

## Pattern of Coping among Caregivers of Children with Physical Special Needs

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**Abstract:** **Background:** Adapting & coping strategies are demand to reduce a stressful situation for families/ caregivers of chronically physical disabled children. **Design:** Quantitative exploratory, cross sectional, correlative research design was conducted in this study. **Method:** The total number of the study subjects were 218 caregivers, using purposive sample at the "Association of Disabled Children" at Makkah Al-Mukaramah city. A developed self-administrative questioner sheet was used. It composed of nine coping techniques and 59 informational items. Likert scale was ranged from (1) I usually don't do this at all, (2) I usually do this a little bit, (3) I usually do this a medium amount and (4) I usually do this a lot. Higher score indicating higher positive coping strategies. **Results:** Caregivers' age ranged between 21-50 years and majority (83%) of them were their mother. They obtain poor level (3.0 ±0.36) score toward nine coping strategies. **Conclusion:** It could be concluded that this study highlight the importance of coping strategies used by caregivers, most of caregivers had poor scores toward nine coping techniques. It recommends that to raise caregivers' awareness to apply and use different coping strategies. Caregivers need training to use skills to modify their negative behaviours.

**Key words:** caregivers, physical disabilities, coping strategies

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### I. Introduction

Raising a child with a disability has been recognized for some time as a major source of burden and distress in family care giving. The additional childcare demands associated with a child's disability can create significant parental stress as well as disruption in family relationships such demands persist throughout childhood and into adulthood, requiring continuous adaptation by family members to ongoing challenges and crises (Banks, 2003). Developmental disability refers to a range of conditions including intellectual disability, cerebral palsy, autistic spectrum disorder, learning disability, epilepsy, etc., most childhood disabilities are referred to as developmental disabilities, defined as any physical or mental condition that may impair or limit a child's ability to develop cognitively, physically, and emotionally compared to other children (Bostan, et al., 2015). Most of the disabilities unlike physical, which are noticed at birth, get undiagnosed until a child enters a school. It is difficult for caregivers to identify a developmental disability as they are normally not aware about the developmental stages of a child and more so if it is their first child. Professionals often have difficulty diagnosing a specific disability at such an early age, so the term developmental delay is utilized to qualify a child for services in infant and preschool programs (UN, 2007).

Children with Developmental disability / physical special needs, who are children was born with a disabling health condition or impairment, most of disabilities as a result of illness, injury or poor nutrition. Children with physical special needs are those with health conditions such as cerebral palsy, spinal bifida, muscular dystrophy, traumatic spinal cord injury, Down syndrome, and children with hearing, visual, physical, communication and intellectual impairments. Some children with disabilities have a single or multiple impairments (New York State Department of Health, 2017). The term physical disability is broad and covers a range of disabilities and health issues, including both congenital and acquired disabilities. Within that range are physical disabilities or impairments that interfere with a child's ability to attain the same developmental milestones as his or her age-mates.

A physical disability is a condition that substantially limits one or more basic physical activities in life (i.e. walking, climbing stairs, reaching, carrying, or lifting). These limitations hinder the children from performing tasks of daily living, affect their learning, and affect his families their social and psychological functioning (Hampshire County Council, 2005 & New York State Department of Health, 2017).

The study carried out by the World Bank in Egypt, Jordan and Yemen revealed that between 5% and 10% of children under age 18 are having at least one type of physical disabilities (World Bank, 2004). National survey in Saudi Arabia reported the prevalence of major disabilities among children to be 6.33% (Ministry of Health, Saudi Arabia, 2013).

A caregivers of a child with a disability is one of the most stressful life events that can occur. When a child is born with a disability, the unexpected and permanent nature of such an event generally increases a caregiver's vulnerability to stress (Hastings & Johnson, 2001). High levels of distress have been found in up to 70% of mothers and 40% of fathers of severely disabled children (Jones & Passey, 2004). Thus, increased parental stress that leads to poor parental health and well-being, can negatively affect the health and well-being of the child. This sense of stress may be associated with a child's characteristics, greater financial and caregiving demands, feelings of being unprepared for the tasks of parenting, and a sense of loneliness and isolation (Sullivan-Bolyai, et al., 2003; Oruche, et al., 2012 & Thwala, et al., 2015).

Caregivers have child with disability encounter a variety of challenges such as overcoming the disappointments attendant to the original diagnosis and the need to coordinate the child's multifaceted medical, educational, and developmental interventions while balancing competing family needs. Furthermore caring for a child with disability often requires additional physical, emotional, social, and financial resources. It is also noted that having a child with disabilities affects not only the caregivers, but also siblings and the relationships among the family members (Lardieri, et al., 2000 & Murphy, et al., 2007).

Medical professionals must remember that they are not only treating the child with a disability, they are also treating the family / caregivers. There are a host of physical and mental health problems in caregivers of children and adults with chronic disabilities. The consequences of impaired caregiver health include recurrent hospitalizations for their children and the decision to place their child outside of the home (Alexander & Walendzik, 2016).

Coping refers to a person's cognitive or behavioral efforts to manage the demands of a stressful situation. Previous research (Murphy, et al., 2007 & Cheshire, et al., 2010) has also shown that many families / caregivers of chronically disabled children succeed in adapting and functioning well and among various factors studied such as the type of disability, parental personality, the age of the child when diagnosed, demographic variables such as parental educational level, gender and socioeconomic status have been found to be associated with parental coping and adjustment difficult situations. Parents of children with disabilities develop coping strategies to reduce tension and anxiety, and thus adapt to their new situation.

Caregivers need to cope with the day to day stressors. The coping resources include "faith in God, energy, self-determination and perception of the situation, and the external resources such as support from family members, relatives, friends, neighbors, professionals, community and Governmental policies and programs" (Cheshire, et al., 2010). Coping resources can be used to decrease a caregiver's vulnerability to stress. Resources may include health assessment, problem-solving skills, and perceptions of the situation, family relationships, and social support networks. Emotion- focused coping styles (e.g. focusing on or venting emotions), problem-focused styles, and seeking social support. All these coping styles are linked with fewer psychological problems among parents' with their disabled children (Sarafino, et al., 2002). Community nurse has and will continue to play a pivotal role in caring for all children with disabilities and their families / caregivers. It is very important to examine parents with using of coping patterns and adaptation and assess the stressful situations facing parents. Instructing families/ caregivers how to deal with stress, coping, and adjustment, which lead to the development of more efficient methods of intervention in with these caregivers. Help caregivers to understand the family interpersonal relationships, focusing on the spousal relationship, other siblings, and the disabled child. Identifying the special needs of children and people with developmental disabilities and determining the correct policies to answer these needs are essential for successful rehabilitation and integration of physical disability people in society, while providing them with maximum opportunities to realize their potential and maintain their quality of life (Kandel, et al., 2003 & Kandel, et al., 2005).

### **Significance Of The Study:**

When caregivers learn that their child has a disability or a chronic illness, they begin a journey that takes them into a life that is often filled with strong emotion, difficult choices, interactions with many different professionals and specialists, and an ongoing need for information and services. Initially, caregivers may feel isolated and alone, and not know where to begin their search for information, assistance, understanding, and support. Caregivers having children with special needs complain of feelings of loss of personal control, absence of spousal support, informal and professional support. Adjustments to the reality of the child's condition, housing and finance are some of the other factors that influence parental stress. If caregivers with disabilities have no equal access in the society or even in other services in the health care system they will be disregarded from everyday life activities. These caregivers and their children may require a continuous different coping strategy to manage their problems.

### **Aim Of The Study:**

The aim of this study was to investigate the pattern of coping among caregivers of children with physical special needs.

### **Research Questions:**

1. What are the socio-demographic characteristics of children with physical special needs?
2. What are the socio-demographic characteristics of caregivers having children with physical special needs?
3. What is the pattern of coping strategies used by caregivers having children with physical special needs?
4. Is there a correlation between pattern of coping strategies and socio-demographic characteristics related to both of caregivers and their children?

### **Study Design**

Quantitative, cross sectional, an explanatory correlative study was applied in this study.

### **Setting**

The study conducted at the "Association of Disabled Children" at Makkah Al-Mukaramah city, KSA. The center accept Saudi disable children for both sexes, with different diagnosis, their age ranged from 1-11 years old , and their IQ range to be more than 50.

### **Subjects**

The total number of disabled children in the previous setting was 493 “ranged from progress of the disability and IQ”. The total sample size required for the study was calculated based on confidence level of 95%, margin of error 0.05, population size of 493 children at the academic year 2017/2018. The sample size required to represent the population was found to be 218 children and researcher took the 218 caregivers of the children to represent the sample of the study . The sample technique used was purposive sample.

The inclusion criteria were Saudi nationality, children enrolled in the centre, both sexes, their age ranged from 1-11 years old, and their IQ range to be more than 50. Their parents / caregivers were willing to participate in this study. The exclusion criteria were non Saudi nationality, their age above 11 years old, and their IQ less than 50.

### **Study Tool**

The researcher use the developed structured –self-administered questioners applied by (Family Adaption and Cohesion Evaluation Scales-III "FACES III" ,Olson et al.,1985, Brief COPE Carver, 1997 and The Children's Coping Questionnaire ,Fedorowicz, Anee E,1995) to assess caregivers pattern of coping strategies used with their children having physical special needs.

The three previous tools were used and developed according to the study population, Saudi culture and translated to Arabic version as following:

**Part One:** It covered the socio demographic characteristics of caregivers such as age, level of education, relation to child, occupation and income, as well as children age, sex, birth order and number of family members.

**Part Two:** It covered children past medical history such as diagnosis, causes of disability, previous and present complains, daily activity living (ADL), and caregivers' previous attendance lectures related to care of disability.

**Part Three:** The coping strategies was used by caregivers having children with physical special needs. It composed of six main categories namely, cognitive experience of caregivers, support (financially, family, professional staff & social relation), organization of time to provide child care, plan to solve problems, emotional control and keep myself healthy. The total 59 informational items yield and a panel of 4-point of Likert scale ranging a four as following:

1 = I usually don't do this at all

2 = I usually do this a little bit

3 = I usually do this a medium amount

4 = I usually do this a lot

Higher score indicating higher positive coping strategies.

The mean score was calculated and the general direction of the Statement classified as follows:

- Mean score from (1) to (1.8) strongly don't do this at all
- Mean score from (1.81) to (2.6) do this a little bit
- Mean score from (2.61) to (3.4) neutral
- Mean score from (3.41) to (4.2) do this a medium amount
- Mean score from (4.2) to (5) strongly do this a lot

### **Administrative approval**

Official permission to conduct the study obtained from the responsible authorities from Faculty of Nursing College, at King Saud University to the responsible persons at the "Association of Disabled Children", at Makkah Al-Mukaramah city.

### Developing the tool

Study tool was previously developed by FACES III ,Olson, et al.,1985& Carver, 1997 &Fedorowicz, Anee E,1995 and modified based on the literature review, adopted , translated to Arabic version in order to collect necessary information about study subjects. (Ganjiwale, Ganjiwale, Sharma, & Mishra, 2016; Paster, Brandwein, & Walsh, 2009; Place, Hulsmeier, Brownrigg, &Soulsby, 2005).

### Pilot Study

A pilot study, conducted and carried out on a purposive 20 caregivers, selected from rehabilitation center at Taif not included with main study subjects.

## II. Results

### Part one: Socio-demographic characteristics of the studied subjects, health history, and children Activity of Daily Living.

A)- The socio-demographic characteristics of children & their caregivers with physical special needs.

Table (I) shows percent distribution of the children as reported by caregivers according to their socio-demographic characteristics. The age of the children was ranged between 1-11 years, with  $X \pm SD$  (2.54 $\pm$ .78) years old. While slightly more than one third (36.2%) of them were their age group ranged between 7-9 years old.

Regarding participant gender, slightly more than half (53.2%) of the children was female. Regarding educational level of the children, slightly less than half (44.4 %) was in kinder garden. The order of siblings 41.7% were the first child .Regarding number of family members, more than half (54.1%) of them were ranged between 1-5 members, with ( $X \pm SD=1.4 \pm .49$ )

**Table (1) Percent distribution of the studied children according to socio-demographic characteristics.**

Variables	No (n = 218)	%
<b>Age (years)</b>		
1-3	13	6
4-6	100	45.9
7-9	79	36.2
10-12	26	11.9
$(X \pm SD = 2.54 \pm .78)$		
<b>Gender:</b>		
Male	102	46.8
Female	116	53.2
<b>Type of children:</b>		
Pre Kinder garden	41	18.8
Kinder garden	97	44.4
School	80	36.6
<b>Order of siblings:</b>		
First	91	41.7
Second/ third	74	33.9
Fourth/ fifth	48	22
Six & more	5	2.3
$(X \pm SD = 1.8 \pm .84)$		
<b>Number of family members</b>		
1-5	118	54.1
6-10	100	45.9
$(X \pm SD = 1.4 \pm .49)$		

Table (II) shows percent distribution of the children caregivers according to their socio-demographic characteristics. Their age ranged between 21-50 years, with  $X \pm SD$  age was (1.5  $\pm$ .69). More than half (56.9%) of them their age group were (21-30) years old. Majority (83%) of caregivers were their mother. Related to educational level of children mothers & fathers, about (31.7% & 48.2%) had high degree (university & above) respectively.

Regarding working condition, both of mothers & fathers were housewife & employer (58.7% & 76.6%) respectively. More than half (57.3%) of couples were relatives.

Family income/monthly ranged from 10.001- 15.000 S.R. Few percentage (14.2%) of them had less than 3000 S.R More than two-third (72.9%) of subjects were satisfied with their monthly income.

**Table (II): Percent distribution of children’ caregivers according to their socio-demographic characteristics.**

Variables	No (n = 218)	%
<b>Age</b>		
21-30	124	56.9
31-40	76	34.9
41-50	14	6.4
More than 50	4	1.8
(X±SD = 1.5 ±.69 )		
<b>Relation to child</b>		
Mother	181	83
Father	5	2.3
Sister	23	10
Uncle/ Aunt	9	4.2
<b>mothers’ education</b>		
Illiterate	48	22
Primary	18	8.3
Intermediate	29	13.3
Secondary	54	24.8
High degree	69	31.7
<b>Mothers’ job</b>		
Housewife	128	58.7
Employer	90	41.3
<b>father’ education</b>		
Illiterate	16	7.3
Primary	12	5.5
Intermediate	20	9.2
Secondary	65	29.8
High degree	105	48.2
<b>Fathers’ job</b>		
Retirement	31	14.2
Employer	167	76.6
Unemployed	20	9.2
<b>Relationship between couple</b>		
Yes	125	57.3
No	93	42.7
<b>Family income</b>		
Less than 3000	31	14.2
3001- 5000	52	23.9
5001-10000	58	26.6
10001- 15000	59	27.1
More than 15000	18	8.3
<b>enough income</b>		
Enough	159	72.9
Not enough	59	27.1

B) Children health history as reported by caregivers (previous & present complains).

Table (III) illustrates the percent distribution of studied children according to their health status .As regard to child diagnosis, slightly less than half (41.7%) of the children had cerebral palsy. less than one quarter of them had quadriplegia (21.1%).Also, less than one quarter of them had hemiplegic (17.5%).While the rest 8.2%, 7.8%, 3.7% of children had congenital anomalies of feet (muscular dystrophy),spina bifida, and convulsion respectively.

Regarding to causes of disability, slightly less than one quarter of children had hypoxia (24.3%), congenital anomalies (16.1%), did not know the cause of disability (13.3%) and problems during delivery (12.8%). While the rest 10.5%, 9.6%, 3.7%, 3.7%, 3.2%, 2.8%, had problems during pregnancy, car accident, genetic causes, exposed to x- ray during pregnancy, head injury, and fever respectively. Considering the time of disability, half (50.9%) of the children were immediately after birth.

**Table (III): Percent distribution of studied children according to their health status**

Variables*	No (n = 218)	%
<b>Child diagnosis</b>		
Cerebral palsy	91	41.7
Hemiplegia	38	17.5
Quadriplegia	46	21.1

Congenital anomalies of feet (muscular dystrophy)	18	8.2
Spina bifida	17	7.8
Convulsion	8	3.7
<b>Causes of disability</b>		
Hypoxia	53	24.3
Problems during delivery	28	12.8
Car accident	21	9.6
Congenital anomalies	35	16.1
Didn't know	29	13.3
Fever	6	2.8
Head injury	7	3.2
Exposure to x- ray during pregnancy	8	3.7
Problems during pregnancy	23	10.5
Genetic causes	8	3.7
<b>Time of disability</b>		
During delivery	28	12.8
After birth	111	50.9
After accident	21	9.6
After one years ago	19	8.7
After two year ago	12	5.5

\*More than one answer

**Table (V): Percent distribution of studied children according to present complains**

Variables*	(n = 218)	
	N	%
Anemia	34	15.6
Dizziness	23	10.6
Difficult movement	158	72.4
Pain in muscles	149	68.3
Diarrhea	26	11.9
Constipation	42	19.3
Loss of weight	80	36.7
Over weight	12	5.5
Sleep problems	15	6.9
Others	10	4.6

\* More than one answer

**C) Children according to their Activity of Daily Living (ADL)**

Table (VI) shows the percent distribution of the studied children according to their Activity of Daily Living (ADL). Regarding to independent activities, few percentages (5% -14%) of children were related to all daily activities (bathing, eating, toilet, clothing, sports, movement and walking). Partially dependent were ranged between (50%- 57%) and totally dependent were between (24% -34%) regarding to ADL.

**Table (VI) Percent distribution of the studied children according to their Activity of Daily Living (ADL)**

Variables	No=218					
	independent		Partial dependent		dependent	
	N	%	N	%	N	%
<b>Daily activities</b>						
During bathing	21	9.2	112	51.4	85	39
During eating	39	17.9	126	57.8	53	24.3
During urination/ defecation (toilet)	26	11.9	113	51.8	79	36.2
During putting on clothes	31	14.2	117	53.7	70	32.1
During movement in home	29	13.3	122	56	67	30.7
During practicing sports	11	5	110	50.5	97	44.5
During walking	19	8.7	118	54.1	81	37.2
Others	34	15.5	145	66.5	39	17.9

\* More than one answer

**Part Two: The pattern of coping strategies used by studied caregiver**

Table (XII) illustrate the total mean & standard deviation distributions of the caregivers according to their coping strategies. All total X±SD related to nine coping techniques “the pattern of coping” used by caregivers having children with physical disability were natural (3.4 ±0.84) .Statistically significant correlation was found for all nine techniques at 0.001.

**Table (XII): Total mean & Standard Deviation distributions of the caregivers according to their coping strategies**

Variables	(N0=218)		T test	P value
	X	SD		
Caregiver knowledge experience	3.2	.58	83.4	**0.00
Financial support	2.6	.74	52	**0.00
Family support	2.6	.63	60.7	**0.00
Medical support	3.2	.62	77	**0.00
Social support	3.4	.84	60.4	**0.00
Time organization	3.2	.67	70.7	**0.00
Plans to solve problems	3.1	.60	77.1	**0.00
Emotional control	2.7	.60	66.2	**0.00
keeping healthy	2.6	.61	62.7	**0.00
<b>Total</b>	<b>3.0</b>	<b>.36</b>	<b>92.4</b>	<b>**0.00</b>

Level of significant  $\geq 0.001$

**Part Three: Correlation between pattern of coping and socio demographic characteristics related to both of caregivers and their children.**

Table (XIII –a) presents the correlation among the coping pattern techniques used by caregivers with their socio-demographic characteristics. Statically significance correlation was found between the coping pattern techniques used by caregivers with their socio-demographic characteristics as following: caregivers’ age ( $t=3.6$ ,  $p=0.02$ ), couple relatives ( $t=5.8$ ,  $p=0.002$ ), mother educational ( $t =4.9$ ,  $p=0.001$ ) and mother job ( $t=3.6$ ,  $p=0.02$ ).

Table (XIII –b) presents the correlation among the coping pattern techniques used by caregivers with socio-demographic characteristics of their children. Statically significance correlation was found between the coping pattern techniques used by caregivers with socio-demographic characteristics of their children as following: children gender ( $t=5.8$ ,  $p=0.002$ ) and school grade ( $t=3.6$ , $p=0.02$ ).

**Table (XIII –a): The correlation among the coping pattern techniques used by caregivers with their socio-demographic characteristics.**

variables	Coping patterns (no = 218).										t	P Value
	Caregiver knowledge experience	Financial support	Family support	Medical support	Social support	Time organization	Plans to solve problems	Emotional control	keeping healthy			
Age	±X 3.2 SD .58	2.6 .74	2.6 .63	3.2 .62	3.4 .84	3.2 .67	3.1 .60	2.7 .60	2.6 .61	3.6	*0.02	
Relatives	±X 3.1 SD .45	2.5 .68	2.3 .41	3.1 .62	3.3 .60	3.0 .60	2.9 .32	2.5 .24	2.4 .21	5.8	**0.002	
Couples relationship	±X 3.3 SD .59	2.5 .75	2.6 .65	3.2 .60	3.5 .76	3.2 .68	3.2 .58	3.0 .60	2.5 .58	1.6	0.3	
Mother educational	±X 3.2 SD .52	2.5 .74	2.6 .58	3.2 .61	3.3 .62	3.2 .70	3.1 .60	2.7 .58	2.5 .57	4.9	**0.001	
Mother job	±X 3.2 SD .54	2.6 .72	2.6 .61	3.5 .54	3.2 .68	3.2 .67	3.1 .60	2.7 .60	2.6 .61	3.6	*0.02	
Father educational	±X 3.1 SD .59	2.5 .50	2.7 .64	3.2 .62	3.3 .67	3.1 .65	3.0 .65	2.8 .60	2.7 .62	2.6	0.1	
Father job	±X 3.3 SD .58	2.7 .73	2.5 .58	3.2 .64	3.3 .85	3.2 .70	3.1 .60	2.7 .54	2.6 .51	0.6	0.4	
Family income	±X 3.3 SD .57	2.6 .71	2.5 .62	3.2 .56	3.4 .71	3.1 .69	3.1 .59	2.7 .56	2.5 .63	1.8	0.1	
Enough income	±X 3.2 SD .62	2.5 .76	2.6 .61	3.2 .54	3.3 .81	3.3 .68	3.1 .63	2.7 .57	2.6 .60	1.8	0.2	
Attended lecture / workshop	±X 3.3 SD .59	2.6 .73	2.6 .62	3.1 .62	3.5 .80	3.2 .70	3.1 .61	2.6 .62	2.6 .63	1.3	0.4	

\*\*Correlation is significant at the 0.01 level

\* Correlation is significant at the 0.05 level

**Table (XIII –b): The correlation among the coping pattern techniques used by caregivers with socio-demographic characteristics of their children.**

Variables	Coping patterns (no = 218).									t	P-value
	Caregiver knowledge experience	Financial support	Family support	Medical support	Social support	Time organization	Plans to solve problems	Emotional control	keeping healthy		
Age	±X 3.2 SD .62	2.8 .51	2.6 .60	3.2 .60	3.5 .84	3.3 .54	3.1 .58	2.7 .53	2.6 .63	2.1	0.1
Gender	±X 3.3 SD .57	2.5 .74	2.5 .62	3.2 .61	3.4 .83	3.2 .66	3.1 .59	2.7 .60	2.6 .58	5.8	**0.002
School grade	X± 3.2 SD .59 SD	2.6 .76	2.6 .59	3.1 .64	3.4 .76	3.2 .64	3.1 .60	2.7 .63	2.6 .59	3.6	*0.02
Child Order between siblings	X± 3.2 SD .68	2.6 .80	2.5 .77	3.2 .60	3.5 .61	3.4 .62	3.3 .62	2.8 .59	2.8 .57	1.5	0.1
Numbering of the family	X± 3.3 SD 5.5	2.5 .72	2.6 .64	3.2 .62	3.4 .82	3.3 .68	3.1 .59	2.7 .59	2.6 .62	4.4	.01

\*\*Correlation is significant at the 0.01 level

\* Correlation is significant at the 0.05 level

### III. Discussion

Generally, the results of this study highlight the importance of coping strategies used by caregivers; most of caregivers had poor scores toward nine coping techniques. Statically significance correlation was found between the coping pattern techniques used by caregivers with their age, couple relatives, mother educational, and mother job. These could be return to coping patterns depends on a wide variety of factors, like personality, support system, education, financial situation, spousal relations, family cohesion, and the level of the child's handicap. These findings support study was done by (Thwala ,et al., 2015)

#### Limitations of the study

The main limitation of this study was the cross section design selection. This does not support the results to be more generalized.

### IV. Conclusion

It could be concluded that this study highlight the importance of coping strategies used by caregivers, most of caregivers had poor scores toward nine coping techniques The most significant caregivers variables were age, couple relative and both of mother education and job. While the most significant child variables were gender and educational level.

#### Recommendations of the study

According to the results of the present study, the following recommendations are suggested:

1-Recommendations were used to raise awareness of caregivers toward using of coping patterns with their children with physical disabilities.

2-Recommendation was used to high risk caregivers.

3- Future studies.

1-Recommendations were used to raise awareness of caregivers toward using of coping patterns with their children with physical disabilities. These can apply through:

-Conduction health education program for caregivers having children with physical disabilities. These programs covered all coping pattern can be used to limit level of stress among them. As well as discussing topics related to the causes of disabilities, health consequences, and treatment needs. The place of programme can be at disability centers or primary centers.

- Train parents to use skills to modify their negative behaviours.

- Distribution of brochure or handouts covering information related to governmental and nongovernmental community resources that can provide assistance& supporting these families.

2-Recommendation was used to high risk caregivers, through:

-Conducting counseling sessions to families with high risk and facing high level of stress/ difficult situations. These families need personal intervention.

- Child protection systems; support and assistance services; and social welfare services and benefits should be available.

3- Future studies.

-Saudi Arabia has many cities and many institutes, this study should be replicated with a much larger sample of participants with different geographic region.



- Study other factors affecting using of coping strategies among families having children with disabilities such as type of disability, severity and its affect parents coping behaviours.
- Study comparison coping strategies between parents having children with disabilities and other children without disabilities.

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