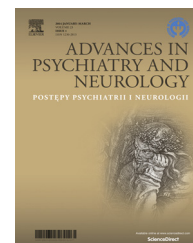


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Coping with multiple sclerosis from the perspective of Stevan E. Hobfoll's theory of conservation of resources



Radzenie sobie ze stwardnieniem rozsianym z perspektywy koncepcji zachowania zasobów S.E. Hobfolla

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ABSTRACT

Background: People suffering from multiple sclerosis (MS) vary in their emotional, social, cognitive, and professional functioning. An attempt was therefore made at an in-depth analysis of MS patients' coping with their chronic disease. **Objective:** The aim of the study was to investigate possible differences in the ways two groups of MS patients cope with the chronic disease. **Methods:** The research sample consisted of 82 patients with multiple sclerosis. Based on S.E. Hobfoll's conservation of resources theory, two groups of MS patients were distinguished, one experiencing resource gains, and the other – resource losses. Coping strategies were measured using the Proactive Coping Inventory (PCI), and the dynamics of conservation of resources – the COR – Evaluation scale in the Polish adaptation. **Results:** Such coping strategies as Emotional Support Seeking ($t = 2.081$, $p = 0.041$) and Instrumental Support Seeking ($t = 2.364$, $p = 0.021$) turned out to differentiate between MS patients with resource gains and those experiencing resource losses. **Conclusions:** The dynamics of resources in MS patients may prove significant in explaining the process of coping with chronic disease.

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Background

Multiple sclerosis (MS) is a long-term, demyelinating autoimmune disease of the central nervous system. Genetic

and environmental factors as well as complex autoimmune reactions lead to CNS cells damage. The course of multiple sclerosis varies: four types of MS are distinguished: remitting-relapsing (RRMS), progressive, secondary progressive, and primary-progressive [1]. The process of demyelination

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affecting various areas in the CNS and spinal cord is characterized by varying speed and dynamics, which results in heterogeneity of the MS patient's symptoms [2].

Many studies that explored coping strategies in MS patients have brought highly discrepant results, difficult to generalize. A majority of the research projects focused on showing the differences between healthy people and MS patients in the utilization of coping strategies [3–6]. In the present study assuming as a rationale S.E. Hobfoll's theory of conservation of resources (COR) an attempt was made to analyze only the strategies used by MS patients in coping with their unpredictable chronic disease.

In the COR theory attention is focused on the amount and diversity of resources available to the individual, on the dynamics of change in resources across the lifespan, and on the effect of resources on the ways of coping with life events, particularly with severe trauma. According to the core assumption of the COR theory, individuals strive to gain, maintain and preserve whatever they consider to be the most valuable to them [7]. In the situation of long-term illness the patients' retaining and utilization of their resources can be regarded as the central psychological problem. The following categories of resources have been distinguished: familial (support received from the family, relationships with the nearest and dearest), vital (associated with an active attitude to life, pursuing one's passion), spiritual (referring to hope, faith, personal growth), economic-political (relating to the patient's socioeconomic status), and power and prestige resources (including the need for domination, shaping one's career) [8].

The aims of the present study were to find out firstly, whether patients with multiple sclerosis differ in respect of their activated strategies of coping with illness and its consequences, and secondly, what individual and situational factors are related to these strategies. Using the criteria proposed by S.E. Hobfoll two groups of patients were distinguished: one of patients who had noted their resources enhancement (gains) in the past year of their illness, and the other of those who had experienced a loss in their individual, familial and/or social resources. The two groups of MS patients were expected to differ in terms of factors affecting their choice of coping strategies, i.e. in individual (depressive experiences, affectivity, resources, disease symptoms) and situational (perceived social support) factors. Besides the above-listed factors, another important issue was explored, and namely emotional vs. instrumental support seeking by MS patients who differ in the duration of their illness: under vs. over 4 years from diagnosis.

Methods

The research sessions (mostly individual, but on few occasions run in groups of no more than 5 participants) were conducted between November 2014 and May 2015 at neurology wards of general hospitals in Poznań, as well as in the Neurology Department of the Non-public Health Care Center for Multiple Sclerosis Treatment and Clinical Research. Besides, members of the Polish Multiple Sclerosis Society, the Poznań Division, participated in our research.

Data obtained from 77 patients (31 men, 47 women) aged from 24 to 57 years (mean age 39.30; SD = 8.67) were analyzed. A majority of the participants were town dwellers (62.3%), had a university education (39.0%), and were married (53.2%). Two groups of MS patients were distinguished by the criterion of perceived resource gains vs. losses as measured by the global score on Part B of the Hobfoll Conservation of Resources Evaluation, in the Polish adaptation. The group with prevalence of resource gains consisted of 46 patients (21 M, 25 F), while the other of 23 patients (8 M, 15 F) who perceived predominantly resource losses. In only 8 patients (2 men and 6 women) gains and losses were exactly balanced, netting to zero – thus, their data were excluded from further analyses. Moreover, two subgroups of patients were discerned on the grounds of the sociodemographic questionnaire item regarding “time from diagnosis” – namely, of patients diagnosed over 4 years earlier and those less than 4 years after the diagnosis.

Coping strategies (proactive, preventive, reactive, avoidance, emotional support seeking, and instrumental support seeking) were measured using The Proactive Coping Inventory (PCI) by Greenglass et al., in the Polish adaptation by H. Sęk, T. Pasikowski, S. Taubert, E. Greenglass & R. Schwarzer (2002) [9].

The personal independent variables were measured using the Depressive Experiences Questionnaire developed by S.J. Blatt, J.P. D'Aflitti & D.M. Quinlan and translated into Polish by Robert Czeszkiewicz (2014) [10]; the Scale of Positive and Negative Experience (SPANE) by E. Diener, D. Wirtz, W. Tov, C. Kim-Prieto, D. Choi, S. Oishi and R. Biswas-Diener (2009) the Polish adaptation by Ł. Kaczmarek & B. Baran [11]; Fatigue and Pain scales developed by Nowaczyk [12]; and S.E. Hobfoll's Conservation of Resources Evaluation (assessing the importance of resources, and resource gains/losses), in the Polish adaptation by B. Dudek, E. Gruszczyńska & J. Koniarek (2006) [13, 14]. The situational independent variables (social support: instrumental, informational, material, emotional) were measured with the Inventory of Socially Supportive Behaviors (ISSB) in the Polish adaptation by H. Sęk (1991) [15, 16]. All the instruments used in the study had high reliability coefficients (Cronbach's alpha).

Results

The SPSS 22 software was used in statistical analyses. The statistical significance of intergroup differences regarding emotional support seeking, instrumental support seeking, reactive and preventive coping was assessed by Student's *t*-test. If score distributions were not normal, the Mann-Whitney *U*-test was used in the analyses of avoidance coping, strategic planning, and proactive coping strategies. The results are presented in Table I.

The Mann-Whitney *U*-test values indicate statistically significant intergroup differences in mean scores on both the emotional and instrumental support seeking scales. Both these coping strategies were definitely more often utilized by MS patients who had noted changes for the better in the past year. The strategy of emotional support seeking was employed most frequently.

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