ABSTRACT

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Title: Stressors and Coping Mechanisms of Students with Orthopedic Impairment in Selected Higher Education Institutions in Cavite: Basis for Intervention Strategies

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OBJECTIVES OF THE STUDY:

A. GENERAL:

Design what intervention strategies should be proposed based on the stressors and coping mechanisms of the respondents for the college students with orthopedic impairment in Cavite.

B. SPECIFIC:

1. Find out the kinds, causes, and status of orthopedic impairment of the respondents.
2. Find out the types of stressors met by the respondents in each kind of orthopedic impairment.

3. Find out the coping mechanisms of the respondents in each kind of orthopedic impairment.

4. Determine what intervention strategies could be proposed for the students with orthopedic impairment.

**SCOPE AND COVERAGE:**

Fourteen college students with orthopedic impairment: missing arm/s and hands, missing leg/s, underdeveloped leg/s, and weak, paralyzed leg/s were the respondents of this study. They were from six school-respondents in Cavite which are two universities: De La Salle University-Dasmariñas; and Polytechnic University, Maragondon, and four colleges: AMA Computer School, Dasmariñas; San Sebastian Recoletos, Cavite City; STI Computer College, Dasmariñas; and Western Colleges, Naic. The study includes the types of stressors and coping mechanisms, which were both grouped into academic, social, emotional, and environmental. They served as the basis in designing the intervention strategies for the college students with orthopedic impairment.
METHODOLOGY:

The study utilized the qualitative research design which shows how things occurred. It was done by observing how the respondents interacted with others and how they made sense of their lives. It described and analyzed the stressors and coping mechanisms of the college students with orthopedic impairment and their relationship leading to designing intervention strategies for their welfare. The focus was what pieces of information were shared and how these were manifested in the behavior of the respondents. Fieldwork, interview, and observer-participant techniques were applied in data gathering. The respondents were free in giving their answers in the informal interviews based from the interview guide and the questions were open-ended. Follow-up and modification of questions were also done. The study also involved the use of description in recording the progress of the situations met, and so as textual narratives in relation to the day-to-day experiences with them. Revealing facilities were also jotted down and so as the people being met who could help in the interview. It also made use of observation for recording data to retain as much of the observed information as possible. This factual recording cannot be statistically treated since it appeared in words rather than in numbers.
MAJOR FINDINGS:

1. There were four kinds of orthopedic impairment of the respondents which were missing arm/s and hand/s, underdeveloped leg/s, missing leg/s, and weak, paralyzed leg/s. Their causes were inborn, due to accident, and due to illness with the status as permanent, total and partial.

2. The academic stressors of the respondents were how to be competitive in academic and non-academic activities, and how to compete in school works with able bodied despite being orthopedically impaired.

3. The social stressors were how to go along with their classmates/peers and with bigger group, and how to accept if they were not welcomed by them or how to react in being left alone because of their orthopedic impairment.

4. The emotional stressors of the respondents were how to accept their orthopedic impairment, and whether they self-pitied or if they had confidence in themselves in relation to their studies.

5. The environmental stressors of the respondents were how to accept their school environment including the school facilities and if they were welcomed by the academic community.
6. **Academically**, the respondents cope enthusiastically with their studies by studying well; they showed that they could compete with the able-bodied in doing school works by feeling normal like anyone else and by concentrating and participating actively in school activities.

7. **Socially**, the respondents showed that they were not comfortable in relating or going out with classmates/peers and they did not even enjoy socializing with bigger group. But other respondents felt comfortable with the situations; they showed that they were not even troubled being left alone because they did not mind their condition.

8. **Emotionally**, the respondents showed that they accepted wholeheartedly their orthopedic impairment, they could ward off the feeling of self-pity, and that they could disregard or fight off frustration and face the challenge in their studies with confidence.

9. On **environmental aspect**, the respondents confidently accepted the school environment including the school facilities for being accessible to their needs. They also felt that they were welcomed by the academic community which included the administrators, faculty, staff and students because they felt that they were being dealt with fairly well.
CONCLUSIONS:

In the light of the foregoing findings, the following conclusions were drawn:

1. Majority of the respondents regardless of the type, cause, and status of their orthopedic impairment were determined to pursue and finish college degrees.

2. The academic stressors were moderately handled by the greater number of respondents in how they participated both in academic and non-academic activities, and in how they competed with the able-bodied students in school works.

3. The social stressors were comfortably met by some of the respondents like in how they related and went along with their classmates/peers and bigger group, and how they felt being left alone because of their impairment, however, a greater number of the respondents admitted that they had a hard time to cope with the said situations.

4. The emotional stressors were comfortably received by a greater number of the respondents like how they accepted their orthopedic impairment and whether they had self-pity since they feel optimistic of the situation, but a lesser number of the respondents could partly accept their condition.
5. The **environmental stressors** were accepted satisfactorily by a greater number of the respondents, particularly how they received the school environment including the school facilities, and how they felt adjusted to the academic community; however, a lesser number of the respondents felt less enthusiastic in receiving the school environment since some of the facilities are not yet available for their special needs.

6. **Academically,** majority of the respondents appraised well and accepted the importance of the school foundation to their life, but only some of them could cope well with their studies by proper time management and feeling normal like anyone else in doing the school works.

7. **Socially,** some of the respondents could cope comfortably with and enjoyed being with their classmates/peers and bigger group. They did not mind to be left alone as they found some alternative to deviate their attentions. But a greater number of the respondents admitted that they had a hard time to cope with the situation.

8. **Emotionally,** a greater number of the respondents did not have any problem with their orthopedic impairment; they did not feel self-pity as they favorably coped with their impairment by having self-
adjustment, and developing their self-confidence, but a lesser number of the respondents could partly accept their physical condition.

9. In environmental aspect, a greater number of the respondents were satisfied with their school surrounding. They felt comfortably adjusted to school facilities as they were suitable to their needs. They also felt accepted by the school community, but still a lesser number of the respondents were less enthusiastic since some facilities are not yet available for their special needs.

RECOMMENDATIONS:

The following recommendations derived from the findings and conclusions identified in this study were offered.

1. Colleges/universities should consider the acceptance of these orthopedically impaired students no matter what kind of impairment they have, and give them the chance to pursue their studies with proper vocational guidance for any of the degree courses they are academically qualified to take.

2. Colleges/universities should develop or design program/approach that will feed information to the CSWOIs related to academic standing and situation. This will make them know and understand and be wary of the situations they are encountering in school which will enable them to prepare themselves academically in
meeting the consequences. This can be in a form of teach-in or workshop which can be incorporated in their subjects.

3. Colleges/universities should device a program/strategy that can create and reorient the CSWOIs to some social competency which will make them build positive social attitudes and behaviors to counter their stressors. This can be done by involving them in some campus activities or contests like table games, get-together occasions, and/or affairs in particular college where they can participate in planning and organization, and in some events plus some teaching on meeting stress which can be incorporated in Adaptive Physical Education subjects.

3. Colleges/universities should design a program/strategy that can make the CSWOIs emotionally adjusted to different situations which can lighten the load brought about by their orthopedic impairment. This can be achieved by incorporating in some of their subjects some values and morale reinforcement related to their impairment, by counseling, and by continuous monitoring the CSWOIs' cognitive and affective performance by the guidance office.

4. Colleges/universities should accommodate the CSWOIs by working on the accessibility of the facilities in school campus like ramps, handrails, and holding classrooms in the ground floor which
can modify and lessen their stressors in mobility and adaptability to their school environment.

6. Colleges/universities should design or endorse some academic and non-academic measures or strategies that will motivate and encourage meaningful participation of the CSWOIs without hesitation. These can be like in quiz bees and sportsfest which will give them wider opportunity to discover and explore their talents, thus making them self-fulfilled.

7. Colleges/universities should create some measures or strategies to cultivate and improve the social competency of the CSWOIs. This will enable them to be socially adjusted by learning social behaviors that entailed values which can give them self-confidence in getting along with other people.

8. Colleges/universities should be sensitive to the emotional needs of the CSWOIs. They have to design special programs or strategies to assist them in building better self-image. This can be done through the guidance office which should coordinate and collaborate with other departments in creating activities for the CSWOIs i.e. teambuilding to encourage the orthopedically impaired students to accept reality and develop favorable self-concept. Their
rehabilitation through physical therapy can help boast their morale of self-recovery.

9. The academic community composed of the administrators, faculty and support staff should be together in giving continuous support and consideration, and they can even be getting out of their way to address the special needs of the CSWOIs. Support services should be provided to facilitate movement of the CSWOIs by giving them a barrier-free environment. Furthermore, the administrators should encourage the parents of the CSWOIs to participate in the process of mainstreaming their orthopedically impaired children. The faculty and support staff should be willing to undergo continuous training and workshops to give CSWOIs moral and emotional support as they are being dealt with in and out of school campus.