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Psychological resources and coping flexibility in patients with chronic disorders

Introduction

Functioning in chronic illness is affected by various psychological factors, which influence both the willingness to accept the diagnosis and the ability to adapt to changed life circumstances. The use of specific coping mechanisms largely depends on one's personal resources that serve as a source of strength in a stressful situation. Among these resources sense of coherence and sense of general self-efficacy play essential roles. Sense of coherence, according to the author of the concept (Antonovsky, 1995), is a key factor in maintaining health. It facilitates coping with stress as well as allows one to stay healthy and recover in short time. Sense of self-efficacy is a condition for engaging in various prophylactic and coping behaviours. It is one of central variables between the perception of reality and taking actions.

Psychological resources as protective factors against negative effects of suffering from a disease

Aaron Antonovsky (1987) conceptualized resources as all attributes of an individual and their environment, emphasizing that they play an essential role in the processes of coping with a difficult situation. Undoubtedly, struggling with a chronic illness can be perceived as such.

The notion of sense of coherence is related to Antonovsky's assumption that between health and illness exists a continuum of states. This continuum should be understood globally as a dynamic process of balancing demands and resources in confrontation with stress. Sense of coherence consists of three components:

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- *comprehensibility* is the extent to which one perceives stimuli from the internal and external environments as epistemically meaningful, consistent and informative, compared to chaotic, random and inexplicable. High comprehensibility is related to an expectation that future stimuli will be predictable or classifiable and understandable. Regardless of whether the stimulus is desired or not, it is essential that an individual is able to comprehend it;
- *manageability* is the extent to which one qualifies available resources as sufficient to cope with the demands of the stimuli that affect the person. Despite the difficulties they encounter, people with high manageability do not feel defeated. Instead they use the resources that they already possess and that family and friends can offer to them;
- *meaningfulness* is related to motivation. Both cognitive and emotional factors play an important role in this component. It is the extent to which an individual feels that life makes sense, and challenges that are encountered are worthy of effort and commitment.

The sense of coherence defined by Antonovsky is a global orientation of an individual that expresses the extent to which the individual has a pervasive, enduring though dynamic sense of confidence that:

- the stimuli stemming from one's internal and external environments in the course of living are structured, predictable and explicable;
- the resources to cope with the demands of the stimuli are available;
- these demands are worthy of effort and commitment (Antonovsky, 1987).

A person with a strong sense of coherence copes with stressors and psychological tension they encounter in life well, which allows them to maintain good health or even improve it (Antonovsky, 1995).

Sense of coherence has been analysed in relation to the origins of some diseases, ability to cope with the limitations imposed by the disease process, recovery process after health breakdown, as well as in relation to factors that affect shifting on health-illness continuum (Kirenko & Byra, 2011). A large body of research highlights the crucial role of this construct, among others, in populations of: people struggling with neoplastic disease (Basińska, 2004; Thome & Hallberg, 2004; Poppius et al., 2006), cardiological patients (Bruscia et al., 2008; Fok et al., 2005; Włodarczyk, Wrześniewski, 2005), people with diabetes (Timmermans et al., 2008), asthma (Potoczek, 2001), inflammatory bowel disease (Opheim et al., 2014). Furthermore, this concept has been found valuable in research on the influence of chronic stress on immunological system (Garssen, 2004).

Sense of self-efficacy is the belief of an individual in one's ability to reach goals in a given situation (Bandura, 1991), and the extent to which one feels confident about one's efficacy in overcoming adversities. Moreover, sense of

self-efficacy is related to the control an individual exercises over one's actions (Juczyński, 2001). How an individual perceives one's efficacy is indicative of one's goals and actions across various life areas, including health behaviours. The intention to engage in health behaviours in addition to current behaviours are positively correlated with the sense of self-efficacy (Juczyński, 1998). Beliefs about one's efficacy influence the evaluation of one's personal resources and in consequence they influence coping strategies in a stressful situation (Juczyński, 2001). The stronger one's belief in one's efficacy, the higher one's goals and engagement in planned behaviours, even when faced with difficulties and failures on the way to reach them (Locke & Latham, 1990). Confidence in one's abilities promotes successful achievement in life. Nevertheless, sense of self-efficacy on its own is not enough when a person does not possess adequate skills and talent. Self-efficacy beliefs can play a regulatory role only if one's actual capabilities are taken into account (Zakrzewski, 1987).

Sense of self-efficacy has been reported as a positive factor both in health behaviours and coping with illness in numerous studies that investigated: breast cancer prophylaxis (Seydel et al., 1990), compulsive sexual behaviours, weight control, regular physical activity (Schwarzer & Fuchs, 1996, after: Juczyński, 2000), addictions (Chodkiewicz, 2005), health behaviours among dental patients (Schwarzer, 1997) and functioning of patients with endocrinological diseases (Basińska, 2009).

Flexible coping with stress

Coping with stress constitutes an important research area in health psychology. The quality of coping strategies adopted by an individual and their outcome ultimately have a cumulate effect on one's functioning, including one's health. Coping can be analysed from various perspectives (Łosiak, 2011). One of them is flexibility of coping behaviours. The concept of flexible coping significantly changes the understanding of the phenomenon of coping. It proposes abandoning the concepts of styles and strategies in coping research and focuses on the analysis of the process and the efficacy of coping instead. It shifts focus of attention from the type of coping strategies to the way they are used. It points to one's ability to effectively modify the employed coping strategies in response to the demands of a stressful situation (Kato, 2012).

Coping flexibility entails a discontinuation of an ineffective coping strategy in favour of developing and implementing alternative strategies. The definition of coping flexibility encompasses two processes: evaluation coping and adaptive coping. An individual that encounters a stressful event attempts to overcome the difficulties. Nevertheless, sometimes the employed coping strategy may not yield positive results. If the individual continues the ineffective strategy, it is highly unlikely

that the situation will improve. It might, however, get worse. Coping evaluation takes place when an individual begins to discontinue the employed strategy as it has not produced a desirable outcome. According to Kato, not only does an individual need to discontinue the ineffective strategy, but also needs to consider alternative strategies. The said process is referred to as adaptive coping and involves two strategies such as producing available alternatives and implementing them. A person must have many coping strategies in one's repertoire in order to create an alternative strategy. If adaptive coping continues to yield undesirable results, the process of evaluation and adaptive coping is repeated until a desirable outcome is achieved (Kato, 2012, p. 263). Existing research findings allow to confirm the dependence of flexible coping with stress on situational availability of the used stress-coping strategies (Kato, 2012). Some researchers, though, propose three alternative components of flexibility that refer to the tendencies and abilities of a person, namely, sensitivity to context, availability of a diverse repertoire of regulatory strategies, and responsiveness to feedback. All three components should be taken into consideration when the concept of flexibility is investigated (Bonanno & Burton, 2013).

Coping strategies that are characterized by flexibility are most effective (Heszen-Niejodek, 2000). Rigidity in coping usually becomes maladaptive in various life areas. For this reason some researchers regard flexibility and flexible coping as constituents of healthy psychological functioning (Rozansky & Kubzansky, 2005). The more flexible one's coping, the more adaptive results of one's activity (Kato, 2014). Individuals characterized by most flexible coping were reported to be least depressive (Kato, 2001) and enjoyed good mental health (Megumi & Eiichi, 2011). Similarly, individuals that possessed wider repertoire of coping strategies and who employed coping flexibility with greater ease were found less depressive (Lam & McBride-Chang, 2007). Higher flexibility was linked to psychological well-being and greater achievements and correlated negatively with stress reactions and a feeling of alienation (Lester, Smart, Baum, 1994). Furthermore, research findings indicate that coping flexibility involves recognising a possibility of modifying and adjusting the strategy to the situation, which is negatively correlated with professional burnout (Gan, Shang & Zhang, 2007).

Based on the existing body of research one can draw some conclusions about the quality of patients' functioning in respect of coping flexibility. It was observed that in contrast to patients with digestive tract cancer that were passive and inflexible, individuals that remained active and allowed for flexibility in their behaviour had greater awareness of their ability to control various aspects of treatment and were characterized by better well-being (Cheng et al., 2012).

It has been demonstrated that participants whose coping was more flexible were able to discern the controllable dimensions of a stressful situation as well as the influence they had on differentiating these situations. Moreover, these participants employed an integrated approach, namely, they had a tendency to

exert more control in situations that seemed controllable to them and less control in situations they perceived as uncontrollable. Participant with less coping flexibility did not discern any controllable dimensions and attempted to exert control irrespective of the perceived controllability of the situation. These results suggest that individuals with different coping flexibility levels differ also in respect of cognitive processes. Individuals with larger coping flexibility manifest greater degree of diversification and integration than those who are characterized by less flexible coping (Cheng & Cheung, 2005).

Flexible coping with sexual problems caused by neoplastic disease treatment was linked to improvement of one's mood and sexual relations (Reese et al., 2010). Psychological flexibility was also found to play an important role in coping with chronic pain (Vowles et al., 2013) and headache (Kato, 2014). Furthermore, coping flexibility was identified as a protective factor against distress in women with breast cancer (Roussi et al., 2007).

One study investigated the effectiveness of teaching flexible coping to patients with chronic diseases in various age. After the training doctors that took care of the patients observed diminished psychological and physical symptoms (Schwartz & Rogers, 1994).

The aim of the hitherto mentioned studies was to investigate whether personal resources manifested by the sense of coherence and the sense of generalised self-efficacy are correlated with flexible coping in the area of stress management in patients with chronic diseases. For the purposes of the present study it was assumed that such a positive correlation between the analysed variables exists. Furthermore, it was expected that individuals with greater resources should demonstrate more coping flexibility.

Research methods

The following measures were used in order to verify the formulated hypotheses: Sense of Coherence Scale (SOC-29) by Aaron Antonovsky (1995), Generalized Self-Efficacy Scale (GSES) by Ralph Schwarzer and Michael Jerusalem (Juczyński, 2001), Coping Flexibility Scale (Kato, 2012) in Polish adaptation by Małgorzata A. Basińska and colleagues (Basińska, 2015; Sołtys, 2015), as well as a basic socio-demographic questionnaire.

Orientation to Life Questionnaire (SOC). The sense of coherence was examined with the use of Antonovsky's Life Orientation Questionnaire – SOC-29 (1995), which measures the global sense of coherence and its components (comprehensibility, manageability and meaningfulness). SOC-29 consists of 29 items, each has a 7-point scale estimate with described extremes (7 – maximum, 1 – minimum). The questionnaire includes three subscales corresponding to the

components of the sense of coherence: comprehensibility (11 statements), manageability (10 statements) and meaningfulness (8 statements). Global SOC is the sum of these three components (Antonovsky, 1995).

The assessment of the Polish version of the SOC-29 questionnaire showed very high reliability. The internal compliance indicators were: sense of coherence - 0.92, sense of comprehensibility - 0.78, sense of manageability - 0.72 and the sense of meaningfulness - 0.68, whereas Cronbach's $\alpha=0.78$ (Koniarek et al., 1992)

Generalized Self-Efficacy Scale (GSES). The sense of self-efficacy was measured using Generalized Self-Efficacy Scale developed by Ralf Schwarzer and Michael Jerusalem based on Albert Bandura's concepts of expectations and self-efficacy (Juczyński, 2001). One's expectations of the result are related to the potential consequences of an action, whereas expectations of self-efficacy concern one's own actions and influence the amount of effort put into them or the extent of commitment given to these actions. To conclude, the sense of self-efficacy can serve as an indicator of intentions and actions of a person, including the area of health behaviours (Juczyński, 2001; Pervin, 2002).

The GSES scale measures the strength of one's beliefs about coping skills in difficult situations. It is used with adults, both healthy and ill. It consists of 10 statements that constitute one factor. Responses are made on a 4-point scale (1 = not at all true, 2 = hardly true, 3 = moderately true, 4 = exactly true) that indicates how true a given statement seems to the subject. The overall number of points is a general measure of the sense of self-efficacy, which is subsequently transformed to a temporary standardized index for Polish population (sten scores). The results between 1 and 4 were defined as low, whereas sten scores between 7 and 10 as high. The scores 5 and 6 were considered moderate (Juczyński, 2001).

The internal compliance was assessed based on a study on 174 people. The Cronbach's alpha equalled 0,85. Construct validity was assessed by comparing the results of a study on 496 people (GSES) with external criteria (Juczyński, 2001).

The Coping Flexibility Scale was created by Tsukasa Kato (2012) and consists of 10 statements. The subject responses to each item on a 4-point scale: very applicable, applicable, somewhat applicable, and not applicable. The original version of the scale measures two aspects of coping flexibility: *coping evaluation* – items 2, 6, 7, 8, 9, and *adaptive coping* – items 1, 3, 4, 5 and 10.

The reliability of the subscales of the original version were high, and reached Cronbach's α values between 0.86 and 0.91, depending on the subscale. Absolute stability was assessed by the comparison of two measurements made with a six-week time interval between them (Kato, 2012).

In the adaptation works of the Coping Flexibility Scale to Polish conditions different results were acquired. Item 2 had the lowest and unsatisfactory reliability, so it was removed from further analyses. During analysis on the other scale positions separated two factors – The evaluation of coping and adaptive coping

with stress. The scale of evaluation of coping with stress made up 3 positions and the scale of the Adaptive coping made up 6 items. Because of the unsatisfactory reliability of scale evaluation of coping ($\alpha=0.23$) among young adults it decided to exclude it from further analysis, focusing only on Adaptive coping with stress ($\alpha=0,89$) (Basińska, 2015; Sołtys, 2015).

Participants

Participants were 85 chronic patients, 62 (73%) women and 23 (27%) men. The mean age was 44,60 ($SD=18,66$), the youngest person was 19, the oldest one 88 years old. Men ($M=50,78$; $SD=20.38$) and women ($M=42,31$; $SD=17.60$) were in similar age despite the differentiation of the group (t -Student=1.889; $p=0,062$). Most participants remained in formal ($n=44$; 52%) and informal relationships ($n=18$; 21%). The remaining part were single ($n=15$; 18%) or widowed ($n=8$; 9%). Average total years of education was 14,96 ($SD=4,03$), with the lowest and the highest numbers of 8 and 28 years, respectively. Most participants had secondary ($n=43$; 51%) and higher education ($n=25$; 29%). The others had vocational ($n=43$; 51%) and primary education ($n=3$; 4%). Participants lived: in the country ($n=23$; 27%), in cities up to 100,000 people ($n=24$; 29%), and in big cities up to 400,000 people ($n=29$; 34%). Only a small part lived in very big cities ($n=9$; 10%).

Participants had various chronic diseases. However, most of them suffered from hypertension and other cardiovascular diseases or autoimmune diseases, including diabetes and other endocrinological diseases (Table 1). Some participants had more than one disease ($n=32$; 38%). The others suffered from only one chronic condition ($n=53$; 62%).

Table 1. Diagnoses of study participants

Diagnosis	<i>n</i>	%
Hypertension and other cardiovascular diseases	24	28.24
Asthma	4	4.71
Spinal diseases	4	4.71
Diabetes	12	14.12
Thyroid diseases	13	15.29
Autoimmune diseases	14	16.47
Digestive system diseases	4	4.71
Migraine and epilepsy	6	7.06
Other (e.g.depression, optic nerve damage)	4	4.71

Research procedure

The participation in the study was anonymous and voluntary. Participant recruitment was done through snowball sampling. The recruitment condition was the diagnosis of a chronic disease verified by a specialist medical doctor.

Statistical analysis

All analyses were performed in the *Statistica* (version 10). The following descriptive statistics were used: mean (*M*), standard deviation (*SD*), minimum (*Min.*) and maximum (*Max.*). Parametric *t*-Student and ANOVA tests were used to compare means for statistical significance. Furthermore, Spearman's *rho* test was used to assess the correlations between the variables. Cluster analysis was performed in order to group participants into individuals with lower and higher resources. Finally, the reliability of the scales was assessed with Cronbach's α coefficient.

Results

Mean results

The received results were presented in Table 2. The dispersion of the results is substantial. Men and women differ in respect of the analysed variables, however, not all differences are statistically significant. While men in comparison to women are characterised by significantly higher sense of coherence, especially on the dimensions of comprehensibility and manageability, the sense of self-efficacy and adaptive coping were similar in both sexes (Table 3). Further analyses of the sense of coherence will be presented for each sex separately.

Table 2. Mean values of the analysed variables in the studied group ($N=85$)

Variables	<i>M</i>	<i>SD</i>	<i>Min.</i>	<i>Max.</i>
SOC I – Comprehensibility	44.45	8.41	26.00	61.00
SOC II – Manageability	43.74	7.06	20.00	57.00
SOC III – Meaningfulness	40.56	7.37	17.00	53.00
SOC IV – The Sense of Coherence	128.75	19.57	82.00	168.00
GSES – raw score	29.41	4.88	10.00	40.00
GSES – sten score	6.40	1.77	1.00	10.00
Adaptive coping (AC)	9.39	3.87	0.00	18.00

Table 3. Statistical significance of the differences between the means of the analysed variables in respect of sex ($df=83$)

Variables	Women $n=62$		Men $n=23$		t	p
	M	SD	M	SD		
SOC I – Comprehensibility	43.19	7.80	47.83	9.21	-2.314	0.023
SOC II – Manageability	42.61	7.31	46.78	5.38	-2.494	0.015
SOC III – Meaningfulness	40.02	7.59	42.04	6.68	-1.129	0.262
SOC IV – The Sense of Coherence	125.82	19.54	136.65	17.73	-2.325	0.022
GSES – sten score	28.92	4.89	30.74	4.69	-1.541	0.127
Adaptive coping (AC)	9.24	3.63	9.78	4.52	-0.570	0.570

The relation of personal resources and coping flexibility

A statistically significant positive correlation was observed between personal resources – the general sense of self-efficacy and the sense of coherence, and one of the dimensions of coping flexibility, namely adaptive coping. However, the correlation was observed only in the female group (Tables 5-6). Women were found to cope more flexibly when they possessed a higher general sense of self-efficacy and a higher sense of coherence on all its dimensions. The level of personal resources among male chronic patients was not linked to adaptive coping.

Table 4. Spearman's rank correlations between both dimensions of coping flexibility and general sense of self-efficacy (GSES) in the whole studied group and in men and women separately

Variables	Men and women	R Spearman's	p
AC & GSES – raw score	$N=85$	0.309	0.004
	Women	R Spearman's	p
AC & GSES – raw score	$n=62$	0.385	0.002
	Men	R Spearman's	p
AC & GSES – raw score	$n=23$	0.019	0.930

Table 5. Spearman's rank correlations between both dimensions of coping flexibility and the general sense of coherence and its components in men and women

Variables	Women	<i>R</i> Spearman's	<i>p</i>
AC & SOC I – Comprehensibility	<i>n</i> =62	0.247	0.053
AC & SOC II – Manageability		0.361	0.004
AC & SOC III – Meaningfulness		0.266	0.036
AC & SOC IV – The Sense of Coherence		0.306	0.016
	Men	<i>R</i> Spearman's	<i>p</i>
AC & SOC I – Comprehensibility	<i>n</i> =23	0.060	0.787
AC & SOC II – Manageability		0.011	0.960
AC & SOC III – Meaningfulness		-0.277	0.200
AC & SOC IV – The Sense of Coherence		-0.089	0.685

Additionally, a cluster analysis was performed in order to investigate the relation between personal resources and flexible coping more deeply. K-means method was used to group the participants of the study, which allowed to distinct clusters that were considerably different from each other and at the same time demonstrated the smallest possible variation within the groups. Two clusters were identified in the study (Table 6, fig. 1), which corresponded to two levels of personal resources in the patient group. 54 people (64%) were assigned to the higher resources subgroup while the others (*n*=31; 36%) were classified as members of the lower resources subgroup. The levels of both dimensions of flexible coping were subsequently tested in these subgroups (Table 7). The results of the tests showed only a slight tendency for the higher resources patients to use flexible coping more often.

Table 6. The results of variance analysis showing the differentiation of the resources between clusters

The analysed personal resources	<i>F</i>	<i>p</i>
GSES – raw score	12.51	0.001
SOC I – Comprehensibility	139.66	<0.0001
SOC II – Manageability	81.37	<0.0001
SOC III – Meaningfulness	56.23	<0.0001
SOC IV – The Sense of Coherence	188.79	<0.0001

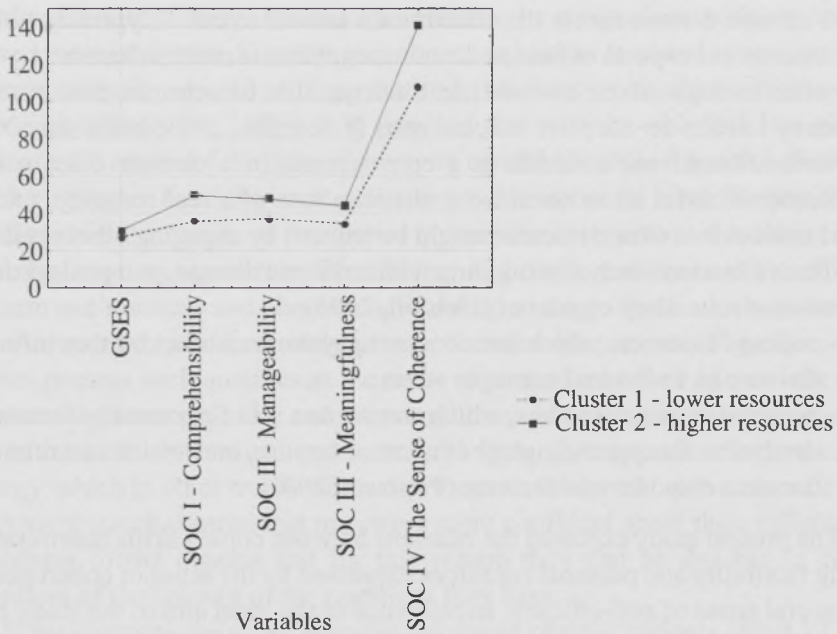


Fig. 1. Mean values of personal resources scores for each cluster

Table 7. Statistical significance of differences between mean values of two dimension of flexible coping in respect of the level of resources ($df=83$)

Variable	Cluster 1 $n=31$		Cluster 2 $n=54$		t	p
	M	SD	M	SD		
Adaptive coping (AC)	8.61	3.58	9.83	3.99	-1.408	0.163

Discussion

The development of psychoneuroimmunology and health psychology in addition to a sort of a conceptual drift away from the classic pathogenic approach in psychosomatics led to new studies investigating aspects of personality that modify the influence of risk factors and promote better functioning and coping with the disease and its effects (Poprawa, 2001; Mudyń, 2003; Basińska, 2009). These modifying aspects of personality were termed as personal resources, in contrast to deficits that weaken the stress reaction and sabotage coping mechanisms (Sęk, 2001). In health psychology resources are also called health potentials, whereas in psychology of stress they are sometimes referred to as resilience features (Heszen & Sęk, 2007).

A chronic disease meets the criteria of a critical event. It typically broadly affects numerous aspects of human functioning. What is more, it lasts a very long time, often throughout one's whole life. Such qualities of a chronic disease makes it a heavy burden on adaptive mechanisms (Friedman, 2003; Basińska, 2009). A deterioration of one's health as a consequence of a chronic disease is an objectively stressful situation since it entails a loss of a real resource, namely, one's health. A loss of one resource might be reduced by engaging other resources. In difficult situations such as struggling with a chronic disease, personal resources play a major role. They consist of (Hobfoll, 2006):

- coping resources, which are constant psychosocial factors that influence the way an individual manages stress;
- personal coping resources, which constitute a set of personality factors that determine the psychological context of coping, and which are relatively constant dispositional features (Poprawa, 2001).

The present study explored the relations between coping skills manifested by coping flexibility and personal resources expressed by the sense of coherence and the general sense of self-efficacy. In reference to the main aim of the study it can be stated that a relation between personal resources and coping flexibility exists in women with chronic diseases. It is an interesting outcome, which is similar, though, to some results obtained in earlier studies. Patient's sex plays an important role in explaining one's psychological functioning in illness and needs to be taken into consideration. Nevertheless, comparisons between men and women's scores in the present study must be made with caution since the number of patients in these two groups differed from each other.

The results of other studies emphasize the important role of sex in explaining the psychological functioning of some type of patients, especially those who suffer from the diseases that seem to be autoaggressive in nature, such as diabetes type 1 and rheumatoid arthritis (Basińska, 2006, 2009). In general, women tend to be more sensitive with higher neuroticism and lower self-confidence (Russell, Karol, 1994; McCrae, Costa, 2005). Clinical studies confirm that women report more health issues (Kroenke, Spitzer, 1998), which is reflected, among others, in biochemistry. It was observed that despite similar levels of free cortisol in blood in men and women, a stressful situation influences the immunological system of these two groups differently due to the production of cytokines, which modulate the sensitivity of glucocorticoids (Rohleder et al., 2001). A Polish study with 1184 diabetes patients provided evidence that being a man is linked to a greater sense of being able to influence the course of the disease (Kokoszka, 2005). Men and women differ also in their perceptions of maintaining health (Taylor et al., 2000). Men who suffered from diabetes were more likely to believe that they could control their health and enjoyed greater life satisfaction, whereas women were more likely

to follow healthy lifestyle recommendations. In comparison to men, women showed more interest in disease prevention rules, healthy food and behaviour. What is more, women avoided strong emotions, tensions or situations that seemed depressing (Basińska, 2009). It is possible that women who feel less able to influence the course of the disease are more careful about their health behaviours, which might give them the sense of control at a behavioural level (Bishop, 2000).

Based on the results of the studies quoted above it can be stated that coping flexibility requires a greater self-confidence and one's confidence in the ability to evaluate one's actions and choose a new coping strategy. These are characteristics that are reported more frequently in male than female patients. Therefore, when women possess such qualities as the sense of control over their life and the sense of coherence, manageability and meaningfulness of a stressful situation, they are able to be more self-critical and more willing to give up an ineffective coping strategy, which in other words means that they can think and behave more flexibly. Previous research showed that men were more confident about their influence on the course of the disease and for this reason they can be flexible in coping regardless of the amount of the resources they have.

If we compare the mean adaptive coping in chronic patients ($M=9.39$) with other groups, it turns out that middle school and vocational school youth were characterized by a lower value ($M=8.64$) (Grzankowska & Minda, 2015; Kruczek, 2015), whereas the result in the group of students of non-artistic university courses was similar ($M=8.91$) (Stępka-Tykwińska, 2015) to the one in chronic patients. The highest value of adaptive coping ($M=10.07$) was found in university students of artistic courses (Basińska & Rusek, 2015), which might indicate a crucial role of education and life-style for the development of coping flexibility.

Conclusions

The results of the present study, which investigated the relations of personal resources and coping flexibility in chronic patients, lead to the following conclusions:

1. Men are characterised by a significantly higher sense of coherence, especially on the dimensions of comprehensibility and manageability. In respect of the sense of self-efficacy and one of the dimensions of coping flexibility, namely adaptive coping, they are similar to women.
2. A significant correlation between personal resources – the general sense of self-efficacy and the sense of coherence – and coping flexibility was found in female patients.
3. In comparison to individuals with lower personal resources, people with higher resources tend to utilize coping flexibility only slightly more frequently.

Limitations of the presented study

The received results must be treated cautiously as the studied group was not a large one, as well as it was not homogenous in respect of sex and clinical diagnosis. What is more, one needs to take into consideration the unsatisfactory statistical properties of the coping evaluation scale. Nevertheless, the dependencies and differences observed in the study might serve as a basis for further research that could verify the determinants and consequences of coping flexibility.

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Zasoby psychologiczne a elastyczne radzenie sobie ze stresem w grupie chorych przewlekłe

Streszczenie

Wprowadzenie: Czynniki psychologiczne oddziałują na funkcjonowanie w chorobie przewlekłej. Stosowany sposób radzenia sobie i posiadane zasoby osobiste odgrywają istotną rolę w przebiegu choroby. Celem badania było sprawdzenie relacji między takimi zasob-

bami, jak poczucie koherencji i przekonanie o uogólnionej własnej skuteczności z elastycznym radzeniem sobie ze stresem.

Metoda: Zbadano 85 osób chorych przewlekle. Zastosowano następujące metody badawcze: Kwestionariusz Poczucia Koherencji SOC-29 Aarona Antonovsky'ego, Skalę Uogólnionej Własnej Skuteczności, skonstruowaną przez Ralfa Schwarzera i Michaela Jerusalema, Skalę Elastycznego Radzenia sobie ze Stresem – SERSS Tsukasy Kato oraz metryczkę.

Wyniki: Jeden z wymiarów elastycznego radzenia sobie – ewaluacja radzenia sobie okazał się nierzetelny, dlatego analizy wykonano wyłącznie w odniesieniu do drugiego wymiaru – adaptacyjnego radzenia sobie. Mężczyźni cechują się istotnie wyższym poczuciem koherencji, szczególnie w wymiarze zrozumiałości i zaradności, natomiast poczucie skuteczności i adaptacyjne radzenie sobie mają na podobnym poziomie jak kobiety. W grupie kobiet stwierdzono związek istotny statystycznie między zasobami osobistymi – uogólnionym poczuciem własnej skuteczności i poczuciem koherencji a adaptacyjnym radzeniem sobie. Osoby o większym nasileniu zasobów nieznacznie częściej stosują adaptacyjne radzenie sobie w porównaniu do osób o mniejszych zasobach.

Konkluzja: Wydaje się, że ze względu na znaczne różnice płciowe w zakresie posiadanych zasobów i zaobserwowane zależności szczególną opieką personelu w ochronie zdrowia należy otoczyć kobiety.

Słowa kluczowe: zasoby osobiste, elastyczne radzenie sobie, chorzy przewlekle