EMOTIONAL CONTROL, STYLE OF COPING WITH STRESS AND DISEASE ACCEPTANCE IN PATIENTS WITH CHRONIC SOMATIC DISEASES

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Purpose: The aim of the study was to determine the level of emotional control, preferred styles of coping with stress and the level of disease acceptance among patients suffering from chronic diseases. Material and Methods: The study group involved 300 patients suffering from chronic respiratory, circulatory, locomotor, excretory system diseases as well as neurological disorders and diabetes. Mean age was 54.6 years (SD=17.57, Me=57.5). Results: Patients with locomotor disorders revealed the highest level of emotional control (CECS = 58.57). Patients with cardiovascular diseases as well as diabetes more commonly used the task-oriented style (TOC) and the avoidance-oriented style (AOC) of coping with stress than the emotion-oriented style (EOC). The avoidance-oriented strategy predominates in the remaining groups. Within this strategy, patients with respiratory and excretory disorders more often get involved in subsidiary activities (ISA) than search for social contacts (SSC). The highest level of acceptance of a disease (AIS) was observed among patients suffering from respiratory disorders (M=29.09, SD=8.46). A statistically significant correlation was found between age and the TOC score (r = 0.131), CECS G (r = 0.206), CECS D (r =0.212), CECS L (r = 0.287) and AIS (r = -0.308). Moreover, correlations were found between: TOC and CECS D (r = 0.120), TOC and CECS L (r = 0.181), AIS and TOC (r = 0.153) and AIS and EOC (r = 0.181), AIS and TOC (r = 0.120), and AIS and EOC (r = 0.181), AIS and TOC (r = 0.120), and AIS and EOC (r = 0.181), AIS and TOC (r = 0.120), and AIS and EOC (r = 0.181), AIS and TOC (r = 0.120), and AIS and EOC (r = 0.181), AIS and TOC (r = 0.120), and AIS and EOC (r = 0.181), AIS and TOC (r = 0.120), and AIS and EOC (r = 0.181). - 0.144). Conclusions: Patients with locomotor diseases, with diabetes, elderly patients, women, patients with primary education and widowed require the highest support oriented on encouraging them to express their emotions and increasing their awareness of consequences of excessive emotional control. The highest level of acceptance of illness was observed among patients with respiratory disorders. Patients suffering from respiratory, nervous, excretory and locomotor disorders favor AOC of coping with stress. Participants suffering from circulatory diseases and diabetes get engaged equally in TOC and the AOC. There is a relationship between the level of disease acceptance and preferred style of coping with stress. Individuals choosing the emotion-oriented style are less adapted to live with a disease. Those who favor the task-oriented style - more often accept their existence with a diagnosed disorder. Patients who concentrate on task in stress situations reveal an increased tendency to control fear and depression. This group of patients should be educated to accept their emotions and express them in a constructive way.