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Styles of coping with stress among patients with allergic diseases

Stress is an omnipresent element of human life; there is no taste of life without it, and a total liberation from stress, according to Selye would equal death (3). We cannot avoid stress but we can resist its negative consequences, discover its mechanisms and adjust our life philosophy to them. In order not to allow stress to transform into distress we should reduce the time and intensity of its action and shape both our internal and external conditions so that they act for the benefit.

Psychological stress is defined as an alteration of cognitive, emotional, motivation and psychological mechanisms of regulation. Stress is an attribute of the modern era. The list of dangerous and harmful factors is getting longer and longer. A contemporary man is facing the activity of the above factors, which puts his life, health, social position and integrality 'I'. Stress enters all areas of human existence, particularly the environment of professional career. Human being, however, has an opportunity to protect himself from the negative effects of stress. Having energy, capability of adaptation and a wide range of preventive opportunities, one can defend oneself, survive, avoid dangers and even achieve life satisfaction. Preventive opportunities are inherent in human being and his environment (2).

Coping with stress is an activity assumed by an individual facing factors triggering stress. Each man has his own characteristic and individual mode of coping in stress circumstances. The mode constitutes a permanent, personal inclination to a certain form of struggling with difficult situations (4). A mode of coping is at the same time a set of strategies applied in real confrontation with stress. Another factor, e.g. ineffective coping can reinforce the stress caused by several years' treatment process. Then the risk of the occurrence of the negative stress effects is rising. The inadequate selection of strategies of coping may increase the danger and become the source of a new stress.

OBJECTIVES

A man is involved in several years' period of disease and its treatment with its own values, beliefs and abilities, which triggers confrontation. When being perceived as a patient is destructive, threatening or challenging it is treated as psychological stress resulting from the social role. Presently much more frequent in psychological literature is the issue of the role of stress and mechanisms of coping in reference to patients with different diseases, including allergic diseases.

The objective of the study is an attempt at analyzing the sources and the level of intensity of stress among patients with allergic diseases. The basic research problem is included in the questions: Does the fact of perceiving the disease as the major stress factor influence psychosocial functioning and methods of coping in the cases of patients with allergic diseases? What are the sources of social support for the patients in stressful situations?

MATERIAL AND METHODS

The survey was carried out from February to June 2000 among randomly chosen patients of the Ward and Clinic of Allergology of Voivodship Specialistic Stefan Wyszyński Memorial Hospital in Lublin.

The patients were divided into two groups on the basis of the disease perception as a stressor. The first group comprised those who described their disease as a stressor. The other group consisted of the respondents who had opposite opinions on this subject. The total of 104 patients were examined (45 males and 59 females). In order to extend the knowledge about the patients under the survey, the following features were taken into consideration: age structure, marital status, residence, level of education and the period of treatment.

The age structure of the patients was as follows: 16-19 years old – 31.7%, 20-34 – 29.8%, 35-49 years old – 20.2%, 50-64 years old – 11.5%, over 65 – 6.5%.

Marital status. A total of 56% patients were single, including 68.9% of men and 47.5% of women. 36.5% of the surveyed individuals were married: 28% of men and 36.5% of women, 1.9% of the patients were divorced (incl. 2.2% male and 1.7% female), in the case of 4.8% (including 8.5% of women and 0% of men) the patient had lost her spouse – all widows.

Residence. Voivodship town – total of 54.8%, including 48.9% men and 59.3% of women. Powiat town (smaller towns) – total of 19.2% (20% men and 18.6% women). Villagers – 26%, including 31% male and 22% female patients. Among the subjects there were representatives of all kinds of education: the largest group was constituted by people with A level degree (21.2%), the smallest group consisted of people who graduated from postsecondary schools 6.7%. Primary education 21.2%, university education 9.6%,

technical education –15.4%, secondary school students –14.4%, university students – 7.7%.

Time of treatment. The largest group consisted of people who had been treated for 5 years – 50% of the total number of subjects. The smallest was the group of those patients who had been treated for more than 15 years' time – 14.9%.

The patients were examined individually after their another medical consultation at the clinic. In order to attain the objective the method of diagnostic survey was applied and carried out with the use of a questionnaire technique. The research instrument was a self-structured inquiry sheet consisting of 25 questions and socio-demographic details. Having the research completed the data from medical files and from the survey were sorted out and the results underwent statistical analysis with the use of the selection of statistical procedures SPSS/PC.

RESULTS AND DISCUSSION

REASONS FOR CURRENTLY EXPERIENCED STRESS

The most frequent reason for suffering from stress presently are family problems (34.3%) followed by health problems (29.9%). Problems at work or learning difficulties constitute the third of the most frequently mentioned reasons (26.9%).

There are certain differences in the range of the perceived reasons for stress if we compare the subjects' gender. Female patients usually mention the following as the major sources of stress: health problems (33.3%), family problems (26.7%), problems at work or with learning (24.4%). Male patients, on the other hand, talk about family problems (50%) and problems at work and with learning (31.8%). Only 13.6% of male and 33.3% of female patients mentioned health problems. Negative influence of current stresses on general health condition was indicated by 89.2% of the respondents, including 80.8% of males and 93.8% of females.

Another aspect under analysis was the subjective estimation of the ability to cope with stress made by the patients. The large majority, as many as 88.5% of the patients estimated their ability to cope with stress as low or very low. Only 10.6% of the total number of the respondents answered that they were able to cope with problems in such situations. No differences were noted as far as the sex of the respondents is concerned.

Further interesting data were delivered by the subjective analysis of general health conditions in the aspect of presently experienced stress. The largest percentage of the subjects, 50%, estimated their health state as average, while 25% – as rather bad, 20.2% – good and only 4.8% as very good.

Although the patients emphasized that financial problems are not the major source of stress, as many as 64.4% of them highlighted the fact of the lack of financial resources for treatment. In the group of people experiencing their disease as stress only 16.4% earn

a stable salary, 31.3% get a pension, 9% – old age pension while as many as 40.3% mentioned other means of earning (not defining what kind – supposedly working without signing any contract or agreement).

METHODS OF COPING WITH STRESS

Among the ways of coping with stress in the group of patients under the survey two modes – constructive and destructive were distinguished. The destructive models stated in this group included: smoking cigarettes – 7.7% of the respondents, alcohol – 32% in defiance of doctors' advice, watching TV – 78.8%. Among constructive ways of coping with stress the following behaviours were distinguished: physical activity, social meetings, pursuing one's hobby and interests.

The most frequent way of coping with stress that can be classified as constructive was physical activity, whose forms will be discussed in further section of the study. 47.1% of the respondents indicated such an approach to stress. Another method was participation in social meetings and relationships with people (37.5%). The smallest percentage, only 10.8% of the subjects mentioned their own hobbies and interests as methods of coping with stress. Since physical activity was the most frequently occurring option, the analysis of its forms was made. The respondents mentioned the following forms of physical activity: active recreation (trips, treks, walking) – 28.8%, frequent physical work (gardening) – 38.5%, practising sports – 6.7%, daily gymnastics – 8.7%. What is also worth noting is the fact that as many as 60% of the respondents expressed the opinion about the positive impact of physical activity on their reactions against the experienced stress.

Another aspect under analysis was the issue of the patients' hobbies and interests. The most frequently occurring interests among the patients with allergic diseases were: watching TV (78.8%), reading books, magazines and newspapers (43.3%), cinema and theatre (10.6%). Male respondents were also interested in: computer games (24%) and DIY (12.5%), while among female respondents reading books and needlework (13.5%) were predominant.

Apart from the analysis of the reasons for stress and the most frequent ways of coping with it, the sources of social support and the needs in the area of specialistic consultation were determined. What arises from the complete results concerning perception of support experienced by the patients is the fact that the strongest support is offered by the closest family (84%), followed by friends (51%), further members of the family (28.8%), acquaintances (26%) and institutions (14.4%). The least perceived by the respondents is the support offered by institutions, including the Church, doctors and psychologists.

On the basis of the received results we can conclude that there is a considerable demand for psychological consultations among these patients. As many as 67.3% of them felt the need for psychological as well as psychotherapeutic actions. It may be connected with the lack of support outside the family environment as well as with the negative im-

pact of the disease on their functioning in different aspects of life. The negative impact of the disease on general level of life was emphasized by as many as 64.4% of the respondents.

CONCLUSIONS

1. The most frequently mentioned reasons for currently experienced stress are: family problems (34.3%), health problems (29.9%), problems at work or with learning (26.9%).

2. The large majority, as many as 88.5% of the respondents claimed that their ability to cope with experienced stress was low or very low. Only 10.6% of the total number of the patients answered that they could manage in this situation.

3. The destructive ways of coping with stress, stated in the survey, include: smoking cigarettes – 7.7% of the subjects, alcohol – 32% in defiance of doctors' advice, watching TV – 78.8%.

4. Among constructive ways of coping with stress the following behaviours were mentioned most frequently: physical activity (47.1%), participation in social meetings (37.5%), while only 10.8% of the total mentioned pursuing one's hobby and interests.

5. The respondents can be described as individuals having weak social links, thereby a low level of support from people outside close family. The strongest support for the patients was offered by the closest family (84%), followed by friends (51%), further members of the family (28.8%), acquaintances (26%) and institutions (14.4%). The least perceived by the respondents was the support offered by institutions, including the Church, doctors and psychologists.

6. What follows from the results is the conclusion about a considerable demand for psychological support among these patients. As many as 67.3% of them felt the need for psychological and psychotherapeutic influence.

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SUMMARY

Each man has his own characteristic and individual mode of coping in stress circumstances. The mode constitutes a permanent, personal inclination to a certain form of struggling with difficult situations. A mode of coping is at the same time a set of strategies applied in real confrontation with stress. The objective of the study is an attempt at analyzing the sources and the level of intensity of stress among patients with allergic diseases. The large majority, as many as 88.5% of the respondents claimed that their ability to cope with experienced stress was low or very low. Only 10.6% of the total number of the patients answered that they could cope with stress in this situation.

Style radzenia sobie ze stresem wśród pacjentów ze schorzeniami alergicznymi

Każdego człowieka charakteryzuje określony indywidualnie styl radzenia sobie w warunkach stresowych. Stanowi on trwałą osobowościową dyspozycję jednostki do określonego zmagania się z sytuacjami trudnymi. Styl radzenia sobie to jednocześnie zbiór strategii stosowanych w konkretnej konfrontacji ze stresem. Celem pracy empirycznej jest próba analizy źródeł oraz poziomu nasilenia stresu wśród pacjentów ze schorzeniami alergicznymi. Zdecydowana większość, bo 88,5% badanych, stwierdziła że słabo albo bardzo słabo radzi sobie z przeżywanymi stresami. Tylko 10,6% ogółu respondentów podało, że umie sobie radzić w takich sytuacjach.