

Evaluation of Stress and Coping Mechanisms Among Admitted Patients' Attendants

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Abstract: In Pakistan, caregivers of hospitalized patients—typically family members—play a vital role in managing patient needs, but often do so at the cost of their psychological well-being. Cultural expectations, limited institutional support, and emotional strain place these attendants at increased risk of stress and poor coping outcomes. **Objective:** This study aimed to evaluate the levels of stress and the coping mechanisms utilized by attendants of hospitalized patients in a tertiary care hospital in Lahore, Pakistan. **Methods:** A descriptive cross-sectional study was conducted at Services Hospital, Lahore, over six months from September 2024 to February 2025. A total of 40 attendants aged 25 to 60 years were selected using convenience sampling. Data were collected using a structured, validated questionnaire based on the Perceived Stress Scale (PSS) and Connor-Davidson Resilience Scale (CD-RISC). Descriptive statistics were used to analyze demographic variables, stress levels, and coping capabilities. **Results:** The mean age of participants was 36.85 ± 1.60 years, with females representing 57.5% of the sample. The most common stressors included fear of patient death (97.5% very stressful) and absence at the time of death (77.5% very stressful). While 37.5% of attendants reported mild stress, 27.5% experienced very high stress. Most respondents (60%) displayed moderate coping capabilities, while only 7.5% showed strong to very strong resilience. Coping strategies such as adaptability and emotional self-regulation were employed inconsistently, with a majority responding "sometimes" to coping behavior items. **Conclusion:** The study highlights a high burden of psychological distress among patient attendants in Pakistani hospitals, with most utilizing only moderate or inconsistent coping strategies. Targeted interventions such as psychological counselling, communication training, and structured support programs are essential to mitigate stress and enhance coping outcomes among caregivers in critical care environments.

Keywords: Stress, Coping Mechanism, Hospital Attendants, Family Caregivers, Pakistan, Perceived Stress Scale, Resilience

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Introduction

In Pakistan, the context surrounding the evaluation of stress and coping mechanisms among admitted patients' attendants is pivotal due to the cultural, social, and health system nuances that dictate caregivers' experiences. The role of caregivers, predominantly family members, in the Pakistani healthcare system is profound; they often assume the dual responsibility of nurturing their loved ones while concurrently managing their own psychological distress and health challenges associated with caregiving (1, 2).

The stressors faced by these caregivers can be multifaceted, stemming from emotional, financial, and logistical challenges. Studies indicate a significant association between caregivers' emotional states and the burdens they experience while caring for patients with chronic illnesses or disabilities (3). Notably, caregivers frequently report feelings of anxiety, depression, and overwhelming responsibility, which can significantly impair their quality of life and well-being (3, 4). Moreover, the prevalence of mental health issues among caregivers in Pakistan remains an under-explored domain that warrants urgent academic attention, especially given the cultural stigma surrounding mental illness, which often discourages help-seeking behaviors (2).

Adapting coping strategies effectively is crucial for mitigating these stressors. Research has demonstrated that caregivers employ a wide variety of coping mechanisms, ranging from problem-focused strategies—such as seeking information and resources—to emotion-focused strategies, such as prayer and spiritual intervention (1, 4). Religious coping is particularly salient in Pakistan, where spirituality is intertwined with cultural practices, providing both solace and a support system for many^{1, 2}. Nevertheless, the effectiveness of these coping styles can vary significantly based on individual circumstances, including the

type of illness, the availability of social support, and the caregiver's personal coping repertoire (2, 3).

Exploratory studies have uncovered that a proactive approach to coping, characterized by acceptance and reframing negative experiences, can reduce feelings of burden among caregivers (3, 4). However, maladaptive strategies—such as avoidance—often exacerbate caregivers' stress and lead to negative health outcomes, indicating a nuanced relationship between coping strategies and psychosocial health (1, 2). Therefore, this evaluation aims to illuminate these dynamics, shedding light on effective coping mechanisms while also identifying areas where support systems and interventions could be improved within the Pakistani healthcare landscape.

Methodology

This study employed a descriptive cross-sectional design to evaluate stress levels and coping mechanisms among attendants of hospitalized patients at Services Hospital, Lahore. The study was conducted over six months from September 2024 to February 2025, following approval from the Institutional Review and Research Advisory Board (IRRAB) of Sheikha Fatima Institute of Nursing and Allied Health Sciences, Lahore. A total of 40 participants were recruited using a non-probability convenience sampling technique. The sample size was calculated using the formula $n = N / (1 + N(e^2))$, where N represented the total population and e the margin of error. Participants included adult attendants aged between 25 and 60 years who had accompanied hospitalized patients for at least one week and provided direct support throughout the hospital stay. Those who did not meet the inclusion criteria—such as attendants under 25 or over 60 years of age, second-degree relatives, individuals with disabilities, or those whose patients had stayed less than three days—were excluded from the study.



Data collection was carried out using a structured questionnaire that incorporated both the Perceived Stress Scale (PSS) and elements from the Connor-Davidson Resilience Scale (CD-RISC), both of which are internationally validated tools. The questionnaire was divided into three sections: demographic data, stress-related questions, and coping-related items. The tool's content validity was assessed through expert review, and a pre-test was conducted to ensure the clarity and reliability of the instrument. A pre-intervention assessment was performed, followed by a post-assessment one month later, although no formal intervention was applied during this study phase. Responses were recorded on a Likert scale format ranging from "not true at all" to "true nearly all of the time" for coping assessment and categorized into four levels: mild, moderate, strong, and very strong. Stress scores were evaluated using a four-tier system ranging from no stress to severe stress based on the percentage of maximum possible scores.

Ethical considerations were strictly adhered to throughout the study. Participants were informed about the objectives, confidentiality measures, and the voluntary nature of participation. Informed consent was obtained before data collection. Privacy and anonymity were maintained at all stages of the research. The study adhered to the principles outlined in the Declaration of Helsinki (2013) for ethical medical research involving human subjects. The rights, well-being, and dignity of the participants were prioritized, and no psychological or physical harm was inflicted.

Data were analyzed using IBM SPSS version 21. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to summarize demographic characteristics and the levels of stress and coping. The mean scores for stress and coping dimensions were calculated and categorized according to operational definitions.

Results

A total of 40 participants were recruited for this descriptive cross-sectional study. The mean age of the respondents was 36.85 ± 1.60 years. The majority were aged 26–35 years (35%), followed by 36–40 years (30%) and 40–50 years (27.5%). Only 7.5% were in the 20–25 age group. Females accounted for 57.5% of the respondents, while males made up 42.5%. Regarding educational background, 37.5% had completed matriculation, 32.5% had middle-level education, 17.5% had completed intermediate, and 12.5% had other qualifications. In terms of marital status, 52.5% were married, 35% single, 7.5% divorced, and 5% widowed. Concerning the relationship with the patient, children formed the largest group (42.5%), followed by parents (20%), others (20%), and spouses (17.5%). (Table 1)

Respondents reported varying levels of stress in different situations. The most severe emotional burden was related to the death of a patient (97.5% very stressful) and absence at the time of death (77.5% very stressful). Criticism by family, conflict with doctors, and ethical dilemmas, such as making decisions without consent, led to predominantly mild to moderate stress levels. However, conflict with staff and uncertainty about the patient's condition caused significant distress in nearly one-fourth of respondents. (Table 2)

Table 3 illustrates the overall levels of stress experienced by attendants of hospitalized patients, measured using the Hospital Depression Scale (HDS). Among the participants, 37.5% reported mild stress, with a mean score of 1.4 ± 0.2 , indicating a manageable emotional burden. Another 35% experienced moderate stress (mean score 2.8 ± 0.13), suggesting a more significant psychological strain that could impact decision-making and coping capacity. Notably, 27.5% of respondents suffered from very high stress levels (mean score 3.8 ± 0.43), reflecting intense emotional and mental challenges, especially in critical situations like patient death or uncertainty about prognosis.

Coping mechanisms were measured using a 10-item Likert-based scale. Most respondents indicated that they could adapt to changes and bounce back from adversity. However, the ability to remain focused under pressure or not to be depressed by failure was moderate. The vast majority used coping strategies only "sometimes," indicating moderate resilience. (Table 4).

Table 5 presents the distribution of coping capabilities among respondents based on a standardized scoring of resilience-related behaviors. The majority of participants (60%) exhibited moderate coping skills, with a mean score of 4.0 ± 0.80 , indicating the ability to manage some stressors effectively while struggling under intense pressure. About 32.5% showed mild coping abilities (mean score 1.7 ± 0.41), reflecting limited emotional resilience and a heightened risk for psychological distress. Only 5% demonstrated strong coping skills (mean score 7.2 ± 0.52), and just 2.5% displayed very strong coping mechanisms (mean score 9.0 ± 0.37), suggesting a rare but notable subgroup with high emotional adaptability.

Table 1: Demographic Distribution of Respondents

Variable	Categories	Frequency	Percentage
Age Group	20–25	3	7.5%
	26–35	14	35.0%
	36–40	12	30.0%
	40–50	11	27.5%
Gender	Male	17	42.5%
	Female	23	57.5%
Qualification	Middle	13	32.5%
	Matric	15	37.5%
	Intermediate	7	17.5%
	Others	5	12.5%
Marital Status	Single	14	35.0%
	Married	21	52.5%
	Widow	2	5.0%
	Divorced	3	7.5%
Relationship to Patient	Children	17	42.5%
	Parents	8	20.0%
	Others	8	20.0%
	Spouse	7	17.5%

Table 2: Stress Factors Among Attendants

Stress Factor	Mild (%)	Moderate (%)	Very Stressful (%)	No Stress (%)
Concerning the death of a patient	2.5	0.0	97.5	0.0
Absence of family at the time of death	22.5	0.0	77.5	0.0
Criticism by family	80.0	5.0	0.0	15.0
Conflict with the doctor	70.0	10.0	0.0	20.0
Decision without patient permission	55.0	27.5	0.0	17.5
Emotional support to family	50.0	10.0	2.5	37.5
Unprepared to support the patient emotionally	47.5	12.5	40.0	0.0
Conflict with medical staff	57.5	17.5	25.0	0.0
Lack of support from healthcare staff	55.0	12.5	20.0	12.5
Making decisions under pressure	55.0	10.0	0.0	35.0
Uncertainty about the patient's condition	57.5	15.0	25.0	2.5

Refrain from the situation	50.0	25.0	0.0	25.0
Unreasonable patient demands	37.5	22.5	0.0	40.0
Violent/abusive patient behavior	50.0	7.5	42.5	0.0

Table 3: Overall Stress Levels Among Respondents

Stress Level	Mean Score ± SD	Frequency	Percentage
Mild	1.4 ± 0.2	15	37.5%
Moderate	2.8 ± 0.13	14	35.0%
Very Stressful	3.8 ± 0.43	11	27.5%
Total	—	40	100.0%

Table 4: Coping Questionnaire Summary

Statement	Almost (%)	Often (%)	Sometimes (%)	Never (%)
Able to adapt when changes occur	87.5	0.0	12.5	0.0
Can deal with whatever comes my way	45.0	5.0	50.0	0.0
See the amusing side of problems	35.0	17.5	47.5	0.0
Coping with stress makes me stronger	22.5	10.0	65.0	2.5
Bounce back after hardship	37.5	10.0	52.5	0.0
Achieve goals despite obstacles	30.0	10.0	57.5	2.5
Stay focused under pressure	25.0	17.5	52.5	5.0
Not depressed by failure	20.0	32.5	47.5	0.0
Feel resilient when challenged	22.5	12.5	62.5	2.5
Handle sadness, fear, and anger	32.5	10.0	57.5	0.0

Table 5: Overall Coping Levels

Coping Level	Mean Score ± SD	Frequency	Percentage
Mild	1.7 ± 0.41	13	32.5%
Moderate	4.0 ± 0.80	24	60.0%
Strong	7.2 ± 0.52	2	5.0%
Very Strong	9.0 ± 0.37	1	2.5%
Total	—	40	100.0%

Discussion

The current study evaluates the levels of stress and coping mechanisms among attendants of hospitalized patients in Pakistan, highlighting significant findings regarding psychological distress and coping capabilities among this demographic. The demographic composition of participants indicates that the majority belong to the younger age groups (26-50 years), with a notable representation of females. This aligns with literature suggesting that female caregivers often shoulder a larger share of caregiving responsibilities within households in Pakistan (5). The high prevalence of reported stressors, particularly related to the death of a patient (97.5% indicating it as "very stressful"), underlines the profound emotional burdens faced by caregivers. This is consistent with findings from studies which suggest that the loss of a loved one frequently exacerbates psychological distress among caregivers Walsh et al. (6). Additionally, issues such as conflict with healthcare professionals and ethical dilemmas (noted by 25% of respondents as very stressful) reflect systemic challenges within the Pakistani healthcare context, where communication and support may often be inadequate (7, 8). Interestingly, the mean stress levels achieved through the Hospital Depression Scale (HDS) reveal that while a significant portion of respondents (37.5%) experienced mild stress, a considerable segment reported very high stress levels (27.5%). This aligns with a study suggesting that a significant number of family caregivers experience elevated distress levels, particularly in critical care settings Walsh et al., (6). And reinforces the necessity for targeted psychological support services tailored for caregivers in the Pakistani context. Coping mechanisms employed by the respondents further illuminate the intricacies of their responses to stress. Although most participants indicated adequate adaptation to change, the majority utilized these coping strategies "sometimes," which suggests a lack of consistent

resilience under acute stress (9). The finding that a large portion (60%) demonstrated moderate coping skills complements previous studies indicating that many caregivers in similar cultural contexts manage stress at a moderate level but may struggle significantly under profound distress (9, 10). Furthermore, the limited representation of caregivers demonstrating strong or very strong coping skills (only 7.5%) signals an urgent need for educational and support programs to bolster the resilience and coping strategies among families managing chronic health conditions (11). Thus, this study contributes valuable insights into the psychological burdens faced by caregivers of hospitalized patients in Pakistan. The significant distress reported, alongside the generally moderate coping capabilities, points to an urgent requirement for enhancing mental health services and developing culturally appropriate interventions aimed at alleviating stress among caregivers. As evidenced in the literature, optimizing caregiver support systems could not only enhance the well-being of these individuals but could also lead to improved patient care outcomes through enhanced caregiver resilience (12).

Conclusion

This study demonstrates that a significant proportion of attendants of hospitalized patients in Pakistan experience considerable psychological stress, particularly related to emotionally intense events such as fear of patient death and ethical dilemmas in care decisions. Although some caregivers demonstrated adaptive responses, the majority reported only moderate levels of coping, with few exhibiting high resilience. These findings reveal a critical gap in psychological and systemic support available to attendants within the hospital setting. Strengthening caregiver coping mechanisms through structured interventions, professional psychological support, and improved communication with medical staff

could significantly enhance their well-being and improve the caregiving experience. Ultimately, the integration of caregiver support into hospital care protocols is not only ethically imperative but also vital for holistic patient-centered care.

Declarations

Data Availability statement

All data generated or analysed during the study are included in the manuscript.

Ethics approval and consent to participate

Approved by the department concerned. (IRBEC-NSHG-0388-24)

Consent for publication

Approved

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Conflict of interest

The authors declared the absence of a conflict of interest.

Author Contribution

FA (Student)

Manuscript drafting, Study Design,

MS (Supervisor, nursing instructor)

Review of Literature, Data entry, Data analysis, and drafting article.

SA (Student)

Conception of Study, Development of Research Methodology Design,

SR (Student)

Study Design, manuscript review, critical input.

All authors reviewed the results and approved the final version of the manuscript. They are also accountable for the integrity of the study.

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