

Coping Strategies and Caregiver's Burden among Primary Caregivers of Wounded in Action Soldiers in 44 Nigerian Reference Hospital Kaduna

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Abstract

Caregivers of wounded soldiers face significant challenges that can lead to caregiver burden. This study examined the impact of different coping strategies on caregiver burden among primary caregivers of wounded-in-action soldiers at the 44 Nigerian Army Reference Hospital in Kaduna. A cross-sectional study was conducted using purposive sampling, involving 91 caregivers. Participants were predominantly male (58.2%), aged 18 to 64, and were primarily siblings (79.1%) or spouses (16.5%) of the wounded soldiers. Three hypotheses were tested using simple linear regression to assess the relationship between emotion-focused, avoidant, and task-oriented coping strategies and caregiver burden. Results showed that emotion-focused coping and avoidant coping were found to be significant positive predictors of caregiver burden. Conversely, task-oriented coping emerged as a significant negative predictor of caregiver burden. The findings indicate that caregivers who rely more on emotion-focused or avoidant coping strategies experience higher levels of burden, while those employing task-oriented coping strategies tend to experience less burden. This study highlights the crucial role of coping strategies in determining the level of stress and burden experienced by caregivers of wounded soldiers. The study recommended that integrated support systems and providing training on effective coping strategies to help caregivers manage the challenges associated with their role should be implemented. These interventions could potentially reduce caregiver burden and improve the overall well-being of both caregivers and the wounded soldiers they support.

Keywords: *Caregiver's burden, Caregiving, Coping strategies, Nigerian Army, Wounded in action soldiers*

Introduction

Nigeria has been facing widespread conflicts and violence involving various groups and individuals across the country. Notably, Boko Haram and the Islamic State of West Africa Province (ISWAP) are prominent insurgent groups aiming to establish an Islamic State in

Nigeria (Ogbondah & Agbese, 2017). Other groups, including Fulani herdsmen, Independent People of Biafra (IPOB), and Niger Delta militants, have been involved in clashes, seeking to address their specific interests or territorial concerns. The government has responded with military operations in different regions, resulting in a significant impact on military personnel, with injuries and fatalities from various sources. The Nigerian Army prioritizes prompt medical evacuation for wounded soldiers, leading to an increased need for caregivers to support those injured in action.

Caregiving is one of the most challenging roles an individual can take on. It involves providing physical, emotional and financial support for an aging or disabled family member, friend or patient. While it can be rewarding, it can also be overwhelming and have a major impact on a caretaker's physical and mental health (Sullivan & Miller, 2015). The stress and exhaustion associated with caregiving can lead to feelings of burnout and guilt if the caregiver is unable to meet the needs of their loved one or patient, this is known as caregiver burden, and it can have serious consequences if not addressed. It is critical to recognize the signs of caregiver burden and act to reduce the impact it can have on both the caregiver and the person they are caring for (Buhse, 2008). The burden of the caregiver can affect the caregiver socially, psychologically and physically in time, since becoming a caregiver is always an unpredictable situation, adaptation to this situation takes place after the situation arises (Lopez-Hartmann et al., 2012), however, factors like coping strategies have been shown to influence burden among primary caregivers (Akbar & Aisyawati, 2021).

Coping strategies represent the diverse approaches individuals employ to manage stress and adapt to challenging situations (Nuetzel, 2023). Caregivers' coping strategies play a pivotal role in mediating the relationship between stressors and psychological outcomes. Various efforts have been made in the literature to define and categorize coping strategies, with the most consistently utilized framework originating from Lazarus and Folkman (1984) as part of the stress-process model (Biggs et al., 2017). They proposed two broad categories of coping strategies: emotion-focused and problem-focused. Emotion-focused strategies aim to alleviate emotional distress caused by the stressor, often through acceptance, positive restructuring, and humour. On the other hand, problem-focused strategies seek to proactively change the situation for the better, which may involve generating alternative solutions, planning, and act to address or circumvent the stressor. The effectiveness of each strategy depends on the nature and context of the stressor (Stanisławski, 2019).

Problem-focused coping refers to deliberate attempts to solve, reorganize, or change the situation. The essence of problem-focused coping strategies rests in a conscious attempt by the victim to resolve the problem by confronting those who are responsible for the situation of strain. This may include direct and instrumentalized forms of action (Muazzam et al., 2020). Problem-solving strategies seek to eliminate or reduce the sources of stress rather than the effects of stress. These strategies primarily include taking control of a stressful situation by changing our relationship with the sources of stress, as well as gathering information. It entails attempting to comprehend the situation, and finally, a person employing the problem-focus strategy of coping evaluates the various options for dealing with the stressors. Problem-focused coping strategies will not work in any situation where the individual does not have control over the stressors (Minchekar, 2017).

Emotion-focused coping refers to emotional responses to stress rather than rational problem-solving. The emotion-focused strategy focuses inward on changing how an individual think or feels about a situation or event. At the thought process level, examples of this strategy include denying the existence of the stressful situation, freely expressing emotions, avoiding the stressful situation, making social comparisons, and minimization of looking on the bright side of things (Sharma, 2003).

Avoidance-oriented coping, on the other hand, is a set of behaviours used to avoid a stressful situation by ignoring the problem or turning to the community for help (Menati et al., 2020). It involves efforts to divert attention away from the problem through activities like denial, distraction, or suppressing thoughts about the issue. This may entail actively avoiding the problem or withdrawing from others or the stressful situation. Avoidance and distancing can be harmful to a person receiving care (Stanisławski, 2019). A caregiver who withdraws support and care can either physically or psychologically, place people with a chronic disease or injury at great risk (Kazemi et al., 2021).

Statement of the Problem

Caregivers for wounded in action soldiers continue to experience high levels of stress and burden (Shepherd-Banigan et al., 2020). Although researchers and practitioners have offered various types of resources and interventions, these services have not produced the desired results in reducing stress and burden (Gallagher et al., 2011). Despite the critical role of primary caregivers in the recovery of wounded in action soldiers, there is limited research on the burden of caregiving among this population in Nigeria (Osundina et al., 2017). Stress and burden have

resulted in physical and mental health challenges such as social isolation, financial insecurity, and deferring or abandoning personal and career goals in order to care for a chronically ill family member (McKee et al., 2011). Caregivers are at a higher risk of illness than care recipients because caregivers tend to neglect their own needs when focusing on the needs of others. They may fail to recognize or dismiss the symptoms of illness, exhaustion, or depression. (Schulz & Eden, 2016).

Research Objectives

1. To investigate the predictive role of emotion-focused coping on caregiver burden among primary caregivers of wounded-in-action soldiers in Kaduna.
2. To investigate the predictive role of avoidance-coping on caregiver burden among primary caregivers of wounded-in-action soldiers in Kaduna.
3. To investigate the predictive role of problem-focused coping on caregiver burden among primary caregivers of wounded-in-action soldiers in Kaduna.

Literature Review

Theoretical Review

Lazarus and Folkman's Transactional Stress Theory has been used extensively in stress, burden, and coping research. The Transactional Stress Theory suggested that the individual and environment interact in a dynamic and mutually shared relationship. Lazarus and Folkman believe that stress is a relative concept of a complex and dynamic interaction between an individual and the environment. The ways or strategies that a person uses in dealing with stressful situations play an essential role in their physical and mental health, and the individual's vulnerability is associated with understanding stress and its sources (Gurkan et al., 2015). According to the transactional model of stress when a person is exposed to a stressor, the first stage is the primary appraisal. In this stage, the person internally determines the severity of the stressor. If at this stage the stressors are perceived threatening, a secondary appraisal is performed, in which the person evaluates own resources to deal with stress (Sari, 2008).

The model's initial formulations conceptualized coping efforts along two dimensions. Problem solving and emotional regulation. Also known as problem-focused coping. Problem-solving strategies aim to alter the stressful situation. In contrast, emotion-focused coping attempts to alter one's thoughts or feelings about a stressful situation. These strategies include seeking

social support and venting feelings, as well as avoidance and denial. The model predicts that problem-focused coping strategies will be most adaptive for changeable stressors, whereas emotion-focused strategies will be most adaptive when the stressor is unchangeable or when combined with problem-focused coping strategies (Schoenmakers et al., 2015). Caregivers who reported less use of problem-focused coping and greater use of emotion-focused coping also reported experiencing more burnout (Hawken et al., 2018).

While the transactional model has contributed significantly to the understanding of stress and coping, it is not without its limitations or pitfalls. The model heavily relies on individual perceptions and appraisals, making it challenging to apply universally. People may interpret the same stressor differently based on their personality, past experiences, and cultural backgrounds, leading to varying stress responses (Segerstrom & Smith, 2019).

The model does not offer precise predictions about how individuals will respond to specific stressors. Appraisals can be complex and change over time, making it difficult to determine the exact outcomes of stress in different situations. Some critics argue that the transactional model oversimplifies the stress process by focusing primarily on cognitive appraisals. Other factors, such as physiological responses and environmental influences, also play a crucial role in the stress experience (Wright *et al.*, 2012).

Coping Strategies and Care-givers Burden

Research conducted by Kazemi *et al.* (2021) among a total of 110 caregivers of older patients who previously had a stroke participated in this descriptive and cross-sectional study. The Zarit Burden Interview and Lazarus coping strategies questionnaires were used for data collection. Positive reappraisal and seeking social support were discovered to be the most commonly used coping strategies reported. Male caregivers used the positive reappraisal strategy and accepted responsibility significantly more than female caregivers, according to the findings. A link was discovered between caregiver burden and emotional-focused strategies such as escaping and distancing. It was discovered that women adopted the emotional-focused strategies more than men which has been linked to a higher level of burden Iavarone et al. (2014). Kumar et al. (2015) explored burden and coping strategies in caregivers of stroke survivors. Caregivers were assessed using Zarit burden interview schedule (ZBIS) and Coping checklist (CCL). A descriptive correlation design was used. The sample comprised 100 caregivers of the stroke survivors from selected community setting and outpatient department of different tertiary care hospitals at Punjab. The result revealed that level of burden reported by caregivers of stroke

patient was high. The most coping strategies used by caregivers were acceptance, getting social support, problem solving and seeking help of religious things. However, denial and distracting negatively were used as least common coping strategies by caregivers. Burden was positively and significantly associated with denial or blaming coping strategies.

Abbasi *et al.* (2013) examined the relationship between caregiver burden and coping strategies among family caregivers of cancer patients. 133 caregivers of cancer patients who referred to Gorgon's 5th Azar Educative and Therapeutic Centre were selected via Census sampling method. Data were gathered by three-part questionnaire, including demographics checklist, caregiver burden and coping strategies questionnaire. Findings showed that mean and standard deviation of caregivers' age was 35.73 ± 14.31 . 50.4% of all the participants were male. Based on the results taken from multivariate model of logistic regression, high care demand (OR= 0.403, % 95 CI: 0.227-0.714) and higher rate of emotional coping strategies use (OR= 1.09, % 95CI: 1.04-1.15) have significant correlation with caregiver burden. Based on our findings, the using of emotion-focused coping strategies among caregivers and caring needs of patient, lead to increase care burden.

Research Hypothesis

1. Emotion focused coping will predict caregivers' burden among primary caregivers of wounded in action soldiers in Kaduna.
2. Avoidance coping will predict caregivers' burden among primary caregivers of wounded in action soldiers in Kaduna
3. Problem focused coping will predict caregivers' burden among primary caregivers of wounded in action soldiers in Kaduna

Methods

Research Design and Participants

This study employed a cross-sectional research design. The sample consisted of 91 participants. Out of the 91 participants, 33 (36.3%) participants were within the age of 25-34years, 28 (30.8%) participants were within the age of 18-24 years old, 19 (20.9%) were within the age of 35-44 years, 4 (4.4%) participants were within the age of 45-54 years old and 7 (7.7%) participants were within the age of 55-64 years old. 53 (58.2%) respondents were male and 38 (41.8%) were female. 44 (48.4%) participants were married, 43(47.3%) participants were single and 4 (4.4%) were widowed. 47 (51.6%) were brothers of soldiers, 25 (27.5%) were

sisters, 15 (16.5%) participants were wives and 4 (4.4%) were mothers. Participants were selected using a purposive sampling technique, and their involvement was voluntary. Participants were selected using a purposive sampling technique, and their involvement was voluntary. Questionnaires were distributed to the primary caregivers of wounded in action soldiers in 44NARHK.

Instruments

Data was gathered from the participants using a questionnaire which contained two scales. The Coping Inventory for Stressful Situations (CISS) and the Zarit burden interview (ZBI-12).

The Coping Inventory for Stressful Situations (CISS) (Endler and Parker, 1994)

The CISS, developed by Endler and Parker (1994), is a widely accepted assessment tool, the CISS consists of 21 items, each measured on a 5-point Likert scale ranging from "not at all" to "very much." It is commonly used to evaluate coping styles in response to stressful situations and is organized into three main components or subscales, emotion-oriented coping, task-oriented coping and avoidance coping. Task-oriented coping has an internal consistency of .87, emotion-oriented coping with an internal consistency of .88, and avoidance coping with an internal consistency of .85. The scale was developed in the United States and was validated among a sample of samples of 832 college students and 483 adults. (Endler & Parker, 1994).

To validate its use in Nigeria, Olabisi et al. (2020) conducted a study focusing on depression, anxiety, stress, and coping strategies among family members of patients admitted to intensive care units. The researchers reported a Cronbach's alpha of 0.89 for the CISS-21 in their study, indicating good internal consistency.

Zarit Caregiver Burden Interview (Zarit, 1980)

The Zarit Caregiver Burden Interview (ZBI) is a widely utilized unidimensional assessment tool aimed at evaluating the burden experienced by caregivers. Developed in 1980, the ZBI was designed to measure the perceived impact of caregiving on various aspects of the caregiver's life, including their health, personal and social life, financial situation, emotional well-being, and interpersonal relationships. The items on the scale are rated using a 4-point Likert scale, with responses ranging from 0 - "Never" to 4 - "Nearly always" it measures caregiver's burden as a unidimensional construct.

In Nigeria, Ojifinni and Uchendu (2018) conducted a validation study of the 12-item short version of the ZBI among 80 caregivers of elderly persons in two communities in Oyo State. The study revealed high internal consistency, with a Cronbach's alpha value of 0.90, indicating strong reliability. Additionally, the split-half correlation coefficient was found to be 0.84, further supporting the scale's robustness and consistency. Given its wide usage and sound psychometric properties, the ZBI is a valuable tool for assessing the burden experienced by caregivers, making it applicable in research and clinical settings to better understand and support this vital group of individuals.

Procedure

A letter of introduction was collected from the Department of Psychology and taken to the ethics committee of the 44 Nigerian Army Reference Hospital Kaduna where the research was conducted. Upon approval by the ethics committee of the 44 NARHK, in collaboration with the Behavioural Medicine Department of the hospital, the researcher and research assistants administered the questionnaires to the participants. The research assistants were psychologists in the Behavioural medicine department. They were trained by the researcher on administering the scales. An informed consent form was given to the participants to seek for their consent in participating in the research. The distribution of the questionnaires took 2 days. A total of 95 questionnaires were distributed to cover for an attrition rate of 15.75% and 91 questionnaires were retrieved for analysis. The purpose of the study was explained to the participants, this was to enable them volunteer to participate in the study.

Data Analysis

Data collected from the participants was analysed using Statistical Package for the Social Sciences version 27 (SPSS Version 27). Simple linear regression analysis was used to test the hypotheses.

Results

Table 1: Showing relationship between variables and demographics

	Mean	SD	1	2	3	4	5	6	7	8
Age	2.22	1.16	1							
Gender	1.55	0.62	0.139	1						
Marital Status	1.62	0.71	.507**	.510**	1					
Duration of Care	1.66	0.93	0.049	0.154	.319**	1				
Emotion	20.12	5.49	0.019	0.217	0.178	0.221	1			
Avoidant coping	23.89	6.01	0.191	0.180	0.112	.256*	.600**	1		
Task oriented	26.09	5.23	-.210*	0.187	-0.179	-0.130	-.235*	-0.193	1	
ZBI	15.46	7.74	.386**	0.172	.230*	.303**	.705**	.604**	-.433**	1

***. Correlation is significant at the 0.01 level (2-tailed), **. Correlation is significant at the 0.05 level (2-tailed).**

A correlation analysis was conducted to examine the relationships among age, gender, marital status, duration of care, emotion, avoidant coping, task-oriented coping, and caregiver burden (ZBI). Significant positive correlations were found between age and marital status ($r = .507$, $p < .001$), as well as between age and caregiver burden ($r = .386$, $p < .001$). Marital status was positively correlated with duration of care ($r = .319$, $p = .002$) and caregiver burden ($r = .230$, $p = .030$).

Emotion was strongly positively correlated with avoidant coping ($r = .600$, $p < .001$) and caregiver burden ($r = .705$, $p < .001$). Avoidant coping also showed a significant positive correlation with caregiver burden ($r = .604$, $p < .001$). Task-oriented coping was negatively correlated with age ($r = -.210$, $p = .046$), emotion ($r = -.235$, $p = .038$), and caregiver burden ($r = -.433$, $p < .001$).

Duration of care was positively correlated with avoidant coping ($r = .256$, $p = .017$) and caregiver burden ($r = .303$, $p = .004$)

Table 2: Showing Simple linear Regression of emotion focused Coping Strategies Caregiver's Burden

Variable	R	R ²	Df	F	β	t	Sig.
(Constant)	.704	.495	1, 90	70.629		0.682	0.497
Emotion-focused					0.704	8.404	0.000

a. Dependent Variable: ZBI Score

A simple linear regression was conducted to predict caregiver burden (as measured by the Zarit Burden Interview [ZBI] score) based on emotion. The regression model was statistically significant, [F(1, 90) = 70.629, $p < .001$, $R^2 = .495$], and accounted for approximately 49.5% of the variance in caregiver burden. Emotion significantly predicted caregiver burden, ($\beta = .704$, $p < .001$). These results suggest that as the emotion score increases by one unit, the caregiver burden score is predicted to increase by 1.217 units. The model explains a substantial proportion of the variance in caregiver burden, indicating that emotion is a strong predictor of caregiver burden in this sample.

Table 3: Showing simple linear regression of avoidance coping on caregivers' burden

Variable	R	R ²	Df	F	β	t	Sig.
(Constant)	.442	.195	1, 90	19.585		1.880	0.064
Avoidance Coping					0.441	4.425	0.000

a. Dependent Variable: ZBI Score

A simple linear regression was conducted to predict caregiver burden (as measured by the Zarit Burden Interview [ZBI] score) based on avoidance coping. The regression model was statistically significant, [F(1, 90) = 19.585, $p < .001$, $R^2 = .195$], and accounted for approximately 19.5% of the variance in caregiver burden. Avoidance coping significantly predicted caregiver burden, ($\beta = .441$, $p < .001$)

These results suggest that as the avoidance coping score increases by one unit, the caregiver burden score is predicted to increase by 0.811 units. While the model is statistically significant, it explains a relatively modest proportion of the variance in caregiver burden, indicating that avoidance coping is a significant but not extremely strong predictor of caregiver burden in this sample.

Table 4: Showing simple linear regression of task-oriented coping on caregivers' burden

Variable	R	R ²	df	F	β	t	Sig.
(Constant)	.270	.073	1, 90	70.629		8.477	0.000
Task-oriented coping					-0.270	-2.590	0.011

a. Dependent Variable: ZBI Score

A simple linear regression was conducted to predict caregiver burden (as measured by the Zarit Burden Interview [ZBI] score) based on task-oriented coping. The regression model was statistically significant, [$F(1, 90) = 6.709, p = .011, R^2 = .073$] and accounted for approximately 7.3% of the variance in caregiver burden. Task-oriented coping significantly predicted caregiver burden, ($\beta = -.270, p = .011$).

These results suggest that as the task-oriented coping score increases by one unit, the caregiver burden score is predicted to decrease by 0.479 units. While the model is statistically significant, it explains a relatively small proportion of the variance in caregiver burden, indicating that task-oriented coping is a significant but weak predictor of caregiver burden in this sample.

Discussion

Hypothesis one stated that Emotion focused coping will predict caregivers' burden among primary caregivers of wounded in action soldiers in Kaduna. The positive association between emotion-focused coping and increased caregiver burden aligns with findings from a study by Kumar et al. (2015). Caring for a loved one with physical and psychological trauma can be emotionally taxing, leading to feelings of stress, anxiety, and overwhelming. Relying solely on emotion-focused strategies, such as venting or rumination, may not provide effective coping mechanisms to address the practical demands of caregiving, thereby contributing to a heightened sense of burden (Abbasi et al., 2013). Relying heavily on emotion-focused coping might actually amplify negative emotions over time such as continuous rumination about the difficulties of the caregiving situation without taking action could lead to increased feelings of helplessness and burden (Pandey et al., 2022). While emotion-focused coping strategies like venting or rumination might provide temporary emotional relief, they may not address the practical aspects of caregiving. This mismatch between emotion focused coping strategy and caregiving demands could explain the increased sense of burden, thus this hypothesis was accepted.

Hypothesis two stated that avoidance coping will predict caregivers' burden among primary caregivers of wounded in action soldiers in Kaduna. The finding that avoidant coping strategies, such as denial or behavioural disengagement, are associated with higher caregiver burden is particularly relevant for caregivers of wounded in action soldiers, this finding is in tandem with findings from a study by Waugh et al. (2021). Caregivers confronted with the emotional challenges and disruptive behaviours associated with caring for individuals with traumatic injuries or chronic conditions, such as wounded in action soldiers, may resort to certain coping strategies to alleviate their distress. Avoidant coping strategies, like denial or behavioural disengagement, can serve as a means of distracting attention and avoiding the reality of the situation they are encountering. The complex and demanding nature of managing disruptive behaviours, aggression, or other aberrant conduct can be overwhelming, leading caregivers to employ avoidance as a way to preclude further distress. While avoidance coping might offer short-term relief, it likely contributes to increased caregiver burden over time (Aratti & Zampini, 2024). By avoiding problems rather than addressing them, issues may compound, leading to greater stress and burden in the long run. This hypothesis was also accepted.

Hypothesis three stated that task-oriented coping will predict caregivers' burden among primary caregivers of wounded in action soldiers in Kaduna. the negative association between task-oriented coping and caregiver burden highlights the importance of promoting problem-solving and active coping strategies among caregivers of wounded in action soldiers. This is consistent with findings by Hawken et al. (2018) who argued that task-oriented coping is a method for adjusting to the role and responsibilities of caregiving is associated with more positive outcomes. Task-oriented coping strategies align more closely with the specific challenges inherent in caregiving for individuals with complex physical and psychological trauma, as opposed to relying solely on emotion-focused or avoidant coping strategies. By actively engaging in problem-solving, seeking instrumental support, and developing adaptive strategies to manage caregiving responsibilities, caregivers can potentially experience a reduced sense of burden, improved well-being, and an enhanced ability to provide quality care to their loved ones. The findings can also be interpreted through the transactional stress model by Lazarus and Folkman (1984), highlighting the importance of promoting effective coping strategies that match the specific demands of caregiving for wounded in action soldiers, ultimately aiming to reduce caregiver burden and facilitate better adjustment and well-being. These caregivers often face practical challenges, such as navigating healthcare systems,

managing medications, and providing physical assistance. Task-oriented coping strategies, like planning, problem-solving, and seeking instrumental support, can help caregivers better manage these demands, potentially reducing the overall burden experienced. The hypothesis was accepted.

Implications of the Study

The study contributes to our understanding of caregiver burden within the unique context of military caregiving, specifically focusing on primary caregivers of wounded soldiers in Kaduna, Nigeria. By examining coping strategies adopted by primary caregivers of wounded in action soldiers. The study also has practical implications for the design and implementation of interventions aimed at reducing caregiver burden and promoting well-being among military caregivers.

Limitations of the Study

One potential limitation of this study is the reliance on self-report measures to assess coping strategies and caregiver burden. While self-report questionnaires are commonly used in psychological research, they may be subject to response biases, such as social desirability bias or recall bias. Caregivers may have consciously or unconsciously provided responses that they perceive as more socially acceptable or may have had difficulties accurately recalling their experiences over time. Also, the cross-sectional design of this study prevents the examination of changes in coping strategies and caregiver burden over time. As the data were collected at a single time point, the study cannot establish causal relationships or capture the dynamic nature of coping processes and burden experienced by caregivers of wounded in action soldiers. A longitudinal design that follows caregivers throughout their caregiving journey would provide more comprehensive insights into the temporal relationships between coping strategies and burden.

Conclusion

The findings of this study underscore the importance of promoting task-oriented, problem-solving coping strategies and seeking instrumental support among caregivers of wounded in action soldiers. While emotion-focused strategies like venting or rumination may provide temporary relief, they do not directly address the practical challenges of caregiving, which can lead to increased burden over time. In contrast, task-oriented approaches such as planning,

problem-solving, and seeking tangible assistance equip caregivers with tools to actively manage their caregiving demands and responsibilities. This could involve developing routines, accessing healthcare resources, or delegating tasks - strategies that can alleviate perceived burden by fostering a sense of control and mastery. By highlighting the benefits of task-oriented coping and considering cultural factors influencing caregiver experiences, the study offers valuable insights for developing tailored interventions and support systems that empower caregivers through problem-solving skills, access to practical resources, and a more open, understanding environment to maintain their well-being while managing caregiving responsibilities.

Recommendations

Based on the findings presented in the study, several recommendations can be made to support primary caregivers of wounded soldiers and mitigate caregiver burden

1. The military mental health professionals should educate and create awareness on task-oriented coping strategies, such as problem-solving, planning, and seeking instrumental support by primary caregivers of wounded in action soldiers. These strategies can help caregivers better manage the practical challenges of caregiving, potentially reducing the overall burden experienced.
2. The military mental health professionals should provide problem-solving and stress management training to develop and implement training programs that teach caregivers problem-solving techniques, time management skills, and stress management strategies. These skills can enhance their ability to cope with the demands of caregiving effectively.
3. The Military authorities should provide primary caregivers of wounded in action soldiers with relevant resources, such as healthcare navigation support, respite care services, and assistance with medication management or physical care tasks. Connecting caregivers with these resources can alleviate some of the practical burdens they face.

Ethical considerations

Informed Consent: Prior to participating in the research, all participants received detailed information about the study, its objectives, procedures, and potential implications. They provided informed consent voluntarily. Moreover, participants were also informed that they could withdraw from the study at any point without facing any negative consequences.

Privacy and Confidentiality: The privacy and confidentiality of the participants were of utmost importance and strictly maintained. Personal information or data collected during the study was handled with the highest level of confidentiality, and all efforts were made to ensure that the identities of participants remain protected.

Risk of Harm: Participants were not exposed to any potential risks of harm, whether physical, psychological, or harm to their reputation or privacy. The research team took all necessary precautions to minimize any possible risks and safeguard the well-being of the participants throughout the study.

Use of Deception: There was absolutely no use of deception in this research. Participants were fully informed about the study's objectives and procedures, ensuring complete transparency throughout the process.

Data Handling and Analysis: Rigorous measures were implemented to ensure the accuracy and integrity of the data collected. The data was analysed carefully and responsibly, with the primary goal of deriving meaningful insights without causing harm to the participants or the broader community.

Competing Interests

The authors confirm that there are no conflicts of interest to be disclosed.

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