HEALTH-RELATED BEHAVIOR, PROFILE OF HEALTH LOCUS OF CONTROL AND ILLNESS ACCEPTANCE IN PATIENTS WITH CHRONIC SOMATIC DISEASES

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Purpose: The purpose of the study was to determine HB revealed by patients suffering from chronic diseases and their profile of HLC, as well as to assess relationship between HB and the profile of HLC and the level of acceptance of illness (AI). **Material and Methods:** The study group included 300 adult patients with chronic respiratory, circulatory, locomotor, excretory system, neurological diseases as well as diabetes. Mean age was 54.6 years (SD=17.57, Me=57.5). **Results:** The highest general HB score was obtained by patients with diabetes and patients with excretory system disorders (7). Healthy eating habits (HEH) were most commonly observed in patients with diabetes (3.54), similarly to a positive mental attitude (PMA =3.91) and health practices (HP=3.79), while prophylactic behaviours (PB) – in patients with excretory system disorders (3.81). Patients with chronic respiratory disorders least commonly revealed PB (3.43) and HP (3.32). Patients with circulatory disorders were characterized by the highest internal health locus of control (MHLC_I) (M=28.30), while patients with neurological conditions revealed the lowest level (M=25.00). With regard to external health locus of control (MHLC_E) being concerned, the highest score was obtained by patients with diabetes (M=28.08), and the lowest by patients with neurological disorders (M=24.12). The highest chance health locus of control (MHLC_C) was observed in patients with excretory system disorders (M=27.26), while the lowest – in patients with respiratory disorders (M=24.32). A correlation was found between MHLC_E and PB (r = 0.477), PMA (r = 0.445), HP (r = 0.358) and HEH (r = 0.344). Conversely, MHLC_I was found to be correlated with PMA (r = 0.224), PB (r = 0.173) and HP (r = 0.136). A correlation was evidenced between PB and the level of AI (r = - 0.117). No statistically significant correlations were found between MHLC and AIS. Women undertake beneficial actions associated with HEH more often than men. Additionally, the study demonstrated intensification of HLC in all three dimensions as well as increased HB in all four categories of action with age. Individuals with higher education obtained the lowest scores for MHLC_I, they less commonly revealed PB, PMA, or HP. Patients with vocational education more often were engaged in HB, and they had the highest MHLC_E. The highest MHLC_I was observed among residents of small towns, while the highest MHLC_E – in residents of medium-size towns. Widowed individuals most often undertake HP and PB, while divorced persons reveal HB least commonly. **Conclusions:** The highest level of HB was observed among patients with diabetes. PB and HP were the least often observed in patients with chronic respiratory diseases. Patients with circulatory disorders revealed the highest MHLC_I, while diabetic patients had the highest MHLC_E. Patients with respiratory conditions revealed the lowest level of MHLC_C. HB were most commonly observed in women, elderly patients, those with lower level of education (high MHLC_E), widowed, and least commonly – in men, younger patients, patients with higher education (the lowest MHLC_I), divorced people. Patients suffering from chronic diseases who present higher level of AI less commonly undertake PB.