



## Influence of Perceived Stress and Coping Styles On Psychological Well-Being of Adolescents with Hearing Impairment in Lagos State, Nigeria

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### ABSTRACT

Psychological well-being which is an important concept for individual mental health involves maintaining meaningful aims in life, developing quality relationship with others and adjusting with life activities and demands to ensure personal development. Based on the importance of the concept of psychological well-being, it becomes imperative to determine predictors of psychological well-being of adolescents with hearing impairment in Lagos state of Nigeria as some of impairment.

**Keywords:** Hearing impairment, perceived stress, coping styles, psychological well-being

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### 1. INTRODUCTION

In Nigeria, it has been observed that poor psychological well-being among adolescents with hearing impairment poses significant challenges for engaging in positive interactions with people and their immediate environment. Poor psychological well-being among adolescents with hearing impairment was observed to account for the poor social and emotional outcomes that are often observed in them as they are less skilled at regulating their negative emotions, which increases risk for developing internalizing problems such as depression and anxiety, and externalizing problems such as anger and impulsivity. Meanwhile, hearing impairment is one of the serious anomalies next to visual impairment. According to Dash (2000), hearing impairment refers to a defect in or damage to the hearing mechanism. Hearing impairment leads to hearing disability or loss of hearing, and it may range in severity from mild to moderate and moderate to profound. An adolescent may become deaf or hard-of-hearing depending upon the nature of impairment and the degree of hearing loss (Dash, 2000). Depending on the degree of hearing loss, the hearing impaired subjects are classified into two groups such as the deaf, and the hard-of-hearing. The total inability to hear is called deafness (Dash, 2000).

Hearing impairment may occur at birth or it may be acquired at any age in life. Thus, depending on the age of onset of the hearing loss, the hearing impairment can be classified as congenitally deaf and adventitiously deaf. The congenitally deaf type is one in which an individual is born with impaired hearing such inability to hear any sound or speech while the adventitiously deaf type is one in which an individual is born with normal hearing, acquired speech, but later lost hearing ability due to infection, disease or some damage to the hearing mechanism (Reddy, Ramar and Kusuma, 2005).

The effects of hearing impairment are not always straight forward or easy to identify and does not only affect the language development of the child but also many aspects of the child's social, emotional and educational development (Reddy, Ramar and Kusuma, 2005) which has implication on their psychological well-being. However, psychological well-being among adolescent with hearing impairment refers to positive mental health (Edwards, 2005). Research has shown that psychological well-being is a diverse multidimensional concept (Wissing and Van Eeden, 2002), which develops through a combination of emotional regulation, personality characteristics, identity and life experience (Helson and Srivastava, 2001). Moreover, psychological well-being has undergone extensive empirical review and theoretical evaluation (Wissing and Van Eeden, 1998). There is currently no single consensual conceptual understanding of psychological well-being. Bradburn's (1969) initial understanding of psychological well-being provided a depiction of the difference between positive and negative affect. Preliminary research was mainly concerned with the experiences of positive and negative affect, subjective well-being and life satisfaction that were formed around the Greek word 'eudemonia', which was translated as 'happiness' (Ryff, 1989).

Advancement in technology has resulted to assistive technology which helps adolescents with hearing impairment to relate with environment with an expectation of this technology reducing stress of relating with their environment and improving their psychological well-being, but it was observed that adolescents with hearing impairment had poor psychological well-being. This poor psychological well-being and its influencing factors have not being given adequate attention by researchers in the field of psychology. The researchers identified perceived stress and coping style as factors that have tendency to influence psychological well-being of adolescents with hearing impairment. Stress among adolescents with hearing impairment is seen as the interaction between them and the environment that is burdening to their coping resources and could influence their physical and psychological well-being negatively. Literally, an individual makes a cognitive assessment of his or her ability to cope with the situation. In turn, the individual copes with the stress by engaging in cognitive and behavioral efforts to manage the physical and emotional demands that are beyond the individual's resources to manage the stressful event (Lazarus & Folkman, 1985). The more negative or threatening the individual perceives the stressful situation; the more unfavorable the stress reaction.

Stress is the body's reaction to a physical or emotional situation that causes imbalance in a person's life. Occasional stress is normal and predictable in adolescents with hearing impairment daily lives and normal stress among adolescents with hearing impairment serves to present one with challenges for greater learning and opportunity, such as the stress that may experience in interacting with immediate experience. On the other hand, constant stress among adolescents with hearing impairment can cause many problems and, unless handled, can add to the stress of another situation. Adolescents with hearing impairment react in different ways to stress. Some may become ill while some may become withdrawn and nervous while others may show anger and demand attention. In some instances, development is affected. It has been observed that when adolescents with hearing impairment are under stress, there is an increase in heart rate, breathing is faster, and muscles tense up (Ruffin & Specialist, 2009). This is an indication that stress have tendency to influence psychological well-being among adolescents with hearing impairment which is one of the hypothesis that present study intends to test.

Coping styles is another factor considered in this study as factor that could influence psychological well-being of adolescents with hearing impairment. Coping represents attempts on the part of the adolescents with hearing impairment to lessen the physical and psychological pain that are associated with negative life events and ongoing stressors. Coping styles refer to the specific efforts, both behavioral and psychological, that adolescents with hearing impairment adopt or employ to master, tolerate, reduce, or minimize stressful events, and is essential to a full understanding of the effects of stress on them because it not only depicts the individual's active role in the transactional process of dealing with the demands that daily activities bring into their life, but also has the potential to consider how these ongoing encounters shape their well-being.

There are a number of coping strategies adolescents with hearing impairment may adopt to manage their everyday lives. These include spiritual, denial, personal/family and social support coping styles.

Spiritual coping style among adolescents with hearing impairment involves seeking divine assistance and divine consolidation to cope with daily activities. This could be attributed to the use of faith and/or belief to deal with stressful and challenging events or situations. Denial is a coping style that allows adolescents with hearing impairment to pass as hearing. Erving Goffman (1963) argued that denial leads to a lot of stress since these individuals constantly have to live with the fear of being disclosed and face the consequences. Those who choose this strategy can pay a great psychological price since they have to live a life that may collapse at any moment. Adolescents with hearing impairment usually do not have a chance to cover their hearing loss since it is often revealed once they enter a social setting where they have to communicate with hearing people. Nonetheless, those deaf individuals who have good speech skills or have some residual hearing may successfully attempt to pass through social setting with any social disturbance or anxiety.

Personal/family and social support coping styles are styles adopted by adolescents with hearing impairment in which people in the environment of adolescents with hearing impairment are used to interpret and deals with the demand of situations and circumstances around them. However, it has being observed that this type of coping style is effective in predicting good psychological wellbeing, but many of these observations and/or researches are conducted in western countries in which its generalization to the population of the present study is limited because of the difference in culture, policy and attitude of people towards adolescents with hearing impairment. This and other aforementioned issues informed the direction of this study to examine the influence of perceived stress and coping styles on psychological wellbeing among adolescents with hearing impairment in Lagos state.

### **1.1 Purpose of the study**

The purpose of this study is to investigate the influence of perceived stress and coping styles on psychological well-being among hearing impaired adolescents in Lagos state. Specifically, there is emphasis to:

- i) examine the influence of perceived stress on psychological well-being among hearing impaired adolescents in Lagos state, Nigeria.
- ii) determine the influence of coping style on psychological well-being among hearing impaired adolescents in Lagos state, Nigeria.
- iii) investigate the joint influence of perceived stress and coping style on psychological well-being among hearing impaired adolescents in Lagos state, Nigeria.
- iv) find out the joint influence of demographic variables on psychological well-being among hearing impaired adolescents in Lagos state, Nigeria.

### **1.2 Significance of the Study**

The findings of the study are significantly useful to different stakeholders like school management, institutions offering special needs education among others. The study was to provide data on perceived stress and coping styles as determinants of psychological well-being of hearing impaired children. It is also hoped that the school management will use the findings of the study in strengthening parent-teacher partnership. Institutions offering Special Needs Education may use the findings of the study when developing or revising courses on how to assist parents and teachers in handling children with Special Needs and especially in improving the psychological well-being of hearing impaired adolescents.



Moreover, the study findings is of great contribution to the Nigerian Society for the Deaf in helping parents to overcome the challenges faced by adolescent with hearing impairment by helping them to cope better with life challenges and demand in order to improve their well-being. Counselors may also use the study findings when counseling parents on how to overcome the challenges faced by the hearing impaired by helping them to cope better in order to improve their well-being. Finally, other researchers may find the study helpful while developing studies on psychological well-being of other specific categories of persons with disabilities.

### 1.3 Hypotheses

1. Participants who score high in perceived stress will significantly report negative psychological well-being among hearing impaired adolescents in Lagos state,
2. Coping styles will significantly influence psychological well-being of hearing impaired adolescents in Lagos state.
3. There will be joint influence of perceived stress and coping style on psychological well-being among hearing impaired adolescents in Lagos state.
4. There will be joint influence of demographic variables on psychological well-being among hearing impaired adolescents in Lagos state.

## 2. METHOD

### Research Design

The study utilized survey research design of ex post-facto type. This is because, the research is systematic and empirical in nature, and researcher does not have direct control over independent variables because their manifestations have already occurred prior to the commencement of the study. The independent variables in this study are demographic variables, perceived stress and coping styles, while the dependent variable is psychological well-being.

### Settings

The participants for this study were drawn from adolescents with hearing impairment in Lagos metropolis. An analysis of the study reveals that Lagos is a metropolitan city with employees from diverse ethnic groups and age groups. Specifically, adolescents with hearing impairment were drawn from six schools in Lagos state.

### Sample and Sampling Technique

The study adopted multistage sampling procedure: the first stage involved the use of simple random sampling technique to select six (6) schools in Lagos state, Nigeria namely; king's college, queen's College, Module Cole Memorial Childcare, rehabilitation center Yaba, Treatment Home and Paceli School. The second stage involved the use of purposive sampling to select the study participants from the selected schools based on their willingness and readiness to participate in the study. The total participants for the study is two hundred and eighteen (218) adolescents with hearing impairment.

### Participants

A total of two hundred and eighteen (218) hearing impaired adolescents of Module Cole Memorial Childcare and Treatment Home in Lagos State comprised the respondents of this study. There were 114 (52.3%) males, 104 (47.7%) females. Also, majority (40.8%) were in SS2 class, 28.9% were in SSS3 class, 26.6% were in SSS1 class, 2.8% were in JSS3 while 0.9% were in JSS1 class. One hundred and forty-one (64.7%) of respondents were Christians, 63 (28.9%) of them were Muslims, while 14 (6.4%) were traditional worshippers. Additionally, 178 (81.7%) were from monogamous family, while 40 (18.3%) were from polygamous home. Also, 167 (76.6%) of them were from intact family type, 45 (20.6%) were from divorced home, while 6 (2.8%) were from separated home.

The ages of the respondents ranged between 10 yrs to 21 yrs with a mean of 16.08 years and standard deviation of 2.29.

### **Procedure for data collection**

Informed consent letter from the Department of Psychology, university of Ibadan, Nigeria was given to the heads of the selected schools and approval was given. The researchers then introduced themselves as well as the purpose of the study to the participants, and individual informed consent was sought from the participant and they agreed to participate in the study. Prior to the administration of the questionnaire, the researchers took time to explain the instructions on how to fill questionnaire to the participant and the researcher then administered the questionnaires after which they were collected and collated. On the average, the filling of each questionnaire should took about 20 minutes.

### **Research Instrument**

The instrument used in this study was a close-ended questionnaire designed by the researcher. The questionnaire comprised five (5) parts or sections in which each section was designed to tap information on the variables of the study;

#### **Section A: Demographic Information**

This section of the questionnaire comprises of seven (7) items to tap information on demographic data of the respondent: age, sex, class, religion, family structure, family type and type of impairment.

#### **Section B: The perceived stress scale (PSS)**

The perceived stress scale (PSS) developed and standardized by Cohen, Kamarck & Mermelstein, (1983). The scale is a 17-items scale and it was designed in a manner that make the respondent to respond by indicating their level of agreeableness to each of the 17-Item statements using a five-point scale ranging from 1 (Strongly disagree) to 5 (Strongly agree). Internal consistency reliabilities have ranged from .84 to .86 and the PSS has been significantly correlated with life events, depressive and physical symptoms, social anxiety, and lower life satisfaction (Cohen et al., 1983). Cronbach's alpha for the present study was .82. The higher the score on this scale, the higher the level of stressed experienced by the participant.

#### **Section C: The Brief COPE**

The Brief COPE is a multidimensional coping inventory designed to assess a broad range of people's coping strategies and responses to psychological stress (Carver, 1997). This measure is a brief form based on the COPE inventory (Carver, Scheier, & Weintraub, 1989). The 16- item questions were examined using factor analysis with promax rotation which revealed four subscales of coping strategies. The subscales are, personal/family support coping strategy, external social support coping strategy, spiritual support coping strategy and denial coping. Items 1, 2, 3 measuring spiritual coping strategy, items 4, 5, 6, and 7 measuring denial coping strategy, items 8, 9, 10, 11, 12 measuring personal/family coping strategy and items 13, 14, 15, 16 measuring external social support coping strategy. The 5-point likert type Scale indicates the degree at which a person agrees or disagrees with each statement: Strongly disagree is the lowest degree of agreement and is scored 1; whereas strongly agree is the highest degree of agreement and is scored 5. Moderately agree is scored 4; moderately disagree is scored 2; while neither agree nor disagree is scored 3. Coping strategy scores of respondents were obtained by simply summing the responses of a respondent on all items on a particular strategy to obtain the respondent's use of that strategy. All the items were scored in the same direction, with higher scores indicating a higher coping strategy and lower scores indicating a lower coping strategy for each of the particular coping strategy.

### Section D: Psychological Well-being Scale:

This is 18-item scale designed to measure well-being in respect to autonomy, environmental mastery, personal growth, positive relations with others, purposes in life and acceptance developed by Ryff (2006). It is a Likert type scale anchored on 5 point rating. The response format range from “Strongly agree” (5) to “Strongly disagree” (1). The author established a reliability coefficient for 0.85. The higher the score on this scale, the poorer the well-being of the participant.

### Statistical analysis

Various statistical were employed in analyzing the retrieved data. Descriptive statistics of frequency and percentages were used to analyse the demographic characteristics of the questionnaire, while independent sample t-test was used to analyse hypothesis one, and multiple regression analysis was used to test hypothesis two, three and four.

## 3. RESULTS

Hypothesis one which states that participants who score high in perceived stress will significantly report negative psychological well-being among hearing impaired adolescents in Lagos state was tested using the independent t-test. The result is presented in table 4.1.

**Table 1: Summary table of independent sample t-test showing the influence of stress on dimensions of psychological well-being among hearing impaired adolescents in Lagos**

DV	Perceived stress	N	Mean	Std	Df	t-value	Sig
Psychological well-being Indices	Low	104	7.41	2.51	216	3.635	<.001
	High	114	6.43	2.23			
Autonomy	Low	104	8.11	2.58	216	3.012	<.001
	High	114	7.16	2.86			
Environmental mastery	Low	104	8.31	2.52	216	4.789	<.001
	High	114	6.72	2.37			
Personal growth	Low	104	8.60	2.30	216	4.478	<.001
	High	114	7.11	2.59			
Positive relations	Low	104	8.23	2.49	216	4.635	<.001
	High	114	6.81	1.99			
Purpose in life	Low	104	7.91	2.13	216	4.777	<.001
	High	114	6.61	1.89			
Self-acceptance	Low	104	48.57	9.52	216	6.438	<.001
	High	114	40.83	8.07			



Table 1 shows that participants with low perceived stress ( $\bar{X} = 7.41, SD = 2.51$ ) reported significantly high than those with high perceived stress ( $\bar{X} = 6.43, SD = 2.23$ ) at  $[t(216)=3.635, p<.05]$ , with a mean difference of 1.31. The table also shows that participants with low perceived stress ( $\bar{X} = 8.11, SD = 2.58$ ) reported significantly high environmental mastery than those with high perceived stress ( $\bar{X} = 7.16, SD = 2.86$ ) at  $[t(216)=3.012, p<.001]$ , with a mean difference of 1.59. The table shows that participants with low perceived stress reported significantly low personal growth ( $\bar{X} = 8.31, SD = 2.52$ ) than those with high perceived stress ( $\bar{X} = 6.72, SD = 2.37$ ) at  $[t(216)=4.789, p<.001]$ , with a mean difference of 1.42. This implies that participants with low perceived stress reported better personal growth than those with high perceived stress. Additionally, participants with low perceived stress reported significantly low positive relations ( $\bar{X} = 8.60, SD = 2.30$ ) than those with high perceived stress ( $\bar{X} = 7.11, SD = 2.59$ ) at  $[t(216)=4.478, p<.001]$ , with a mean difference of 1.49. This implies that participants with low perceived stress reported better positive relations than those with high perceived stress. Furthermore, participants with low perceived stress reported significantly low purpose in life ( $\bar{X} = 8.23, SD = 2.49$ ) than those with high perceived stress ( $\bar{X} = 6.81, SD = 1.99$ ) at  $[t(216)=4.635, p<.05]$ , with a mean difference of 1.42. This implies that participants with low perceived stress reported better purpose in life than those with high perceived stress.

It can be equally observed from Table 4.1, that low perceived stress reported significantly high self acceptance ( $\bar{X} = 7.91, SD = 2.13$ ) than those with high perceived stress ( $\bar{X} = 6.61, SD = 1.89$ ) at  $[t(216)=4.777, p<.05]$ , with a mean difference of 1.30. This implies that participants with low perceived stress reported better self acceptance dimension of psychological well-being than those with high perceived stress. Finally, participants with low perceived stress reported significantly low overall psychological well-being ( $\bar{X} = 48.57, SD = 9.52$ ) than those with high perceived stress ( $\bar{X} = 40.83, SD = 8.207$ ) at  $[t(216)=6.438, p<.001]$ , with a mean difference of 7.74. This implies that participants with low perceived stress reported better overall psychological well-being than those with high perceived stress. Based on these results, the hypothesis was confirmed.

**Hypothesis two** which states that coping styles (spiritual, denial, personal/family and social support coping) will significantly influence psychological well-being of hearing impaired adolescents in Lagos state was tested with multiple regression.

**Table 2: Relative contributions of spiritual, denial, personal/family and social support coping on psychological well-being among hearing impaired adolescents in Lagos**

Predictor	Beta ( $\beta$ )	t-value	Sig	R	R <sup>2</sup>	F	P
Spiritual coping	.064	1.062	.289				
Denial coping	-.069	-.998	.319				
Personal/family coping	.311	4.639	.000	0.676	0.457	44.891	<0.001
Social support coping	.493	8.411	.000				



Table 2 shows that spiritual, denial, personal/family and social support coping were joint significant predictors of psychological well-being ( $F(4,213) = 44.891$ ;  $R^2 = 0.457$ ;  $p < .001$ ). Spiritual, denial, personal/family and social support coping jointly accounted 45.7% of the variance of psychological well-being, while the remaining 54.3% could be due to the influence of extraneous variables. However, only personal/family coping ( $\beta = 0.311$ ;  $p < .01$ ) and social support coping ( $\beta = 0.493$ ;  $p < .01$ ) were significant independent predictors of psychological well-being. This result implies that higher disposition of personal/family and social support coping led to better psychological well-being. However spiritual and denial copings were not significant independent predictors of psychological well-being. This result partially supported hypothesis two.

**Hypothesis three** which states that there will be a joint and independent influence of joint influence of perceived stress and coping style on psychological well-being among hearing impaired adolescents in Lagos state was tested with multiple regression.

**Table 3: Relative contributions of perceived stress and coping styles (spiritual, denial, personal/family and social support coping) on psychological well-being among hearing impaired adolescents in Lagos**

Predictor	Beta ( $\beta$ )	t-value	Sig	R	R <sup>2</sup>	F	P
Perceived stress	-.303	-6.266	.000				
Spiritual coping	.071	1.292	.198				
Denial coping	-.027	-.419	.675	0.736	0.542	50.218	<.001
Personal/family coping	.260	4.168	.000				
Social support coping	.433	7.890	.000				

Table 3 shows perceived stress spiritual, denial, personal/family and social support coping were joint significant predictors of psychological well-being ( $F(5,212) = 50.218$ ;  $R^2 = 0.542$ ;  $p < .001$ ). Perceived stress, spiritual, denial, personal/family and social support coping jointly accounted 54.2% of the variance of psychological well-being, while the remaining 45.8% could be due to the influence of extraneous variables.

However, perceived stress ( $\beta = -0.303$ ;  $p < .01$ ); personal/family coping ( $\beta = 0.260$ ;  $p < .01$ ) and social support coping ( $\beta = 0.433$ ;  $p < .01$ ) were significant independent predictors of psychological well-being. This result implies that low perceived stress, higher disposition of personal/family and social support coping led to better psychological well-being. However spiritual and denial copings were not significant independent predictors of psychological well-being. This result partially supported hypothesis three.

Furthermore, Perceived stress ( $\beta = -0.226$ ;  $p < .001$ ); Problem solving ( $\beta = 0.173$ ;  $p < .01$ ); express emotions ( $\beta = -0.179$ ;  $p < .01$ ); social support ( $\beta = -0.176$ ;  $p < .01$ ); and social withdrawal ( $\beta = -0.164$ ;  $p < .05$ ) were significant independent predictors of psychological well-being. This result implies that lower disposition of low perceived stress, problem solving, express emotions, social withdrawal and higher disposition of social support led to better in psychological well-being. However, cognitive restructuring, problem avoidance, wishful thinking and self criticism were not significant independent predictors of psychological well-being. This result partially supported hypothesis three.



**Hypothesis four** which states that demographic variable (age, sex, class, religion, family structure and family type) psychological well-being among hearing impaired adolescents in Lagos state was tested with multiple regression.

**Table 4: Relative contributions of as age, sex, class, religion, family structure and family type to psychological well-being among hearing impaired adolescents in Lagos**

Predictor	Beta ( $\beta$ )	t-value	Sig	R	R <sup>2</sup>	F	P
Age	-.088	-1.227	.221				
Sex	.148	2.134	.034				
Class	.221	3.117	.002	0.289	0.084	3.312	<0.01
Religion	-.038	-.535	.593				
Family structure	-.120	-1.695	.092				
Family type	-.060	-.880	.380				

Table 4 shows age, sex class, religion, family structure and family type were joint significant predictors of psychological well-being ( $F(6,221) = 3.212$ ;  $R^2 = 0.084$ ;  $p < .01$ ). Age, sex class, religion, family structure and family type jointly accounted 8.4% of the variance of psychological well-being, while the remaining 91.6% could be due to the influence of extraneous variables.

Furthermore, Sex ( $\beta = 0.148$ ;  $p < .01$ ) and class ( $\beta = 0.211$ ;  $p < .01$ ) were significant independent predictors of psychological well-being. This result implies that female adolescents in higher class reported better psychological well-being. However, age, religion, family structure and family type were not significant independent predictors of psychological well-being. This result partially supported hypothesis four.

#### 4. DISCUSSION

According to the result of the research, perceived stress was found to be significantly predicted all the dimensions of psychological well-being and the composite well-being. The result revealed that participants with low perceived stress reported better autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance. This result is supported by findings of Kreisman, John, Kreisman, Hall and Crandell (2012) who reported that hearing impaired adolescents that are stressed are prone to negative psychosocial health and quality of life. Also, Martinussen et al., (2007) found that prolonged stress harms individuals' health, and that one possible outcome of perceived stress is burnout and this is consistent with the finding of the present study.

Another finding of this study indicated that only personal/family coping and social support coping significantly influence psychological well-being of hearing impaired adolescents. This result corroborate the finding of Perrewe and Zellars (2012) who found that coping is believed to involve efforts to alter a stressful situation as well as attempts to regulate any emotional distress stemming from the situation depending on the specific nature of situation. Also, Kraag et al. (2006); Sheldon and Lyubomirsky (2006); Viñas et al. (2015) reported that coping strategies play a crucial role in people's health, with relevant implications for subjective well-being and psychological well-being.

It was discovered through the findings of this study that there was a joint significant influence of perceived stress and coping styles on psychological well-being. This finding is consistent with the findings of Folkman et al. (1980) and Lazarus (1993) who found that people adopted different coping strategies such as problem-solving coping strategies and emotion-focused coping strategies when faced with a stressful situation and this has resulted to may result to better psychological well-being. Also, the present study finding is in line with the finding of Griffith, Steptoe and Cropley (2009) who found that the use of adaptive coping strategies (denial and social support) not only moderated the impact on stresses on well-being, but influenced the appraisal of environmental demands as stressful.

This is an indication that well-being could be affected by perceptions of one's available resources in dealing with the stressor or situation as well by actual coping responses. There are several studies in the literature on the predictors of psychological well-being, all the demographic factors (age, gender, class, religion, family structure and family type) considered in this study jointly predicted psychological well-being, while gender and class independently predicted psychological well-being. This result is supported by finding of the study of Helliwell and Puttman (2004) indicated that demographic characteristics have shown some differential effects for well-being and ill-being. Okhakhume and Aroniyaso (2016) also found significant influence of demographic variable on wellbeing which partially supported the finding of the present study. This is an indication that age is critical when considering psychological well-being of adolescent with hearing impairment for intervention.

## 5. CONCLUSIONS

Findings of the present study have revealed that perceived stress significantly influenced all dimensions of psychological well-being among hearing impaired adolescents in Lagos. Also, coping styles (personal/family and social support coping) significantly influenced all dimensions of psychological well-being among hearing impaired adolescents in Lagos. It was discovered that there was a joint influence of perceived stress and coping styles on psychological well-being among hearing impaired adolescents in Lagos. Sex and class of study were found to influence psychological well-being among hearing impaired adolescents in Lagos.

## 6. RECOMMENDATIONS

Based on the findings of the present study, the following recommendations are considered as follows:

It is recommend that government, non-governmental organisations, clinical psychologist, counseling psychologist, health related professionals should take cognizance of the influence of stress, coping styles and age in the development of the intervention to improve psychological well-being of adolescents with hearing impairment. Also, there is need for reformed laws and policies regarding children with hearing impairment including education with no age limits for the disabled as well as establishment of centers providing evening activities this will go a long way in improving their psychological well-being. Finally, there is need for educating and sensitizing the community to embrace children with disabilities (hearing impairment inclusive), by the state and by private initiatives, through one united association for people with disabilities thereby improving their psychological well-being.

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