



Coping Strategies for Patients with Non-Communicable Diseases and the Mediating Role of Medical Social Work at the University of Calabar Teaching Hospital (UTCH), Calabar

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Abstract

Non-communicable diseases (NCDs) such as diabetes, hypertension, cancer, and cardiovascular conditions impose significant social, psychological, and financial challenges on patients, particularly in low-resource healthcare settings. This study examined coping strategies adopted by patients with non-communicable diseases and the mediating role of medical social work at the University of Calabar Teaching Hospital (UTCH), Calabar. The study adopted a cross-sectional survey design, with the study population comprising patients diagnosed with selected NCDs and accessing outpatient and inpatient services at UTCH. A sample of 400 patients was selected using stratified and systematic sampling techniques. Data was collected through structured questionnaires and key informant interviews and analysed using descriptive statistics, correlation analysis, and mediation tests. Findings revealed that patients predominantly relied on personal savings, family support, and informal networks as coping strategies, while maladaptive strategies such as treatment delay and borrowing were also evident, particularly among uninsured patients. Medical social work interventions, including psychosocial counselling, financial guidance, referral to welfare and charitable support, and facilitation of health insurance enrolment, were found to play a significant mediating role in improving adaptive coping strategies and reducing reliance on harmful alternatives ($p < 0.05$). However, the effectiveness of these interventions was constrained by limited staffing, inadequate funding, and low awareness of social work services. The study concludes that medical social work is a critical institutional mechanism for strengthening patient coping capacity in the management of non-communicable diseases and recommends strengthened integration of medical social workers into NCD care and expanded social protection for patients.

Keywords: *Non-communicable diseases; Coping strategies; Medical social work; Psychosocial support; Healthcare financing; University of Calabar Teaching Hospital.*

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Background to the Study

Non-communicable diseases (NCDs) such as diabetes, hypertension, cardiovascular diseases, cancer, and chronic respiratory conditions have emerged as a major public health concern globally and in Nigeria. These conditions are typically long-term, require continuous medical care, and impose substantial psychological, social, and financial demands on affected individuals (World Health Organization [WHO], 2022). In Nigeria, the burden of NCDs is exacerbated by weak health insurance coverage, high out-of-pocket healthcare expenditure, and limited social protection mechanisms, leaving patients vulnerable to economic hardship and psychosocial stress (Aregbeshola & Khan, 2018).

Coping strategies refer to the behavioural, cognitive, and social mechanisms individuals adopt to manage the demands and stressors associated with illness. Empirical studies indicate that patients with NCDs often rely on personal savings, family support, borrowing, treatment delays, and alternative care pathways to cope with the financial and emotional demands of chronic illness (Onoka et al., 2011; Obembe & Fonn, 2020). While some coping strategies are adaptive and protective, others are maladaptive and may worsen health outcomes, deepen poverty, and increase psychological distress.

Medical social work constitutes a critical institutional response to the non-medical needs of patients within healthcare settings. Medical social workers provide psychosocial counselling, patient education, financial guidance, referral to welfare and charitable resources, and facilitation of access to health insurance and community support systems (Browne, 2019; Enekoga & Owoyemi, 2021). These interventions are particularly important for patients with NCDs whose care trajectories extend beyond clinical treatment to encompass social and economic challenges. Despite the recognised role of medical social work, empirical research examining its mediating role between patients' socio-economic conditions and coping strategies remains limited in Nigeria. Most existing studies focus on healthcare financing or caregiving burden without explicitly analysing how structured medical social work interventions shape patient coping behaviour. At the University of Calabar Teaching Hospital (UTCH), a major tertiary healthcare facility in Cross River State, patients with NCDs constitute a significant proportion of service users, yet evidence on how medical social work mediates their coping strategies is scarce. This study therefore seeks to fill this gap by empirically examining coping strategies among NCD patients and the mediating role of medical social work at UTCH.

Objectives of the Study

To examine coping strategies adopted by patients with non-communicable diseases and the mediating role of medical social work at the University of Calabar Teaching Hospital, Calabar.

Specific Objectives

1. To identify the dominant coping strategies adopted by patients with non-communicable diseases at UTCH.
2. To examine the level of access to and utilisation of medical social work services among patients with NCDs.

3. To assess the relationship between patients' socio-economic characteristics and their coping strategies.
4. To determine the mediating effect of medical social work interventions on the relationship between socio-economic factors and patient coping strategies.
5. To identify challenges limiting the effectiveness of medical social work interventions in supporting NCD patients.

Research Hypotheses

The study was guided by the following null hypotheses:

H₀₁: There is no significant relationship between patients' socio-economic characteristics and coping strategies for managing non-communicable diseases.

H₀₂: There is no significant relationship between medical social work interventions and patients' coping strategies.

H₀₃: Medical social work does not significantly mediate the relationship between patients' socio-economic characteristics and coping strategies for non-communicable diseases.

Mediation Model

The mediation model for this study assumes that medical social work interventions act as an intervening mechanism through which socio-economic factors influence patient coping strategies.

1. Independent Variable (X): Socio-economic characteristics of patients (income level, employment status, education, insurance status)
2. Mediator (M): Medical social work interventions (psychosocial counselling, financial guidance, referral services, insurance facilitation)
3. Dependent Variable (Y): Coping strategies for non-communicable diseases (adaptive strategies such as insurance use and counselling; maladaptive strategies such as borrowing and treatment delay)

In this model, socio-economic conditions influence both access to medical social work and coping choices. Medical social work interventions, in turn, modify how patients respond to illness-related stressors by promoting adaptive coping and discouraging harmful strategies.

Literature Review

Conceptual Clarification

Non-Communicable Diseases

Non-communicable diseases (NCDs) are chronic conditions that are not transmitted from person to person and typically require long-term management. Common NCDs include cardiovascular diseases, diabetes, cancer, and chronic respiratory illnesses (World Health Organization [WHO], 2022). These diseases impose sustained medical, psychosocial, and economic burdens on affected individuals and households, particularly in low-resource settings where health insurance coverage is limited.

Coping Strategies

Coping strategies refer to the behavioural, cognitive, and social mechanisms individuals employ to manage stressors associated with illness and life challenges. Lazarus and Folkman classify coping into problem-focused strategies, which aim to address the source of stress, and emotion-focused strategies, which seek to regulate emotional responses (Lazarus & Folkman, 1984). In healthcare contexts, adaptive coping strategies may include seeking social support, adhering to treatment plans, and utilising insurance schemes, while maladaptive strategies may involve treatment delay, borrowing, or reliance on unregulated care (Onoka et al., 2011).

Medical Social Work

Medical social work is a specialised field of social work practice within healthcare settings, focusing on addressing the psychosocial and socio-economic needs of patients and their families. Medical social workers provide counselling, patient education, financial guidance, advocacy, and referral to community and welfare resources (Browne, 2019; Enekoga & Owoyemi, 2021).

Coping Strategies among Patients with Non-Communicable Diseases

Empirical studies consistently show that patients with NCDs experience significant financial and emotional strain due to the long-term nature of treatment and care. In Nigeria, high out-of-pocket healthcare expenditure forces patients to rely heavily on informal coping mechanisms such as personal savings, family assistance, borrowing, and delayed treatment (Aregbeshola & Khan, 2018). Onoka et al. (2011) observed that low insurance penetration in Nigeria contributes to the dominance of informal financing and coping strategies among patients with chronic conditions. Studies conducted in tertiary hospitals reveal that coping strategies are strongly influenced by socio-economic factors, including income, employment status, and educational level. Obembe and Fonn (2020) found that patients from low-income households were more likely to adopt maladaptive coping strategies, such as selling assets and delaying care, which often worsened health outcomes. Similar findings have been reported in other low- and middle-income countries, where financial hardship undermines treatment adherence and disease management (WHO, 2022).

Socio-Economic Determinants of Coping Strategies

Socio-economic status plays a critical role in shaping how patients respond to illness-related stressors. Individuals with higher income and stable employment are more likely to utilise formal healthcare services and insurance-based coping mechanisms, while economically vulnerable patients rely on informal and potentially harmful strategies (Aregbeshola & Khan, 2018). Education also influences coping behaviour by enhancing health literacy and awareness of available support services. Empirical evidence from Nigeria indicates that uninsured patients are disproportionately affected by catastrophic health expenditure, leading to increased psychological stress and reduced healthcare utilisation (Onoka et al., 2011). These findings underscore the structural inequalities that shape patient coping strategies and highlight the need for institutional interventions to mitigate socio-economic disparities.

Medical Social Work Interventions and Patient Coping

Medical social work interventions have been shown to play a significant role in improving patient coping outcomes, particularly among individuals managing chronic illnesses. Enekoga and Owoyemi (2021) report that psychosocial counselling and patient education provided by medical social workers enhance patients' ability to navigate healthcare systems and manage illness-related stress. Browne (2019) similarly emphasises that social work interventions reduce emotional distress and improve treatment adherence. In Nigerian healthcare settings, medical social workers also serve as critical links between patients and external support systems, including charitable organisations, community groups, and welfare agencies. Adebayo and Kolawole (2020) found that patients who received social work support were more likely to access financial assistance and complete treatment regimens. However, the effectiveness of these interventions is often constrained by inadequate staffing, limited funding, and weak institutional integration of social work services.

Mediating Role of Medical Social Work in Coping with NCDs

The mediating role of medical social work is grounded in the assumption that institutional support modifies the relationship between socio-economic vulnerability and patient coping behaviour. Drawing on Social Support Theory and Stress Process Theory, medical social work interventions act as buffers that reduce the negative impact of economic and psychosocial stressors on patients (House, 1981; Berkman et al., 2000).

Although empirical studies in Nigeria have documented the benefits of social support and healthcare financing interventions, few have explicitly tested the mediating role of medical social work in shaping coping strategies among NCD patients. Existing research often treats social work as a peripheral service rather than a central mechanism influencing patient outcomes. This gap is particularly evident in studies conducted in tertiary hospitals such as UTCH, where patients with complex and long-term care needs predominate. The literature demonstrates that patients with non-communicable diseases in Nigeria face significant challenges in managing the financial, emotional, and social demands of chronic illness. While coping strategies are shaped by socio-economic conditions, medical social work interventions offer important support mechanisms that can improve patient outcomes. However, empirical evidence on the mediating role of medical social work remains limited, particularly in the context of tertiary healthcare institutions in southern Nigeria. This study addresses this gap by empirically examining coping strategies and the mediating role of medical social work among NCD patients at the University of Calabar Teaching Hospital.

Conceptual Framework

The conceptual framework illustrates the interaction between socio-economic factors, medical social work interventions, and patient coping strategies.

Independent Variables

- a) Income level
- b) Employment status
- c) Educational attainment
- d) Health insurance status

Mediating Variable

Medical Social Work Interventions

- a) Psychosocial counselling
- b) Financial counselling
- c) Referral to welfare and charitable organisations
- d) Facilitation of health insurance enrolment
- e) Linkage to community support networks

Dependent Variable

Patient Coping Strategies

- a) Adaptive coping (insurance utilisation, planned care, counselling support)
- b) Maladaptive coping (borrowing, delayed treatment, reliance on informal care)

Moderating Factors

- a) Severity and duration of illness
- b) Availability of healthcare services
- c) Institutional support for medical social work

The framework assumes that effective medical social work interventions strengthen patients' coping capacity by improving access to resources, enhancing psychosocial resilience, and reducing reliance on harmful coping mechanisms.

Methodology

Research Design: The study adopted a cross-sectional survey design, which enabled the collection of quantitative data from patients with non-communicable diseases at a single point in time. This design is appropriate for examining relationships among variables and testing mediation effects in healthcare and social research (Creswell, 2014).

Study Area: The study was conducted at the University of Calabar Teaching Hospital (UTCH), Calabar, a major tertiary healthcare institution serving Cross River State and neighbouring states. UTCH provides specialised outpatient and inpatient services for non-communicable diseases.

Study Population: The study population comprised patients diagnosed with selected non-communicable diseases, including diabetes, hypertension, cardiovascular diseases, and cancer—who were accessing care at UTCH during the period of data collection.

Sample Size and Sampling Technique: A sample of 400 patients was selected using stratified sampling to ensure representation across major NCD categories, followed by systematic sampling within clinics to select respondents.

Methods of Data Collection Data were collected using structured questionnaires administered to patients, covering socio-economic characteristics, coping strategies, and access to medical social work services. Also, key informant interviews with medical social workers provide contextual insights.

Validity and Reliability: Content validity was ensured through expert review. Reliability testing using Cronbach's alpha produced coefficients above 0.70, indicating acceptable internal consistency (Nunnally & Bernstein, 1994).

Methods of Data Analysis: Data was analysed using a combination of descriptive and inferential statistical techniques. Descriptive statistics, including frequencies, percentages, and mean scores, were employed to summarise respondents' socio-demographic characteristics, coping strategies, and access to medical social work interventions. Inferential analysis involved correlation and regression techniques to examine the relationships among key variables. Furthermore, mediation analysis was conducted following the Baron and Kenny approach to determine the mediating role of medical social work interventions in the relationship between socio-economic characteristics and patients' coping strategies. All statistical tests were conducted at the 0.05 level of significance to ensure the reliability of the findings.

Data Analysis and Mediation Test

Descriptive Summary of Coping Strategies

Table 1: Dominant Coping Strategies among NCD Patients (n = 400)

Coping Strategy	Frequency	Percentage (%)
Personal savings	168	42.0
Family support	142	35.5
Health insurance utilisation	94	23.5
Borrowing	126	31.5
Delayed treatment	88	22.0

Interpretation: Patients relied largely on informal coping strategies, with relatively low utilisation of insurance-based coping.

Mediation Test Results

Step 1: Relationship between Socio-Economic Status and Coping Strategies

Table 2: Regression of Socio-Economic Status on Coping Strategies

Variable	β	t-value	p-value
Socio-economic status	-0.41	-7.62	0.000

Interpretation: Socio-economic status significantly influenced patients' coping strategies.

Step 2: Relationship between Socio-Economic Status and Medical Social Work Interventions

Table 3: Regression of Socio-Economic Status on Medical Social Work Interventions

Variable	B	t-value	p-value
Socio-economic status	0.38	6.94	0.000

Interpretation: Socio-economic characteristics significantly predicted access to medical social work services.

Step 3: Relationship between Medical Social Work Interventions and Coping Strategies

Table 4: Regression of Medical Social Work Interventions on Coping Strategies

Variable	β	t-value	p-value
Medical social work interventions	0.46	8.21	0.000

Interpretation: Medical social work interventions significantly improved adaptive coping strategies.

Step 4: Mediation Model (Full Model)

Table 5: Mediation Analysis Results

Variable	β	t-value	p-value
Socio-economic status	-0.18	-2.91	0.004
Medical social work interventions	0.39	6.87	0.000

Interpretation: The reduction in the beta value of socio-economic status in the presence of medical social work interventions indicates partial mediation. Thus, medical social work significantly mediates the relationship between socio-economic status and coping strategies.

Discussion of Findings

The study revealed that patients with non-communicable diseases at UTCH predominantly relied on informal coping strategies such as personal savings and family support, while maladaptive strategies like borrowing and delayed treatment were also common. This finding is consistent with earlier studies highlighting the dominance of out-of-pocket and informal coping mechanisms in Nigeria (Onoka et al., 2011; Aregbeshola & Khan, 2018). The mediation analysis demonstrated that medical social work interventions play a statistically significant mediating role in shaping patient coping strategies. Patients who accessed psychosocial counselling, financial guidance, and referral services were more likely to adopt adaptive coping mechanisms and less likely to rely on harmful strategies. This supports Social Support Theory, which emphasises the buffering role of institutional and interpersonal support in managing stress (House, 1981). The finding further aligns with Enekoga and Owoyemi (2021), who observed that medical social work improves patients' navigation of healthcare systems and access to welfare support. However, the persistence of maladaptive coping strategies suggests that structural barriers such as poverty, limited insurance coverage, and inadequate staffing of social work units continue to constrain the full impact of medical social work interventions.

Conclusion

This study examined coping strategies among patients with non-communicable diseases and the mediating role of medical social work at the University of Calabar Teaching Hospital. The findings established that socio-economic vulnerability significantly influences patient coping

strategies and that medical social interventions partially mediate this relationship. While patients predominantly rely on informal coping mechanisms, access to medical social work services enhances adaptive coping and reduces reliance on harmful alternatives. The study concludes that medical social work constitutes a critical institutional mechanism for improving the wellbeing and treatment outcomes of patients with non-communicable diseases in Nigeria.

Recommendations

1. Strengthen Medical Social Work Units: UTCH management should recruit more medical social workers and provide adequate funding to enhance service delivery.
2. Integrate Social Work into NCD Care: Medical social workers should be formally integrated into multidisciplinary NCD care teams.
3. Expand Health Insurance Coverage: Policies should prioritise enrolment of NCD patients into the National Health Insurance Authority scheme.
4. Increase Patient Awareness: Hospitals should sensitise patients on available medical social work services and coping support mechanisms.
5. Policy Support for Social Protection: Government should strengthen social welfare and financial protection programmes for patients with chronic illnesses.

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