Stressors and Coping Strategies of Institutionalized Adolescents at Minia Governorate

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Abstract

Background: Institutionalized adolescents experience numerous traumatic stressors and damaging events. They may be particularly vulnerable to stressful events prior to institutionalization such as removal from the home, and separation from familiar social circles. While living in institutions, the adolescents are often deprived of basic care and support and are exposed to unhealthy living conditions and harsh disciplining practices. Aim of the study: to investigate the stressors and coping strategies among institutionalized adolescents. Research design: A descriptive correlational research design was used in the current study. Subjects: A convenience sample including (80) male and female institutionalized adolescents were included in the current study. Setting: This study was carried out in Minia governorate foster care institutions which included nine institutions distributed in Minia, Malawy, Abo Korkas, and Samalout cities. Data collection tools: Three tools were used to collect data: 1- Demographic characteristics of the institutionalized adolescents' sheet; 2- The Adolescent Stress Questionnaire; 3- The Coping Strategies Inventory. Results: the highest stressors experienced by the institutionalized adolescents were related to future uncertainty (89%), school performance (88%), emerge in adult responsibility (84%), school leisure conflicts (83%), and financial pressure (79%). Concerning coping strategies, the institutionalized adolescents reported problem solving (88%), cognitive restructuring (86%), express emotion (78%), wishful thinking (75%), and social support (73%). There were a significant correlation between stressors and coping strategies among institutionalized adolescents. Conclusion: The institutionalized adolescent experienced different stressors and used number of effective/ineffective coping strategies. Recommendations: There is a great need for designing counseling programs to help the institutionalized adolescents overcome their stressors.

Key Words: Institutionalized adolescents, Stressors, Coping strategies.

Introduction

Adolescence is defined as the period in development that begins with 12 years of age, terminating with 17 years of age (1). There is no definite age when it begins and no definite age when it ends, but it is often thought to begin around the age of 10 years and end between the ages of 20 and 24 years. The age range of adolescence can vary with cultural and historical circumstances (2). During this period, the individual undergoes extensive physical, psychological, emotional and personality changes (3).

The terms 'institution' and 'institutional care' refer to sort of residential care without a parent or guardian for longer than three months providing care for large numbers of children in a building often referred to as a 'children's home' (4). Orphanage has been described as a form of institution (5-6). Children and adolescents are institutionalized with a major reason that the parent or the family is not equipped to provide enough care and support for wide range of situations include death of one parent, presence of domestic violence, substance abuse by one or both parent, separated parent, physical or mental illness of parent, illegal relationship, and extra marital relationship (7). Despite the evidence favoring the aspects of institutional care as a controlled and structured environment, images of negative experiences of total institutions leaves a little room for perceiving institutional care in a positive way (8).

Institutionalized adolescents experience numerous traumatic stressors and damaging events. They may be particularly vulnerable to stressful events prior to institutionalization such as removal from the home, separation from familiar social circles, and constant transitions to different homes and schools (9-10). While living in institutions, the adolescents are often deprived of basic care and support and are exposed to unhealthy living conditions and harsh disciplining practices (11). Stressful experiences within the institutional care system affect adolescents' engagement in school activities, their sibling ties, and their relationships with family members and caregivers which in turn result in avoidance of others due to fear of rejection (12-13-14). The way these difficulties show themselves will vary with respect to the intensity of the experiences and the circumstances that follow the events. The outcome will depend on children's psychological coping (15).

Coping strategies refer to the efforts made to "master, reduce or tolerate the demands created by stress" (16). Institutionalized adolescents utilize different coping strategies than their counterparts who are residing with their biological families and are at higher risk of forming maladaptive coping methods that are unique to the stressors experienced. They engage in more self-protection coping methods to handle the stress related to feelings of low self-esteem resulted from an undesirable institutional care placement (17).

Nurses' role should include an assessment of each adolescent's stressors and coping strategies in providing care to the institutionalized adolescents. Mental health nurse should make time every day to talk with the institutionalized adolescents and do activities together. It is important to look at the different factors of stress to help adolescents identify their stressors, learn to communicate with adults and peers, and gain awareness that they are not alone in their struggles (18-19).

Based on the assessment, nurses can work with the institutionalized adolescents to reinforce the use of existing effective coping strategies and develop some new coping strategies that may lead to positive outcomes. Another important role for the mental health nurse is to teach them appropriate stress management strategies to cope with different

stressors such as reading, exercise, sports, games, music therapy, and other relaxation techniques to increase their sense of control and allay stress (20). By doing this, nurses are able to assist the institutionalized adolescents deal more effectively with stressors.

Significance of the study

Institutionalized adolescents have received minimal attention from researchers. Despite of the rapidly growing burden of institutionalized adolescents, stressors and coping strategies of these adolescents in institutions are not well researched. International statistics suggest that the number of institutionalized adolescents is increasing throughout the world. According to an official census issued by the Central Agency for Public Mobilization and Statistics, Egypt has 473 foster care institutions, accommodating about 10,000 children until the age of 18, compared with 9,000 others living in other alternative organizations, while the total number of Egyptian children 18 years old accounted for one third of the total population (21-22). Institutionalized adolescents constitute one of the most underserved and vulnerable groups that face a variety of stressors and problems. Entering the institutional system itself presents a significant psychological stresses; which in return play a detrimental role in their development and in the establishment of interpersonal relationships and skills necessary for adult life. In addition, institutionalized adolescents exhibit more psychiatric disorders and more difficulty in life demands when compared with adolescents who reside with their families. They are a (2-5) time higher rate of referral for clinical mental health services. Institutionalized adolescents must cope with the effects of traumatic events precipitating their entry into institutional care, face a temporary or permanent loss of their parents, and adjust to new people and living situations in the institutions. They revert to different coping strategies, harmful as well as constructive. Stress reduction and adopting a healthier lifestyle have been major concerns of the adolescents.

At Minia governorate, no research studies were conducted in this respect, so an in depth research is needed to clarify the magnitude of the problem as to emphasize whether these stressors are mostly related to institutionalization and how the institutionalized adolescents cope with these stressors. This research will detect the stressors and coping strategies of institutionalized adolescents, the matter which provide knowledge base for mental health nurses to promote coping with these stressors in the future, also providing empirical knowledge in this area of research which may be used after that in other future researches related to institutionalized adolescents.

Aim of the study

The aim of the present study was to investigate the stressors and coping strategies among institutionalized adolescents.

Research Questions

Q1: What are the stressors experienced by the institutionalized adolescents?

Q2: What are the coping strategies used by the institutionalized adolescents?

Q3: Is there a relationship between stressors and coping strategies among institutionalized adolescents?

Subjects and Methods

Research Design:

A descriptive correlational research design was used in the current study.

Setting:

The current study was carried out in nine foster care institutions at Minia governorate distributed in four cities. They are divided into governmental and non-governmental institutions. These cities are: Minia city includes three foster care institutions (Minia Institution for Muslim Boys, Minia Institution for Muslim Girls, and Institution of Genoud Al Masieh for Christian Boys) & Abo Korkas city includes one foster care institution (Institution of Al-Nahda Al-Rohiea for Christian Boys) & Malawy city includes four foster care institutions (Institution of Al-Rahma for Muslim Girls, Institution of Al Ber & Al-Ehsan for Muslim Boys, Institution of Al-Salam Al Kebtiea for Christian Boys, and Institution of Marri Mourkas for Christian Girls) & Samalout city includes one foster care institution (Institution of Al-Nashat Al-Rohie for Christian Boys).

Subjects:

A convenience sample consists of (80) institutionalized adolescents at Minia foster care institutions were included in the study. The sample included in the study was the institutionalized adolescents at Minia foster care institutions with a number of (35) for females and (45) for male adolescents. The age of adolescents ranged from 12 to 20 years old.

Inclusion criteria:

- The sample included those adolescents who are institutionalized as a result of:
- Inadequate parental socio-economic status resulting from poverty.
- Parental loss, either through death or abandonment.
- Family conflict, such as that which results in divorce.
- Parental problems that might have genetic or behavioral implications for the child, such as parental mental illness, parental incarceration, drug or alcohol abuse.
- The loss of parental right to children.
- Wide range of situations as illegal relationship, extra marital relationship, and broken family.
- The experience of violence or abuse.
- Both genders (male and female).
- Adolescents aged between (12-20) years old.

Exclusion criteria:

- Adolescents who subject to a criminal justice.
- Adolescents who displayed anti-social behavior.
- Adolescents who are suffering from terminal diseases, mentally/ physically challenged and with no support.

Tools of data collection:

Three tools were used to collect data pertinent for this current study. These tools are:

1:Demographic characteristics of the institutionalized adolescents sheet: This tool was developed and constructed by the researcher and it was used to assess the following:(age, gender, educational level, residence, reasons for entry to foster care institutions, duration of stay in it and number of relatives visits.

2: The Adolescent Stress Questionnaire (ASQ); It was developed by (23) and used to measure common stressors that adolescents may experience in their lives. The tool was translated into Arabic language by the researcher and back translation was done and then tested for content validity and reviewed for its clarity by a panel of five experts in the field of psychiatry and psychiatric nursing and their modifications were done accordingly. The ASQ is consisted of 56 items covering broad range of perceived adolescent stresses. The items were attributed to 10 components or dimensions of adolescent stressor experiences (stress of home life, school performance, school attendance, romantic relationships, peer pressure, teacher interaction, future uncertainty, school/leisure conflict, financial pressure and emerging adult responsibility). Each stressor item was rated on a five-point Likert scale where the respondents were self-reported individual stressor appraisal as: 1 = not at all stressful or is irrelevant to me & 2 = a little stressful & 3 = moderately stressful & 4 = quite stressful & and 5 = very stressful. The total scores for The Adolescent Stress Questionnaire ranged from 56 to 280. High scores indicated that institutionalized adolescent's stressor was very stressful. Scoring system was calculated as following:

- Score less than or equal 56 = not at all stressful.
- Score ranged from 57 to 112 = a little stressful.
- Score ranged from 113 to 168 = moderate stressful.
- Score ranged from 169 to 224 = quite stressful.
- Score more than 224 = very stressful.

3: The Coping Strategies Inventory (CSI); It is adapted from (24) (Ways of Coping Questionnaire) to assess the adolescent's coping thoughts and behaviors in response to a specific stressor. The tool was translated into Arabic language by the researcher and back translation was done and then tested for content validity and reviewed for its clarity by a panel of five experts in the field of psychiatry and psychiatric nursing and their modifications were done accordingly. The CSI consisted of 72 items under four domains (8) subscales consist of specific coping strategies that adolescents use in response to stressful events. These include problem solving, cognitive restructuring, social support, express emotions, problem avoidance, wishful thinking, self-criticism, and social withdrawal. There are (9) items in each subscale as:

Subscales	Items
Problem solving	**1, 9, 17, 25, 33, 41, 49, 57, 65**
Cognitive restructuring	**2, 10, 18, 26, 34, 42, 50, 58, 66**
Express emotions	**3, 11, 19, 27, 35, 43, 51, 59, 67**
Social support	**4, 12, 20, 28, 36, 44, 52, 60, 68**
Problem avoidance	**5, 13, 21, 29, 37, 45, 53, 61, 69**
Wishful thinking	**6, 14, 22, 30, 38, 46, 54, 62, 70**
Self-criticism	**7, 15, 23, 31, 39, 47, 55, 63, 71**
Socialwithdrawal	**8, 16, 24, 32, 40, 48, 56, 64, 72**

Each item was rated on a five-point Likert scale where the respondents determine the extent to which they use these coping strategies as 1 = not at all & 2 = a little & 3 = somewhat & 4 = much & and 5 = very much. Total scores ranged from 72 to 360. High scores indicated that institutionalized adolescents used the coping strategies very much. Scoring system was calculated as following:

- Score less than or equal 72 = not at all.
- Score ranged from 73- to 144 = a little.
- Score ranged from 145 to 216 = somewhat.
- Score ranged from 217 to 288 = much.
- Score more than 288 = very much.

Validity of tools

Tools content validity was done to identify the degree to which the used tools measure what was supposed to be measured. The translated tools were examined by a panel of five experts in the field of the study (Minia University, Assiut University, and Cairo University - Faculty of Nursing, Psychiatric Mental Health Nursing Department). All Jury member (100%) agree that current study translated tools were valid and relevant with the aim of the study.

Pilot study

A pilot study was carried out on 8 adolescents (10%) of the total sample to test feasibility, objectivity, and applicability of the tools. Results of the pilot study illustrated that no any refinements and modifications were needed so the subjects were included to the actual sample.

Reliability of tools

Internal consistency was measured to identify the extent to which the items of tools measure the same concept and the extent to which the items are correlated with each other. Internal consistency estimated reliability by Cronbach's alpha for reliability testing performed for adolescent stress questionnaire and coping strategies inventory were .90 and .85 respectively.

Ethical Consideration

First, primary approval was obtained from the ethics and research committee of the Faculty of Nursing, Minia University. Then, an official permission was obtained from the concerned authority (director of foster care center). The ethical rules of research are guaranteed for each participant in order not to refrain. The adolescent was assured that the data are confidential and used only for research purposes. The researcher arranged time with each director of the foster center to meet adolescent on planned time. Researcher made full description of the study aim and procedures, written informed consents were introduced by the adolescent who agreed to participate. Anonymity, confidentiality and privacy were assured. Researcher assured adolescents that no harm will affect them if they express their opinion regarding stressors. Each tool for data collection coded and subjects' names didn't appear on the sheets for the purpose of anonymity and confidentiality. Subjects were free to withdraw from the study at any time.

Procedure

An official permission was sent from the dean of the Faculty of Nursing, Minia University, to the Undersecretary of the Ministry of Social Solidarity in order to carry out the study. The investigator conducted visits to the foster care institutions in four cities in Minia Governorate to explain the aim of the study to the institutionalized adolescents to gain their

cooperation and consent to share in the study. After oral explanation, an oral consent was obtained from every subject who accepted to participate in the study. The total data were collected over a period of nine months starting from January 2016 to September 2016. The tools were filled by the investigator through an interview with the institutionalized adolescents at each foster care institution two day/week from 9 Am: 2 Pm. The time spent to fill the tools ranged between 20 to 30 minutes according to the needed explanation. Some participants were visited twice to complete the data needed for the study. Voluntary participation, confidentiality and anonymity were assured.

Limitation of the study

Several limitations were identified in the study. Institutional environment is not ideal for interviews because of noise and frequent interruptions. When the meeting room was occupied, the investigator interviewed the children at places such as a corner outside of the institution or other place in the institution. These places were not ideal for interviews.

Also, in gathering data for this study, the major challenge faced was obtaining permission from foster care authorities due to security and other reasons. They asked many questions and requested many formal consents and this was time consuming. In addition, in this study, the experiences of stressful events were measured by interviewing the institutionalized adolescents and thus capturing their viewpoints. Stressors and coping strategies of the studied subjects couldn't be observed directly as they were occurred at different too late or early times, therefore these items were asked to the studied subjects and their reports were recorded.

Statistical analysis of data

Data were scored, tabulated, and analyzed by computer using "the statistical package for social science" (SPSS) version (20). Descriptive data were expressed as number and percentage. Quantitative data were presented by mean and standard deviation. Correlation was calculated between stressors and coping strategies using Pearson correlation test. Probability (p-value) less than 0.05 was considered significant in tests of relationships.

Results

Table (1) Demographic characteristics of the institutionalized adolescents (n= 80).

Personal data	No.	%
Gender		
Male	45	56.2
Female	35	43.8
Age / years		
12 -	22	27.5
17- 21	58	72.5
Mean ± SD	14.5 ± 2.1 years	
Level of education:		
Read and write	3	3.8
Primary school	23	28.8
Preparatory school	29	36.3
Secondary school	23	28.1
University	2	2.5
Place of Residence:		
Rural	26	32.5
Urban	54	67.5
Total	80	100

Table (1) describes the demographic data of institutionalized adolescents namely gender, age, level of education and place of residence. More than half of the institutionalized adolescents (n=45, 56.2%) were males. As regards to age group, the same table indicates that, more than two thirds of the institutionalized adolescents (n=58, 72.5%) were in the age group 17 – 21 years. Concerning institutionalized adolescents' level of education, table (1) shows that, about two thirds of institutionalized adolescents (n=52, 65.1%) were in primary and preparatory school. Regarding place of residence table (1) indicates that, more than two thirds of the institutionalized adolescents (n=54, 67.5%) were from urban areas.

Table (2): Data about living in care institutions (n= 80).

Data about living in foster care institution	No.	%
Cause of institutionalization		
Death of father and mother (double orphan)	16	20
Death of father (paternal orphan)	18	22.4
Death of mother (maternal orphan)	7	8.8
Low income (poverty)	16	20
No family (Illegitimate)	9	11.3
Broken family	14	17.5
Number of relative visits/ week		
One	33	41.2
Two	47	58.8
Period of stay in care institution / years		
1-	26	32.4

Data about living in foster care institution	No.	%
7-	41	51.3
13- 18	13	16.3
Mean ± SD	8.3 ± 4.1 years	

Table (2): presents the data about institutionalized adolescents' living in foster care institutions, there were over half of adolescents (n=41, 51.2%) were institutionalized due to orphanhood, sixteen adolescents (20 %) were institutionalized due to poverty, fourteen adolescents (17.5 %) were institutionalized due to broken family, and nine adolescents (11.3 %) were institutionalized due to illegitimacy. In relation to number of relative visits, the same table indicates that, more than half of institutionalized adolescents (n=47, 58.2%) receive two visits a week. Concerning the period of stay in care institution, table (2) indicates that, more than half of institutionalized adolescents (n=41, 51.3%) stay in care institution for (7-12) years.

Table (3) Institutionalized adolescents' stressors (n= 80).

Adolescents' stressors	very stressful		quite stressful		moderately stressful		a little stressful		not at all stressful		No.	%
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Future uncertainty	28	35.0	25	31.3	18	22.5	7	8.8	2	2.5	71	89
School performance stressors	12	15.0	30	37.5	28	35.0	9	11..3	1	1.3	70	88
Emerge adult responsibility	11	13.8	29	36.3	27	33.8	11	13.8	2	2.5	67	84
School leisure conflict	21	26.3	28	35.0	17	21.3	9	11.3	5	6.3	66	83
Financial pressure	16	20.0	26	32.5	21	26.3	12	15.0	5	6.3	63	79
Teacher interaction	10	12.5	22	27.5	25	31.3	19	23.8	4	5.0	57	71
Peer pressure	11	13.8	19	23.8	25	31.3	22	27.5	3	3.8	55	69
School attendance	19	23.8	15	18.8	12	15.0	12	15.0	22	27.5	46	58
Romantic relations	12	15.0	11	13.8	9	11.3	15	18.8	33	41.3	32	40

Table (3) presents institutionalized adolescents' stressors. It shows that future uncertainty, school performance, emerge adult responsibility, school leisure conflict, were considered very stressful for institutionalized adolescents with percent (89, 88, 84, 83 %) respectively). Financial pressure, teacher interaction stressors, and peer pressure were considered quite stressful for institutionalized adolescents with percent (79, 71, 69 %). More than half of institutionalized adolescents (58 %) reported stressors related to school attendance stressors. Romantic relations were considered a little stressful (40 %).

Table (4) Institutionalized adolescents' coping strategies (n= 80).

Coping strategies	Very much		Much		Somewhat		A little		Not at all		No.	%
	No	%	No	%	No	%	No	%	No	%		
Problem solving	39	48.8	31	38.8	10	12.4	0	.0	0	.0	70	88
Cognitive restructuring	24	30.0	45	56.3	11	13.7	0	.0	0	.0	69	86
Express emotion	14	17.5	48	60.0	16	20.0	2	2.5	0	.0	62	78
Wishful thinking	24	30.0	36	45.0	19	23.8	1	1.2	0	.0	60	75.0
Social support	20	25.0	38	47.5	18	22.5	4	5.0	0	.0	58	73
Self-criticism	17	21.3	30	37.5	24	30.0	9	11.3	0	.0	47	58
Social withdrawal	7	8.8	35	43.7	31	38.8	7	8.7	0	.0	42	53
Problem avoidance	4	5.0	19	23.8	48	60.0	8	10.0	1	1.3	23	29

Table (4) presents institutionalized adolescents' coping strategies. It shows that that the most common coping strategies used by the institutionalized adolescents were problem solving, cognitive restructuring, express emotion, wishful thinking, social support with percent (88, 86, 78, 75, and 73 %) respectively) which indicate high coping. More than half of institutionalized adolescents reported using self-criticism and social withdrawal strategies with percent (58, and 53 % respectively). Only (29 %) of them reported using problem avoidance which indicate low coping.

Table (5) Difference between adolescent's stressors and gender (n= 80).

Stressors domains	Gender		t	P- value
	Male	Female		
	Mean ± SD	Mean ± SD		
Home life stressor	20.9 ± 17.3	23.1 ± 16.3	.592	.556 NS
School stressor	21.9 ± 6.5	21.8 ± 5.3	.049	.961 NS
School attendance stressor	7.9 ± 4.5	8.5 ± 4.2	.595	.554 NS
Romantic relation stressors	10.8 ± 9.6	8.7 ± 6.9	1.089	.280 NS
Peer pressure	18.8 ± 6.9	18.7 ± 7.4	.026	.980 NS
Teacher interaction	21.2 ± 7.1	17.5 ± 6.9	2.353	.02*
Future uncertain	11.1 ± 3.5	10.7 ± 3.6	.480	.632 NS
School leisure conflicts	17.3 ± 6.0	14.4 ± 4.7	2.334	.02*
Financial pressure	14.0 ± 4.5	11.1 ± 4.4	2.849	.006*
Emerge in adult responsibility	9.7 ± 2.4	8.9 ± 3.4	1.304	.196 NS

Stressors domains	Gender		t	P- value
	Male	Female		
	Mean ± SD	Mean ± SD		
Total	153.5 ± 36.8	143.4 ± 35.6	2.236	.02*

S= not statistical significant difference * Statistical significant difference at $p < 0.05$

Table (5) showed the differences between adolescent's stressors and gender and revealed that, there was a statistically significant difference between the total of adolescent's stressors and gender. Male adolescents reported significant higher mean scores on stressors related to teacher interaction, school leisure conflicts, and financial pressure than female adolescents.

Table (6) Difference between adolescent's stressors and place of residence before institutionalization (n= 80).

Stressors domains	Type of residence before institutionalization		t	P- value
	Rural	Urban		
	Mean ± SD	Mean ± SD		
Home life stressor	21.4 ± 14.2	22.1 ± 18.0	.171	.865 NS
School stressor	22.2 ± 4.6	21.6 ± 6.5	.407	.685 NS
School attendance stressor	9.8 ± 3.9	7.5 ± 4.4	2.271	.026*
Romantic relation stressors	5.8 ± 5.3	11.8 ± 9.3	3.047	.003*
Peer pressure	15.8 ± 5.9	20.1 ± 7.2	2.649	.01*
Teacher interaction	16.9 ± 4.8	20.9 ± 7.8	2.349	.021*
Future uncertain	10.9 ± 3.8	10.9 ± 3.4	.041	.968 NS
School leisure	14.7 ± 4.3	16.7 ± 6.1	1.520	.132 NS
Financial pressure	9.5 ± 3.4	14.3 ± 4.4	4.931	.0001*
Emerge in adult responsibility	8.6 ± 2.7	9.7 ± 2.9	1.704	.092 NS
Total	135.6 ± 27.4	155.6 ± 38.6	2.374	.020*

NS= not statistical significant difference * Statistical significant difference at $p < 0.05$

Table (6) illustrated the differences between adolescent's stressors and type of residence and showed that, institutionalized urban adolescents were significantly higher as regard romantic relation stressors, peer pressure, teacher interaction stressors, financial pressure and totally stressors than rural adolescent with mean score of (11.8 ± 9.3 vs. 5.8 ± 5.3); (20.1 ± 7.2 vs 15.8 ± 5.9); (20.9 ± 7.8 vs 16.9 ± 4.8); (14.3 ± 4.4 vs 9.5 ±3.4) and (155.6 ± 38.6 vs 135.6 ± 27.4) respectively. While rural adolescents were significantly higher as regard school attendance stressors than urban adolescents with mean score of (9.8 ± 3.9 vs. 7.5 ± 4.4) with statistically significant differences.

Table (7) Difference between adolescent's coping and gender (n= 80)

Coping strategies inventory	Gender		t	P- value
	Male	Female		
	Mean ± SD	Mean ± SD		
Problem solving	38.2 ± 5.5	31.9 ± 5.7	4.926	.000*
Cognitive restructuring	34.3 ± 5.5	30.7 ± 3.6	3.346	.001*
Express emotions	31.3 ± 6.4	30.2 ± 4.9	.797	.428 NS
Social support	31.3 ± 7.4	30.4 ± 6.2	.599	.551 NS
Problem avoidance	24.4 ± 6.3	25.7 ± 5.0	.997	.322 NS
Wishful thinking	32.5 ± 8.2	31.6 ± 4.7	.584	.561 NS
Self-criticism	30.3 ± 8.6	27.3 ± 5.2	1.829	.071 NS
Social withdrawal	26.0 ± 7.7	28.2 ± 5.3	1.409	.163 NS
Total coping scale	248.3 ± 28.9	236.1± 27.5	2.105	.05*

NS= not statistical significant difference * Statistical significant difference at $p < 0.05$

Table (7) demonstrated differences between adolescent's coping and gender and showed that, there were statistically significant differences between institutionalized adolescents' gender and coping strategies. Male adolescents were higher as regard problem solving, cognitive restructuring and total coping scale than female adolescents with mean scores of (38.2 ± 5.5 vs. 31.9 ± 5.7), (34.3 ± 5.5 vs. 30.7 ± 3.6), and (248.3 ± 28.9 vs. 236.1 ± 27.5) respectively.

Table (8): Difference between adolescent's coping and type of residence before institutionalization (n= 80)

Coping strategies inventory	Type of residence before institutionalization		t	P- value
	Rural	Urban		
	Mean ± SD	Mean ± SD		
Problem solving	33.3 ± 7.2	36.5 ± 5.7	2.160	.034*
Cognitive restructuring	30.7 ± 4.1	33.7 ± 5.2	2.647	.01*
Express emotions	29.3 ± 3.7	31.6 ± 6.4	1.680	.097 NS
Social support	28.9 ± 5.6	31.9 ± 6.4	1.831	.071NS
Problem avoidance	22.0 ± 3.5	26.3 ± 6.2	3.279	.002**
Wishful thinking	28.5 ± 6.2	33.9 ± 6.5	3.483	.001**
Self-criticism	25.0 ± 5.9	30.8 ± 7.4	3.503	.001**

Coping strategies inventory	Type of residence before institutionalization		t	P- value
	Rural	Urban		
	Mean ± SD	Mean ± SD		
Social withdrawal	23.8 ± 5.4	28.5 ± 6.9	3.035	.003**
Total coping scale	221.6 ± 21.9	253.3 ± 26.0	5.353	.0001**

NS= not statistical significant difference * Statistical significant difference at p < 0.05

Table (8) described the differences between adolescent's coping and type of residence and showed that there were statistically significant residence differences as regards to coping strategies of the institutionalized adolescents. The institutionalized urban adolescents had higher mean scores as regard problem solving, cognitive restructuring, problem avoidance, wishful thinking, self-criticism, social withdrawal and totally coping than rural adolescents.

Table (9) Correlation between institutionalized adolescent's stressors and coping strategies (n= 80).

Stressors	Problem solving		Cognitive restructuring		Express emotions		Social support		Problem avoidance		Wishful thinking		Self – criticism		Social withdrawal	
	r	P	r	P	r	P	r	P	r	P	r	P	r	P	r	P
Home life stressor	.113	.32	.028	.81	.028	.81	.109	.34	-.086	.45	.055	.63	-.034	.77	-.080	.48
School stressor	.025	.83	-.232*	.04	-.059	.60	-.157	.16	.262*	.02	.148	.19	-.184	.103	.269*	.02
School attendance	-.088	.44	-.368**	.001	-.175	.12	-.268*	.02	.100	.38	-.248*	.03	-.258*	.02	.206	.07
Romantic relation	.139	.22	.214	.06	-.024	.83	-.003	.98	-.041	.715	.149	.19	.261*	.02	-.046	.684
Peer pressure	.126	.27	.119	.29	-.001	.99	.016	.89	.087	.44	.268*	.02	.209	.06	.126	.27
Teacher interesting	.169	.14	.287**	.01	.051	.65	0.077	.49	.061	.59	.262*	.02	.282*	.01	-.066	.56
Future uncertain	.268*	.02	.000	.99	.091	.42	.107	.34	-.018	.88	-.059	.60	-.033	.77	.286*	.01
School leisure	.160	.16	.187	.09	.051	.65	-.011	.93	.057	.62	.212	.06	.106	.35	-.063	.58
Financial pressure	.291**	.001	.239*	.03	.240*	.03	.116	.31	.135	.23	.398**	.000	.226*	.04	.154	.173
Emerge in adult	.246*	.03	.034	.76	.239*	.03	.056	.62	.014	.89	.117	.30	.09	.43	.048	.68
Total adolescent stress questionnaire	.244*	.03	.124	.27	.053	.64	.038	.74	.060	.59	.247*	.03	.131	.245	.074	.51

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

Table (10) Table (31) demonstrated the correlation between coping strategies and stressors of the institutionalized adolescents. It indicated that, there were statistically significant positive correlations between problem solving strategy and stressors of (future uncertain, financial pressure, emerge in adult, and total adolescent stressors). As regard cognitive restructuring strategy, there were statistical significant positive correlations with stressors of (school performance, school attendance, teacher interaction, and financial pressure). Concerning to express emotions strategy, there were statistical significant positive correlations with stressors of (financial pressure and emerge in adult responsibility). Also, the same table showed that, there was statistical significant positive correlation between social support strategy and school attendance stressors.

The same table illustrated that there was statistically significant positive correlation between problem avoidance coping strategy and school performance stressor. As regard wishful thinking, there were statistical significant positive correlations with stressors of (peer pressure, teacher interaction, financial pressure, and total adolescent stressors). With respect to self-criticisms coping, there were statistical significant positive correlations with stressors of (school attendance, romantic relation, teacher interaction, and financial pressure). The same table demonstrated that, there were statistical significant correlations between social withdrawal coping and stressors of (school stressor and future uncertainty).

Discussion

The aim of this study was to investigate the stressors and coping strategies of institutionalized adolescents. The following discussion will focus on the findings related to the aim of the study. Results of this study include institutionalized adolescents' demographic characteristics, data about institutionalized adolescents' living in foster care institutions, stressors and coping strategies among institutionalized adolescents, the relation between study variables and demographic characteristics of the study group. In addition, the correlations between institutionalized adolescents' stressors and coping strategies were presented in this chapter.

Part I: Demographic characteristics of the studied subjects and the data about living in foster care institutions:

The distribution of institutionalized adolescents according to gender, age, level of education, and type of residence are discussed in this section (table 1). Concerning the gender of the institutionalized adolescents, more than half of them were males. This may be due to the increased likelihood of the male adolescents to unsuccessful experiences in their families, parental arguments, abandonment, homelessness and other issues. These findings were in agreement with (25) who found that (60%) of the respondents were males, while (40%) were female adolescents.

As regard to the institutionalized adolescents' age, the

present study showed that, more than two thirds of them belong to age group between 17 – 21 years old. These results could be interpreted as adolescents in this age are particularly in needs for professional attention. This result was in agreement with (26) in their study about coping with the challenges of living in an Indonesian residential institution who reported that (71%) of the studied subjects' ages were belonged to the age group of 16 – 21 years.

In relation to the institutionalized adolescents' level of education, the current study revealed that about two thirds of the institutionalized adolescents were attending primary and preparatory school. This educational delay may be due to lack of permanency experienced by the institutionalized adolescents as they experience a number of moves and school changes while in out-of-home care. Repeatedly changing schools disrupts the educational process and can hinder a child's ability to succeed academically. This finding was in congruent with (27) who emphasized in their study that (80%) of the institutionalized adolescents were attending middle and primary school.

With respect to the institutionalized adolescents' place of residence, the current study indicated that about two thirds of them were from urban area. One possible reason why the urban institutionalized adolescents were higher in this sample could be interpreted by the virtue of their living conditions that include rampant addictive behaviors, broken marriages, lowered job productivity, illness and soaring medical expenses, senseless violence that are considered major factors contribute to institutionalization. This interpretation was evidenced by (28) who reported that rates institution placement is higher in urban areas because social disorganization is more common. This finding was consistent with (29) who found that (70%) of the studied subjects are from urban area.

The distribution of institutionalized adolescents according to the cause of institutionalization and period of stay in the institution are discussed in this section (table 2). Regarding the cause of institutionalization, the present study showed that more than half of the adolescents enter the institutional care due to orphanhood. This result could be explained that orphans lack their first line of protection (their parents) which suggests the need for their placement with the alternative care. In contrast to the current study, (30) reported that the main cause of institutionalization was illegitimate children. Illegitimate children constituted (89.5%) of the studied subjects in Tanta and El-Mansoura cities, while 10.5% were from broken families and orphanhood. This may be due to the expense of marriage and the shortage of affordable housings that are important reasons for illegitimacy in Tanta and El-Mansoura cities.

Concerning the institutionalized adolescents' period of stay in care institutions, the current study demonstrated that about half of them were living in care institutions for a period between (7 – 12) years. This result suggest that, institutional care placement can seem like an adoption to the child and that the institutional care plan for the children remains until reaching adulthood and leaving care, and certainly for the foreseeable future. This finding was in the same line with (27) who found that (50%) of institutionalized adolescent orphans were living in institutions for a period from (5) to (8) years.

Part II: Stressors of institutionalized adolescents

This part discussed the distribution of the studied group in relation to their stressors by using adolescent stress questionnaire (table 3). The results of the current study revealed that all institutionalized adolescents identified more than one category of stressors. These results may be due to the interconnected nature of institutionalized adolescents' stressors that highlight the quantity and variety of stressors with which those adolescents had to cope on a daily basis. These results were in agreement with (31) who have shown that children residing in shelters experienced a high number of stressors.

In this study, the most frequently stressor reported by the institutionalized adolescents was the future uncertainty stressor in comparison with other stressors. The majority of institutionalized adolescents reported concern about their future. This finding could be interpreted that institutionalized adolescents rated future career issues as the domain of highest importance in their identity formation. It might be also explained by the social and economic characteristics of today's society as constraints of social circumstance and lack of existing opportunities and personal choices. As a consequence, thinking about the future, which is fundamental for institutionalized adolescents as it directs their life course, may become very stressful.

These findings were in agreement with (32) who mentioned that the majority of the adolescents obtained higher scores on future uncertainty stressors than on other stressors. Also, (33) who studied the relationships between perceived stress for the future and coping strategies in times of social uncertainty, found that the majority of adolescents perceived significantly higher stress for the future in comparison with other (peers, parents, leisure time, school, and romantic) stressors. These findings were in the same line with (34) who reported that adolescents in the study frequently mentioned stressors related to their future.

Part III: Coping strategies of institutionalized adolescents

This part will discuss data about the percentage distribution of the studied group in relation to their coping strategies (table 4). The current study revealed that the majority of the institutionalized adolescents used more than one coping strategy in dealing with different stressors. One interpretation of the results of this study might be that institutionalized adolescents face more stress and as a result, cope differently. This could be also explained that institutionalized adolescents are able to change their coping efforts as a function of situational demands. Similarly, (35) who examined the stressors and coping behaviors of homeless children staying in shelters found that 98% of the sheltered children reported using more than one coping strategy in dealing with stressors.

The results of the present study found that problem solving, cognitive restructuring, express emotion, wishful thinking, and social support, were the most common coping strategies used by the institutionalized adolescents. These results suggested that institutionalized adolescents use the most useful strategies and this can be a predictor of positive psychological adjustment. This result was consistent with (36) who found that the most commonly used strategies by internationally adopted children are cognitive restructuring, problem solving, wishful thinking, express emotion, and social support more frequently.

The current study results revealed that the majority of institutionalized adolescents used problem solving as a coping strategy. This could be explained that lack of families or supportive environment force the institutionalized adolescents to learn and execute successful problem solving strategies on their own and to increase their independency to tackle the stressful situations. These findings were similar to the results of (37) who found that the majority of institutionalized orphan

adolescents scored higher on problem solving coping than on other coping strategies. The present findings were also in the same line with the past studies of (38-39) which state that negative experiences in the life lead the individual to learn more efficient coping to overcome their problems and negative emotions.

Part IV Difference between demographic data of the study group and study variables in;

The relation between demographic characteristics of the institutionalized adolescents and common stressors are discussed in this section (Table: 5). There was a statistically significant difference between the adolescent's stressors and gender. This result could be explained by the societal pressures on both males and females to adhere to certain roles and responsibilities. These pressures contribute to stress in males and females, particularly for those who live in cultures with an extreme gender divide. This result could be also interpreted by the gene difference in how males and females respond to stress. This result was in agreement with the study of (36) who found significant gender differences in the nature of children reported stressors.

The present study results demonstrated that male institutionalized adolescent had higher mean score as regard teacher interaction, school leisure conflicts, financial pressure and total stressors than female adolescents. A probable explanation for these findings is that males are more responsible and feel more under pressure than females. The current findings were contradicted with (40) who found in their study that males scored lower on perceived stressors than females.

Concerning the difference between total mean scores of common stressors and the institutionalized adolescents' place of residence (Table 6), there was statistically significance difference with respect to place of residence and the institutionalized adolescents' stressors. These findings could be explained by cultural norms for handling stress and conflict in both rural and urban areas. This findings are in same line with the study of (33) about the relationships between perceived stress for the future and coping strategies in times of social uncertainty: (A study of Italian adolescents) while they found significant living place differences in the total score of stressors.

The relation between demographic characteristics of the institutionalized adolescents and coping strategies, are discussed in this section (Table 7). There was statistically significant gender difference. Gender differences in the coping behaviors suggested that choice of strategies used to cope with the emotional distress was related to the gender schema of an individual. This result is in contrast with (41) who studied age and gender difference in coping behaviors of young adults who were orphaned during childhood while he depicted no significant relationship between gender and coping behaviors.

As regard the relation between institutionalized adolescents' type of residence and coping strategies (Table: 8), there was statistically significance difference with respect to place of residence. These findings could be explained by cultural difference for handling stress and conflict in both rural and urban areas. This findings are in same line with the study of (33) about the relationships between perceived stress for the future and coping strategies in times of social uncertainty: (A study of Italian adolescents) while they found significant living place differences in the use of coping styles.

Part V: The correlation between the study variables (stressors and coping strategies);

The correlation between stressors and coping strategies of the institutionalized adolescents are discussed in this section (Table 9 a,b). The current study found a positive significant correlation between problem solving coping and future uncertainty stressors. These results are supported by (33) who investigated the relationships between perceived stress for the future and coping strategies in times of social uncertainty and found that stress for the future is positively related to active coping styles (problem solving).

The results of the present study demonstrated that there was a positive significant correlation between social withdrawal and future uncertainty stressors. This may be characteristic of a collectivistic society versus an individualistic one, whose members appear to have a preference for accommodation and negotiation in conflict situations rather than confrontation. In contrast to the findings of the current study, (33) found that future stressors are negatively related to withdrawal coping strategies. In other words, adolescents who use withdrawal coping less frequently perceive the future as more stressful.

The findings of the current study also found that school stressors negatively related to cognitive restructuring coping and positively related to social withdrawal coping. These findings are contradicted with (42) who studied problems, coping and efficacy: An exploration of subjective distress in orphans placed in Ghanaian orphanages while they found that there were no significant associations between school stressors and (cognitive restructuring and social withdrawal) coping strategies.

Conclusion

Based up on the findings of the present study, it can be concluded that, the institutionalized adolescents experienced different stressors and used number of effective/ineffective coping strategies. Commonly reported stressors among institutionalized adolescents were future uncertainty, school performance, emerge adult responsibility, school leisure conflict, and financial pressure. The type of coping strategies adolescents used was dynamic and fluctuated between different components. The most common coping strategies used by the institutionalized adolescents were problem solving, cognitive restructuring, express emotion, wishful thinking, social support. There were statistical significant correlations between the institutionalized adolescents' stressors and their coping strategies. Thus, nursing interventions should focus on the close monitoring of predominant stressors that can lead to psychological distress and also revising and improving the existing coping strategies used for managing stressful encounters so as to protect the expansion of these stressors among the institutionalized adolescents and to promote their psychological well-being.

Recommendations:

Based on the pervious findings of the present study, the following recommendations are suggested:

- Designing personal counseling programs for the institutionalized adolescents to help them recognize their self-competencies and potentialities to overcome their stressors and to become independent and

resourceful persons of the society.

- Designing a well-developed system of care for the institutionalized adolescents to be implemented in all institutions with regular psychological assessment of the institutionalized adolescents for early detection and proper management of any mental abnormalities
- Development of unique, relevant and early interventions aimed at increasing adolescents' ability to cope with different stressors, which will, ultimately, contribute to their psychological well-being.
- More systematic studies to identify the characteristics of the institutionalized adolescents need to be conducted and future research is needed to explore the issues related to institutional care for fully understanding of institutionalized adolescents' stress-coping processes whether adaptive or maladaptive.

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