehran city due to cooperation in conducting the research and from participants for participating in the study.