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Coping Strategies Used By People with Acquired Disabilities at Paripenyatwa Group of Hospitals in Harare

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Abstract: The study sought to investigate the coping strategies used by people with acquired disabilities at Parirenyatwa Group of Hospitals in Harare. The sub-problems intended to identify the coping strategies used by people with acquired disabilities and to establish the effectiveness of these coping strategies. The study employed the qualitative case study research design. The respondents comprised of 20 persons with acquired disabilities and 10 health professionals who work with them. All the respondents were selected conveniently. A questionnaire and interviews were used to collect data. The study established that engagement and disengagement coping strategies were used by people with acquired disabilities.The study recommended that people with acquired disabilities be educated on skills they can use to promote good coping strategies and introduce support groups for people with disabilities.
Keywords: Coping Strategies, Disability, Acquired Disability, People with Acquired Disabilities

INTRODUCTION

Copying with disability is a skill that many people may fail to achieve throughout the life cycle. The study was carried out at Parirenyatwa Group of Hospitals, the largest medical centre in Harare which among other departments houses a rehabilitation centre. The aims of the study were to identify the coping strategies used by people with acquired disabilities, establish the effectiveness of the coping strategies used by people with acquired disabilities. Coping strategies are psychological strategies mobilized to decrease, modify, or diffuse the impact of acquiring a disability. This can be done through behavioural changes, changing of thoughts and feelings, information processing and learning. Disability is a long lasting or permanent defect or problem that in some way makes it more difficulty to do certain things than for a non-disabled person. An Acquired disability is an ongoing or permanent disability that occurs after birth as a result of illness or accident.

People often take for granted the effortless things that they are able to do every day for instance scratching an itch, getting up, walking and taking a bath. These are processes that are second to nature to us but are not always guaranteed. We live in a world that exposes us to so many things that could harm us such as accidents, industrial toxins, war and health problems which can alter our lives. One can live twenty years being able to walk and a serious accident can take away that ability and the person is unable to function the way they used to because they have acquired a disability.

Voigts[1] believes that acquiring a disability can be compared to being exposed to a new culture that is in other terms culture shock. He states that, "upon entering a new culture you are entering a world with different values, communication styles, behaviours, beliefs and ways of being in the worlds". If one were to leave Zimbabwe and go and live in Spain, they would have to learn how to speak Spanish and if someone loses their ability to walk they must learn to use a wheelchair. These would be ways for someone to cope with a new environment. It is very hard to lose one's identity as an able – bodied person and be forced to assume another identity as a disabled person. It is therefore of great importance to use therapies that promote good coping strategies to cope with traumatic experiences.

Kendall and Buys [2] state that individuals with acquired disabilities have negative extremes where they suffer from "diminished self – worth, self – crimination and severe depression". They can also show signs of Post-Traumatic Stress Disorder and anxiety. Dealing with these issues are steps to coping with the acquired disability.

Psychosocial adjustment is a big challenge in coping with an acquired disability and Bishop [3] believes this area is not given enough attention by rehabilitation counsellors. Different therapies and models are used to cater for different personalities, thus creating various coping strategies to tailor fit different people in different situations to get the best possible outcome.

Rehabilitation psychology is an area of interest specifically areas that deal with disability. Livneh and Parker [4] state that "the process of psychological adaptation to chronic illness and disability (C.I.D) has been extensively studied by rehabilitation professionals for more than fifty years, yet it is still fraught with misunderstanding and often contradictory views". In our Zimbabwean society public figures living with disabilities are so few they can be numbered. Although a cliché statement disability definitely does not mean inability. It is therefore the study's intention to help instil in the Zimbabwean disabled community the right psychological frame of mind to see a bright future for them and to educate the rest of Zimbabwe about issues of disability to make adjustment possible. There are lessons to be learnt from people who have acquired disabilities and those with disabilities in general. In them we see a type of strength that most of us do not know we have, a will to live and a hunger for life.

This study resides in rehabilitation psychology, a speciality area within psychology which assists individuals with an injury or illness which may be chronic, traumatic and congenital including the family in achieving optimal, psychological and interpersonal functioning.By conducting this study it was hoped that the current coping strategies used by people with acquired disabilities would be improved by using better therapies and other coping strategies would then be suggested to help people with acquired disabilities, institutions and professionals.

Statement of the problem

People with acquired disabilities have psychological trauma and need to be equipped with coping strategies to be able to get the meaning back into their lives. This research study sought to answer the questions: What coping strategies are employed by people with acquired disabilities in adapting to the disability and how effective are the strategies?

Research Questions

The following research questions underpinned the study:

- What coping strategies are used by people with acquired disabilities?
- Are the coping strategies used by people with acquired disabilities effective?
- What can be recommended as the best coping strategies?

Purpose of the Study

To establish the coping strategies of people with acquired disabilities and their effectiveness.

Significance of the Study

Through identifying the coping strategies used by people with acquired disabilities and establishing the therapies that promote good and effective coping strategies the study hopes to make contributions to people with acquired disabilities, institutions and professionals. People with acquired disabilities can be assisted by the study through the identification of therapies than can assist in equipping them with better coping strategies. Parirenyatwa Group of Hospitals and other related institutions can be assisted by coming up with intervention programmes to help people with acquired disabilities. Professionals such as doctors, therapists, psychologists, nurses and physiotherapists can be helped by being informed about which therapies promote good coping strategies and lead to adaptation to the disability.

Delimitation

The study was confined to Parirenyatwa Group of Hospitals in Harare, no other centre was used. The participants of the study were people with acquired disabilities, people with congenital disabilities were not part of the study. The participants were randomly selected in the eighteen and above age group. Participants were considered irrespective of their background or type of acquired disability. The health professionals that were part of the study were those that treat people with acquired disabilities such as psychologists, occupational therapists, audiologists, physiotherapists and nurses.

Study Limitations

The protocol to be followed in applying to Parirenyatwa Group of Hospitals in Harare was long. The whole study was constructed in English which proved to be a problem as the researchers found it difficult to translate some of the technical words into the vernacular. The researchers were restricted on the days to collect data from the participants with acquired disabilities as they visited the hospital only three days a week.

LITERATURE REVIEW

The study focused on literature which brought out the meaning of acquired disability, coping strategies used by people with acquired disabilities and their effectiveness, the focus being on the coping strategies that can help people with acquired disabilities.

Meaning of Acquired Disability

The full meaning of an acquired disability can be explained by first defining disability. Werner [5] defines disability as being "a long lasting or permanent defect or problem that in some way makes it more difficult to do certain things than for a non-disabled person". An acquired disability is therefore a type of disability defined as, "an ongoing or permanent condition a person has received as a result of illness or accident (Equal Opportunities Commission [6]). Acquired disabilities can also occur due to war, mental illness and old age. In this research study Werner's definition is used constantly.

Types of Acquired Disabilities

Acquired disabilities can occur due to accidental injury which is through accidents at work or on the road. An example of an acquired disability due to accidental injury is Acquired Brain Injury which is when, "the head is hit or forced to move quickly backwards and forwards. The tissue of the brain may be torn, stretched out, cut, bruised or swollen (Arbias [7]). A situation like this could cause paralysis.

Acquired disability due to illness can be due to conditions such as stroke, diabetes and meningitis. In the case of meningitis, "bacteria cause inflammation of the membranes covering the brain and spinal cord which may cause such conditions as hydrocephalus where fluid builds up in the brain and a range of disabilities such as clumsiness and mental impairment

Some people develop mental illness which makes it difficult for them to cope with everyday life. Such conditions like Post Traumatic Stress Disorder which is defined by Nutt, Stein and Zohar [8] as "…an anxiety disorder defined by the co-occurrence in survivors of extreme adversity re-experiencing avoidance and hyper arousal symptoms".

War in the world is an everyday occurrence and is building up as one of the major causes of acquiring a disability. The Iraq war has sent thousands of American soldiers without limbs home and our very own 'Chimurenga' or 'War of liberation' caused a lot of people to become disabled.

Old age also sees older people acquire disabilities as their bodies lose the ability to function properly. Some of the conditions found in the older generation are Multiple Sclerosis which is a disorder of the central nervous system and Alzheimer's disease which is defined as "declining memory and disorientation coupled overtime with signs of depression, delusions and apraxia" (Butler and Lewis [9]). This study covers every type of acquired disability. The researchers sought to include all people with sensory impairments, physical disabilities, intellectual disabilities, health disabilities and others as part of the sample.

Coping Strategies used by People with Acquired Disabilities.

Coping refers to cognitive and behavioural efforts to manage disruptive events that tax the person's ability to adjust (Lazarus [10]). One's coping strategies are only effective if they help a person to adapt to their new circumstances. The onset of chronic illness or disability is typically a significant event, often requiring substantial changes in physical, psychological, social and environment milieus (Bishop [3]). Such changes would also affect one's job, home and family.

The two types of coping strategies are engagement and disengagement coping strategies and have been most commonly identified as commonly used by people with chronic illness and disability (Kim [11]). Engagement coping strategies are those that diffuse the stressful impact of chronic illness and disability through active, direct and goal orientated activities such as information seeking, problem solving, active planning, positive interpreting, and appraising, cognitive restructuring, confronting, seeking social support, venting feelings and cognitive restraint (Tobin, Holroyd, Reynolds and Wigal [12]; Manne and Zautra, [13]; Kim, [11]).

In contrast, disengagement coping strategies refer to efforts utilizing passive, in-direct and avoidance oriented activities including denial, wishful fantasies, blame, substance abuse, avoidance, social withdrawal, being fatalistic or resigned (Tobin Holroyd, Reynolds and Wigal [12]).

Due to the physical, spiritual, economic needs of a person with an acquired disability they might be seen using a variation of coping strategies which might either be engagement or disengagement coping strategies to try and adapt to the changes. The identification of coping strategies used by people with acquired disabilities is one of the objectives of the study.

Effectiveness of Coping Strategies used by People with Acquired Disabilities

Coping strategies can either be positive or negative. The effectiveness of coping strategies can be shown through how well one would adapt to the situation. Livneh and Sherwood [14] state "adaption to disability is not a static concept. It is a dynamic and often protracted process that is composed of several fluctuating and overlapping phases." There are two main types of coping strategies used by people with acquired disabilities namely engagement and disengagement coping strategies. (Livneh and Antonak [15])

Engagement coping strategies which used methods of active coping results in fewer psychological symptoms. Problem solving approach is related to less depression and fewer physical symptoms, is a predictor of positive adaptation to the disability, higher self-esteem and successful psychological and physical adjustment among patients (Livneh [16]). Engagement coping strategies are therefore positive ways of dealing with stressful situations such as acquiring a disability.

Disengagement coping strategies are negative ways of dealing with a stressful situation. Avoidance coping is an example of disengagement coping strategies which is related to psychological distress such as denial and withdrawal, wishful thinking and criticism. Passive focused coping is associated with negative adaption to acquiring a disability thus leading to lower quality of life. (Livneh [16]).

Adaptive coping requires a flexible and versatile repertoire of coping strategies and a combined use of both disengagement and engagement strategies. Problem focused coping which is under engagement coping strategies may be more successful under unchangeable and uncontrollable situations like acquiring a disability (Livneh and Martz [17]).Coping strategies can therefore only be seen as effective if they promote adaptation to having a disability.

METHODOLOGY

Research Design

A research design is "a total plan for carrying out an investigation, a completed research design shows the step by step sequence of actions in carrying out an investigation essential to obtaining objective, reliable and valid information". To attain this, the study used the qualitative case study design, which according to Mauch and Park [18])is "a group of investigative procedures to better understand society". It was the best design to use for this research because it helped to explain and understand what was unique and particular to an individual thus helping to understand individual behaviour. The qualitative case study design was used in the form of a case study of Parirenyatwa Group of Hospitals in Harare. The research design also incorporated triangulation so as to minimize the shortcomings of using one method to collect data and to compare the different responses between the questionnaire and interviews.The qualitative case study design has certain shortcomings such as the fact that it is not varied in terms of race, social background and educational level. A study situated at one particular place exposes you to a certain group of people and no others.

Population, sampling procedures and sample

The population comprised of all people with acquired disabilities receiving treatment at Parirenyatwa Group of Hospitals in the Department of Physiotherapy and Occupational therapy. The figures of the people with acquired disabilities receiving treatment could not be divulged to the researchers due to some ethical and regulatory considerations at the institution. Convenient sampling was used to select the participants with acquired disabilities through the observation of participants who fit in the eighteen to fifty-four and above age group. This age group was chosen because parental consent would not be an issue. Convenient random selection was the best sampling method because it was not possible to access medical records to choose which participants would be preferred to be part of study and it was a fast method to get participants for the study. Random selection also promotes representativeness and therefore generalization.

The selection of health professionals also used the convenient sampling method. Health professionals who took part in the interviews were chosen from those who treat people with acquired disabilities in the physiotherapy and occupational therapy department such as psychologists, physiotherapists, nurses, occupational therapists and audiologists. The representative sample was therefore comprised of;

(a) 20 people with acquired disabilities
(b) 10 health professionals

Research Instruments

The study used an open ended questionnaire and interviews schedules as the researchers believed it would ascertain the status of what was being studied that is the coping strategies used by people with acquired disabilities. A questionnaire was used because it would be easy to distribute, would be less time consuming for the people with acquired disabilities as well as the researchers and more accurate and honest answers were most likely to be obtained through the use of a questionnaire since the respondents were anonymous and were given sufficient time to answer the questions. Interviews with the health professionals were used so as to get in-depth professional information about coping strategies used by people with acquired disabilities. In total there were thirty respondents. There were twenty respondents for the questionnaire and ten respondents for the interview.

Data collection procedures

For the researchers to be able to distribute questionnaires and conduct interviews the researchers had to apply to carry out the research at Parirenyatwa Group of Hospitals. The first application was to the head of department of the physiotherapy and occupational therapy department followed by an application to the Clinical Director of the hospital and lastly an application to the Chairman of the Joint Research Ethics Committee with a copy of the research proposal of the study. The research was finally approved after a week and a half after they agreed that it was ethically sound.The researchers personally filled

out the open ended questionnaires while asking the participants with acquired disabilities the questions, in almost all the interactions with the participants the researchers had to translate the questions into the vernacular which is the Shona language. The participants with acquired disabilities only came to the hospital three days of the week so those were the days the researchers could get the data needed. This procedure took one week to complete.

The researchers personally conducted interviews with ten health professional such as psychologists, physiotherapists, nurses, audiologists and occupational therapists. Each interview took about ten minutes. The interviews took one week to complete. The completion of questionnaires and interview conduction all took place in the physiotherapy and occupational therapy department.

Validity and Reliability

To help show the validity and reliability of the research instruments a check was conducted where three people with acquired disabilities were asked to complete the open ended questionnaire. This was done to ascertain the worthiness of the items on the open ended questionnaire. It also helped to check if all the questions were answerable and clear. The responses from the instrument check were not used in the final study. Triangulation of instruments also made the study valid and reliable by using an open questionnaire and interviews to obtain data. Creswell [19] triangulation helps to check the accuracy of the findings.

Data Presentation and analysis

The data was analysed qualitatively. The data was coded patterns identified which resulted in the generation of themes (Creswell [19].The generated themes were described in the next section using pie charts and tables.

RESULTS

We look at the presentation of results obtained through the data collection process where a questionnaire and interviews were used. The results were analysed and interpreted and a presented below.

Table 1: Distribution by gender

Gender	Number	Percentage
Male	7	35%
Female	13	65%

N: 20

There were twenty participants who answered the open ended questionnaire as indicated by table 1. The majority of the participants were female making up 65% of the sample. The male participants made up the remainder.

Age of participants and age of acquiring disability

Table-2: Distribution by age

Age	Number	Percentage
18-30 years	1	5%
31-42 years	6	30%
43-54 years	4	20%
54 years and above	9	45%

N: 20

Most of the participants who completed the open ended questionnaire for people with acquired disabilities were in the fifty-four and above age group which made up 45% of the sample as indicated by Table2 this could mean that a lot of older people and senior citizens seek help at Parirenyatwa Group of Hospitals. The table also indicates that the least number of participants came from the eighteen to thirty age group which was only represented by 5%.

Table-3: Disability by age of disability onset

Age	Number	Percentage
18-30 years	1	5%
31-42 years	8	40%
43-54 years	4	20%
54 years and above	7	35%

N: 20

Participants in the thirty-one to forty-two years age group represented the age where most people acquired their disabilities with 40% as shown by Table 3 followed closely by the fifty-four years and above age group with 35% of the sample acquiring their disability in this age group. Only 5% of the participants acquired a disability in the eighteen to thirty age group. This could indicate that the older one gets the greater chance they have of acquiring a disability.

How was the disability acquired?

Table-4: Cause of acquiring disability

How disability was acquired	Number	Percentage
Accident	13	65%
Illness	7	35%

As indicated by Table 4 accidents and illness were the main cause of acquiring a disability with 65% of the participants falling under the latter and 35% under the former. In the interviews conducted the health professionals reinforced the information given by the participants but elaborated on the types of accidents and illnesses and other ways of acquiring a disability as shown in Tables 5,6 and 7.

Table- 5: Acquired disabilities due to illness

Type of illness	Acquired disability due to illness
Mental illness	Mania, phobia, depression, psychosis
H.I.V/A.I.D.S and T.B	Mental illness, hearing impairment, nerve sensitivity
Stroke	Hearing, visual and speech impairment, cognitive problems,

According to the health professionals interviewed most people acquire disabilities due to illness, accidents and other situations such as substance abuse.

Table 5 shows the type of disabilities that occur due to illness. Illnesses that may cause the onset of a disability are mental illness, H.I.V/A.I.D.S,T.B and strokes.

Table-6: Acquired disabilities due to accidents

Type of accident	Acquired disability due to accident
Domestic violence, physical fights	Hearing impairment, mental disorders
Trauma due to motor vehicle accidents	Spinal cord injuries, mental disorders
Burns, electrocution	Disfigurement, amputations, emotional distress, chronic pain

Table 6 explains the types of accident that occur and the types of disabilities and possible causes namely domestic violence , physical fights , trauma due to motor vehicle accidents and finally burns and electrocution.

How long did it take to accept the disability?

Participants were asked how much time it took to accept that they had a disability so as to assess whether it had any influence on what coping strategies they would use. Most of the participants accepted acquiring a disability between 0-2 years of acquiring a disability and only 5% had not accepted acquiring a disability. The interviews with the health professionals helped establish any possible connection between coping strategies and time of acceptance as shown in Table 8.

Table 8: Acceptance of disability according to participants

Acceptance of disability	Number	Percentage
0-2 years	19	95%
3-4 years	0	0
4 years and above	0	0
Not accepted	1	5%

According to the health professionals one's ability to accept a disability is the type of disability that they have. Acceptance is probable if the disability is not severe and they can basically function like they used to or through treatment they can get better. Attitudes of the caregiver also help a person accept their disability, family support is very important. Like in death people who acquire disabilities go through the stages of bereavement and how long a person stays in a certain stage influences how long it will take for them to accept their disability. The social role of the participant is also a factor in the acceptance process. According to the health professionals it is harder for females to accept a disability as compared to males. If one is unable to fulfil their social role it is hard to accept the disability.

Where did you seek help in the acceptance process and who helped you?

Parirenyatwa Hospital was the answer that 70% of the participants gave as the place they looked for assistance in the process of accepting their disability this falls under the other category. Twenty percent of the participants sort help at various disability organizations and 15% from the church. None of the twenty participants looked for assistance from a counsellor or psychologist as they are not represented in Figure 1.

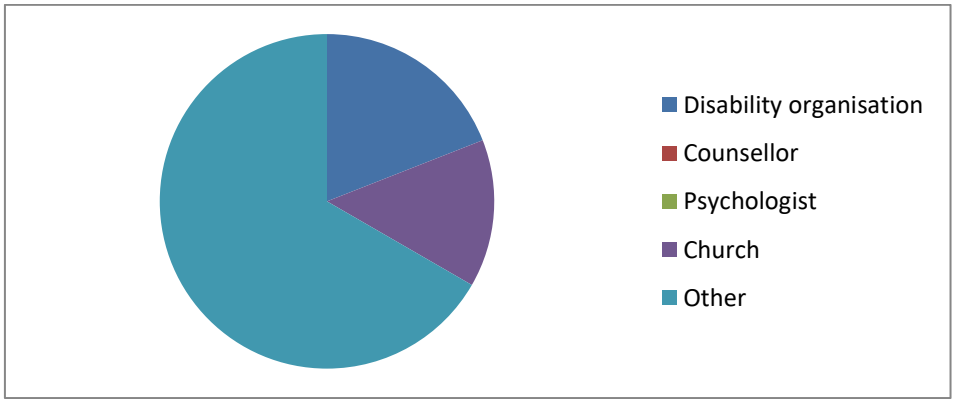

Fig-1: Places participants sought assistance to accept disability

Who assisted them would be the next question which Figure 4.4 indicates 80% of the participants where helped in the acceptance process by other family members, 40% were helped by a pastor as also indicated in Figure 1 the church seems to have a vital role in ones acceptance of a disability. None of the participants mentioned being assisted by their parents and counsellors therefore they do not have a percentage of the pie chart.

What challenges did you go through in accepting the disability?

In the statements by the health professionals in Table 9 one can see that most of the participants felt inferior because of the disability and were sceptical on their own ability to be able to adapt to having a disability. The financial issue was also a main concern among the participants as it is apparently very expensive to be disabled such problems hinder a person from adapting to having a disability. Health professionals are confronted by problems in trying to promote good coping strategies these problems and possible solutions are found in Table 9.

Most of the challenges as indicated by Table 9 have been due to financial constraints which hinder progress as the patient does not have money for treatment, patients stop treatment because of lack money or cannot afford walking sticks or wheelchairs. Culture can also stop people from seeking treatment and adapting to a disability as there are cultural explanations for having or acquiring a disability like having a curse which causes a lot of stigma. Doctors at times course the onset of disabilities themselves due to lack of knowledge of certain conditions through misdiagnosis resulting in giving wrong and damaging prescription drugs. Most of these issues can be addressed by changing of government policies to benefit people with disabilities and aid from non-governmental organizations. Education of people and health professionals is also of vital importance to address the issues of disability.

Table-9: Challenges faced by health professionals and possible solutions

Challenges faced by health professionals
• Resource restrictions due to inadequate finances • No family support for the patient • Lack of cooperation from patient • Too many people to treat • Some patient need treatment everyday which is not possible because of congestion • Cultural beliefs • Late seeking of treatment • Barrier of treatment due to lack of understanding • Lack of knowledge among some health professionals on certain health cases • Misleading information from patient • Training system failing • Burt out health professionals, Disruption of treatment

Are the Coping Strategies used by People with Acquired Disabilities effective?

Table 10 shows statements given by participants on the coping strategies that they used before seeking professional help and the coping strategies they were advised to use. Most of the coping strategies used by the participants with acquired disabilities are disengagement coping strategies where there is avoidance, anger and depression. There are also some engagement coping strategies that the participants use like positive thinking, information seeking and family support, these are also methods they were advised to use. Other methods found under engagement coping strategies that they were advised to use are relaxation and talking about their feelings.

What can be recommended as the best coping strategies?

Table 10 shows the coping strategies that health professionals see their patients use and the psychological therapies and other therapies they use to promote good coping strategies. When dealing with their patients with acquired disabilities the health professionals see them exhibit such behaviour as depression, aggression, substance abuse, delinquent behaviour and excessive behaviour.

To deal with such problems they use psychological therapies such as cognitive and behavioural techniques where there is the use of reinforcement, punishment, modelling and shaping, psychotherapy using strategies such as role play and psychodrama.

Table-10: Coping strategies used before seeking help and coping strategies advised to use after seeking help

Coping strategies used before seeking help	Coping strategies the participants were advised to use by health professionals
• Looked to religion as a source of hope • Did not want to discuss the disability • Tried to work • Did not want to think about the disability • Being surrounded by family for support • Seeking treatment • Tried not to be negative • Taking medication • Anger • Depression • Counselling from pastor	• Not to think too much • To talk about feelings • Think positively • Stress management through doing different activities • Seek medical treatment • Physiotherapy • Relaxation • Self-meditation • Religion

DISCUSSION

What are the Coping Strategies used by People with Acquired Disabilities?

The participants explained that there were coping strategies they used before seeking professional help. These were such coping strategies such as not wanting to talk or think about the disability, anger and depression. All these strategies are in union with disengagement coping strategies suggested by Tobin Holroyd, Reynolds and Wigal [12] who explain the various coping strategies used by people with acquired disabilities, these coping strategies promote avoidance of the disability denial and social withdrawal. Basically these are negative coping strategies and are believed to be the most commonly used strategies by people with chronic illness and acquired disabilities. The researchers shares the same notion because through observation of the participants they seemed to have initially used disengagement coping strategies.

Participants also had positive ways of trying to accept and adapt to acquiring a disability such as getting counselling from their pastors which is more on a spiritual level, gaining support from family, trying to think positively and seeking treatment. These are those mentioned by Kim [11]as engagement coping strategies which try and relieve stress, promote problem solving thus creating situation where acceptance and adaptation can occur.

A stated by the participants the health professionals also advised them to use certain coping strategies. They advised them to only use engagement coping strategies of which one would feel that it is most advisable but views from Livneh and Martz [17] clearly states that, adaptive coping requires a flexible and versatile repertoire of coping strategies and a combined use of both disengagement and engagement strategies. Problem focused coping which is under engagement strategies may be more successful under unchangeable and uncontrollable situations like acquiring a disability. Therefore there needs to be a combination of the two.

When participants were asked to explain the coping strategies they use they all used statements and not any psychological terms. Some of them seemed unaware on how to implement the coping strategies in their lives showing a cultural gap in the engagement and disengagement coping strategies. Religion, specifically African Traditional Religion and Christianity, was a subject that received great attention from the participants and health professionals. It is very difficult to incorporate this subject in literature of the coping strategies used by people with acquired disabilities as people from the east and west who are at a higher privilege to carry out research are exposed to a vast array of religions they conform to so it is difficult to promote one religion while sideling others. In Zimbabwe Christianity seems to promote good coping strategies and African Traditional Religion according to health professionals hinder the process of coping.

Health professionals were in total agreement with the engagement and disengagement coping strategies promoted in literature and suggested that the five stages of bereavement summarize the overall impact of both the coping strategies.

Are the Coping Strategies used by People with Acquired Disabilities effective?

Participants were asked whether they felt the coping strategies they used were effective or not. Their reasons for saying that it was effective it helped them talk about how the disability made them feel, learning how to accept the disability which would influence them to seek treatment and feel better about themselves. Believing in God was seen as a very effective coping strategy as it made them want to get better. Participants stated that engagement coping strategies were the most effective and were totally oblivious to the fact disengagement coping strategies also having an input in the coping process as highlighted by Livneh and Martz [17].

Some of the participant did not feel like the coping strategies were not effective at all and gave two

main reasons for this belief. Firstly they were unable to understand what they were advised to do. Medication was mentioned quite a lot as a means of coping and treatment. Most of the participants have been accustomed to believe that medication solves all problems so the implementation of coping strategies that are psychological in nature would be difficult for them to understand. The second aspect was that at times these participants experience chronic pain and are unable to focus on anything other than getting rid of the pain in a situation like this implementation of coping strategies is trying.

What can be recommended as the best coping strategies?

Health professionals seemed to promote engagement coping strategies and participants seemed to lean more to the disengagement coping strategies. For ultimate effectiveness both strategies have to be promoted as mentioned in the segments above.

CONCLUSIONS

What are the Coping Strategies used by People with Acquired Disabilities?

The coping strategies used by people with acquired disabilities are engagement and disengagement coping strategies. Every person is unique in which strategies work for them and which ones do not. Religion is seen to play a major role in coping with acquiring a disability.

Are the Coping Strategies used by People with Acquired Disabilities effective?

Health professionals and the participants seem to separate the two main types of coping strategies but they seem to be more effective when used in combination. The coping strategies used are effective but some people fail to implement them because of their psychological nature.

What can be recommended as the best coping strategies?

People with acquired disability prefer disengagement coping strategies whereas by the Health professionals seem to promote engagement coping strategies.

Recommendations

The following recommendations be taken into consideration to benefit the participants and health professionals at Parirenyatwa Group of Hospitals:

- Educate people with disabilities on skills they can develop to identify engagement and disengagement coping strategies so as to improve their coping strategies through the enlightenment of the role that psychology plays in our overall wellbeing.
- The introduction of support groups for the disabled should be implemented in the communities which would be very beneficial to people who have acquired disabilities as they can assess the benefits and disadvantages of coping strategies from those who have used them before.
- There is need for the introduction of rural based rehabilitation centres, which would reduce referrals to bigger cities and reduce congestion in those cities which creates a better probability that people will get the treatment both physically and psychologically.

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