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Coping with chronic illness: Psychological aspects of patient- centred care

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Specificity of chronic illness

- **Chronic disease (Noncommunicable disease):** long-lasting conditions that usually can be controlled but not cured.
- Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.
- A disease or condition that usually lasts for 3 months or longer and may get worse over time.



- Chronic diseases (Noncommunicable diseases) kill **41 million people each year**, equivalent to 74% of all deaths globally.
- Each year, 17 million people die from a NCD before age 70; 86% of these premature deaths occur in low- and middle-income countries.
- **4 main categories of chronic diseases:**
 - Cardiovascular diseases account for most deaths, i.e. 17.9 million people annually,
 - Cancers (9.3 million),
 - Chronic respiratory diseases (4.1 million),
 - Diabetes (2.0 million including kidney disease deaths caused by diabetes).

COMMON TYPES OF CHRONIC DISEASES



Alzheimer's
disease



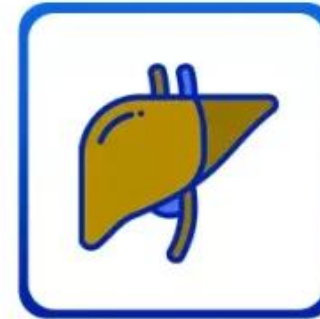
Arthritis



Cancer



Chronic
kidney disease



Chronic
liver disease



Chronic
respiratory
diseases



Diabetes



Heart disease



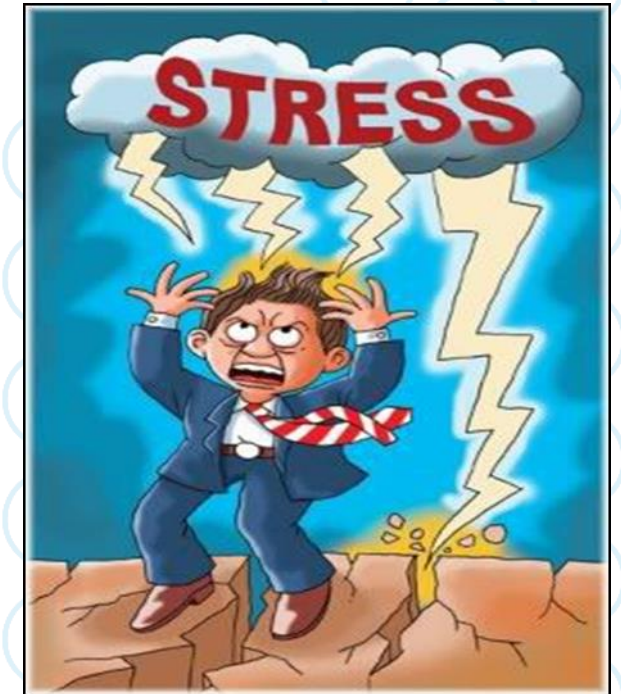
Mental health
disorders



Obesity

What is really stress?

- In a medical or biological context stress is a physical, mental, or emotional factor that causes bodily or mental tension.
- Defining stress is a very difficult task.
- **Stress as an event** - some people consider stress is something that happens to them, an event such as a harm or encouragement.
- **Stress as a reaction** – other people think that stress is what happens to our bodies, psyche and our behaviour in response to an event.
- **Stress is an transaction (interaction)** – an interaction between environmental events (stressors) and bodily reactions.



The ubiquitous character of stress

- Stress is present in every aspect of our life (e.g. health, family relations, job, school).
- **About 1/3 of people around the world** reported feeling stressed, worried, and/or angry (Gallup 2023)
- 73 % of adults report symptoms of stress, including headache, tiredness, or sleeping problems. (American Psychological Association, 2019)
- 33% of people feel they are living with extreme stress, while 73% report it impacting their mental health negatively (Gintux, 2024).

Stress in Poland (2024)

- ❑ 24% of Poles experience stressful situations daily (28% of women and 20% of men) and 31% several times a week,
- ❑ Among the most common mental disorders causing sickness absences at work are:
 - stress reaction and adjustment disorders (3.8% of all absentee days),
 - depressive episode (2%),
 - anxiety disorders (1.9%)
- ❑ The main cause of mental problems in the workplace is **excessive stress (59%)**,
- ❑ Half of employees say they often or very often experience chronic stress.

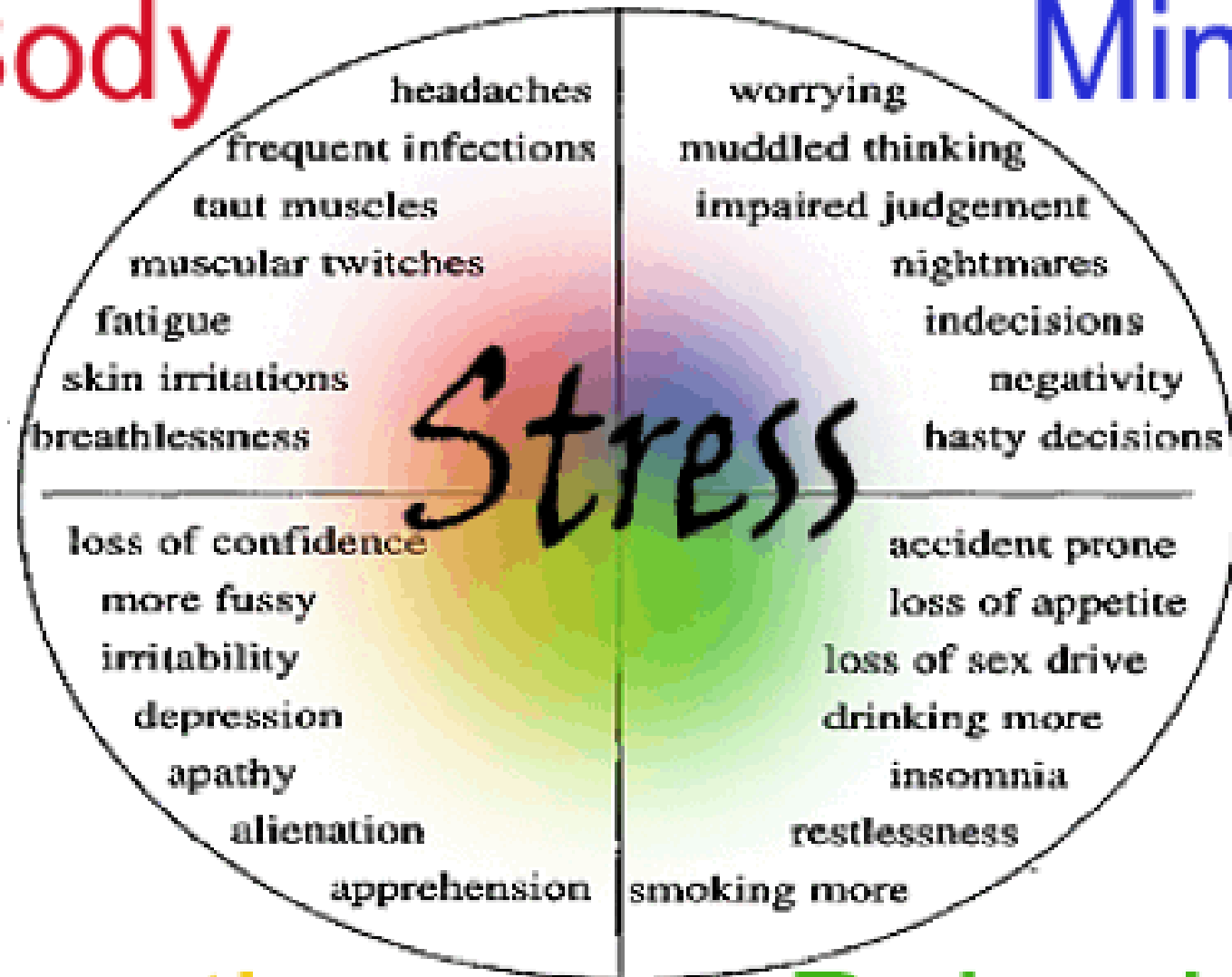
THE TOP FIVE CAUSES OF STRESS

according to the American Psychological Association (APA)

- **Money:** 72% reported being stressed about money.
- **Job pressure:** conflicts with co-workers, bosses and work overload are some of the top sources of job stress.
- **Health:** health scares or chronic illnesses are major stressors
- **Relationships:** relationship issues, whether romantic or platonic, can sometimes have a negative impact on well-being.
- **Poor nutrition:** not getting adequate nutrition can be stressful for the body

Body

Mind



Emotions

Behavior

Threat appraisal, resilience, and health behaviors in recovered COVID-19 patients: The serial mediation of coping and meaning-making (Krok et al., 2023)

- **Aim:** to investigate whether coping strategies and meaning-making can serially mediate the relationship of threat appraisal and resilience with health behaviors in recovered COVID-19 patients.
- **Method:** Self-report measures of threat appraisal, resilience, coping, meaning-making, and health behaviors were completed by 266 participants (aged 17 to 78, 51.5% female) who had recovered from COVID-19.

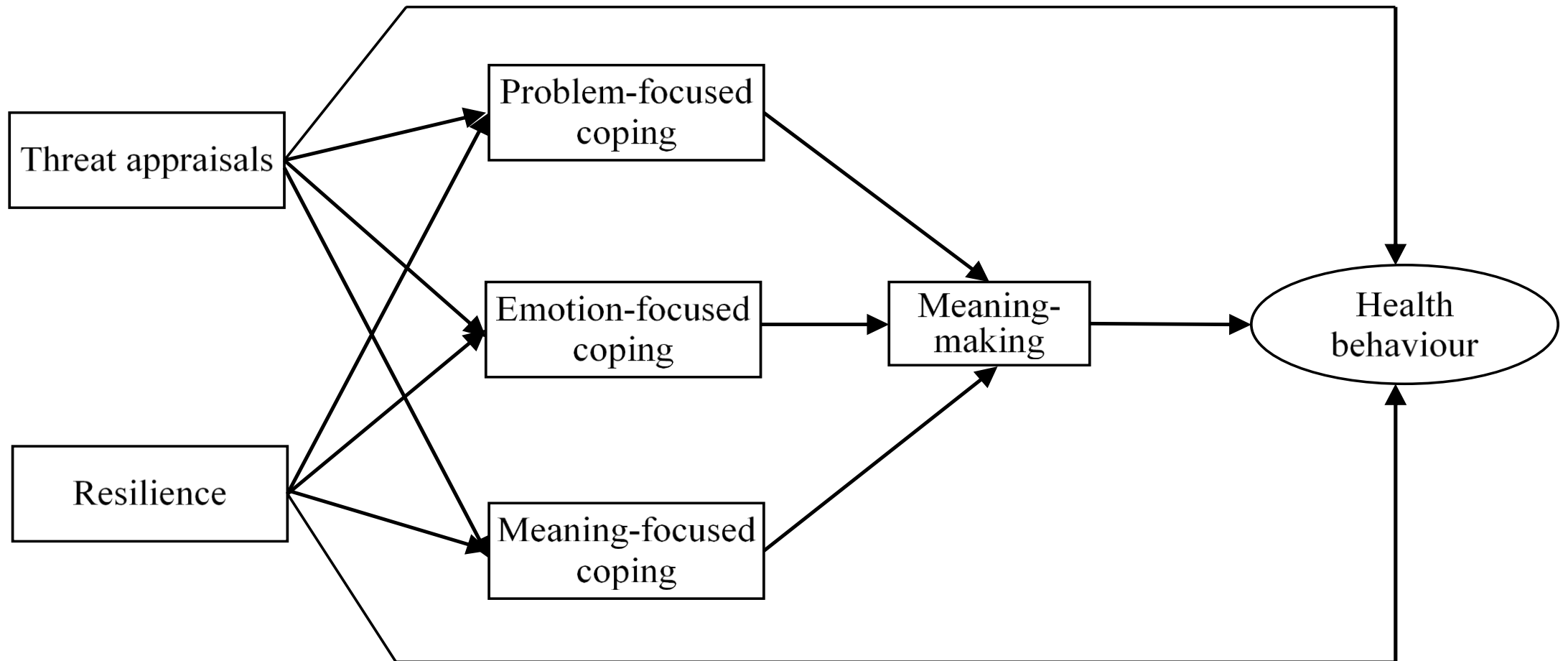


Figure 1. Theoretical model of the relationships between threat appraisal, resilience, and health behavior within the serial mediation of coping and meaning-making

Table 1. Correlations among medical factors, threat appraisal, resilience, coping, meaning-making, and health behavior in recovered COVID-19 patients

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. Time since COVID-19	–											
2. Symptom severity	0.29***	–										
3. Threat appraisal	0.10	0.20**	–									
4. Resilience	0.25***	0.30***	0.03	–								
5. Problem-focused coping	0.13*	0.27***	0.17**	0.53***	–							
6. Emotion-focused coping	0.09	0.14*	0.19**	0.40***	0.63***	–						
7. Meaning-focused coping	0.13	0.18**	0.17**	0.49***	0.73***	0.73***	–					
8. Meaning-making	0.12	0.04	0.07	0.46***	0.59***	0.43***	0.56***	–				
9. Proper eating habits	0.07	0.16**	0.09	0.19**	0.28***	0.36***	0.29***	0.24***	–			
10. Preventive behaviors	0.16*	0.36***	0.21***	0.32***	0.37***	0.34***	0.36***	0.40***	0.59***	–		
11. Health practices	0.18**	0.18**	0.06	0.48***	0.42***	0.41***	0.41***	0.43***	0.47***	0.59***	–	
12. Positive mental attitude	0.11	0.22***	0.09	0.33***	0.39***	0.36***	0.38***	0.39***	0.46***	0.61***	0.54***	–
<i>M</i>	6.80	5.79	4.20	3.44	3.86	3.77	3.85	3.70	3.47	3.64	3.67	3.53
<i>SD</i>	4.31	2.34	0.66	0.98	0.80	0.80	0.79	0.89	0.92	0.78	0.70	0.62

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

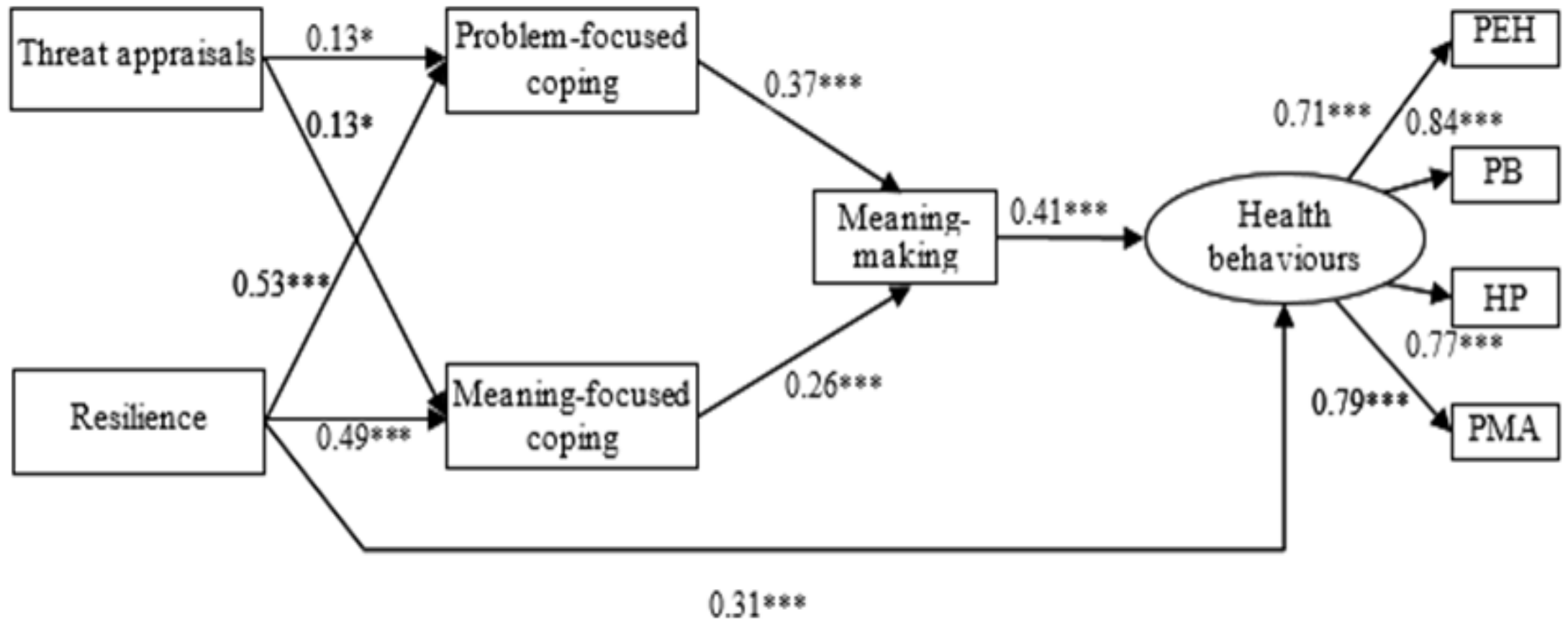


Figure 2. The final model of the relationships between threat appraisal, resilience, and health behavior within the serial mediation of coping and meaning-making

Total Pain and Illness Acceptance in Pelvic Cancer Patients: Exploring Self-Efficacy and Stress in a Moderated Mediation Model (Krok, Telka, Zarzycka, 2022)

Objective: This study examines a serial mediating role of meaning in life and coping in the relationship of total pain with psychological well-being in abdominal and pelvic cancer (APC) patients. Total pain is understood in terms of physical, psychological, social, and spiritual components interacting upon one another.

Methods: Adult patients diagnosed with the APC ($N = 333$) who were undergoing radiotherapy/chemotherapy treatment in two inpatient units of university hospitals completed questionnaires measuring total pain, psychological well-being, meaning in life, and coping.

TABLE 2. Correlations among age, total pain, meaning in life, coping, and psychological well-being

Variables	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. Age	–										
2. Physical pain	-0.11	–									
3. Psychological pain	-0.12*	0.57***	–								
4. Social pain	-0.19***	0.62***	0.75***	–							
5. Spiritual pain	-0.14*	0.58***	0.70***	0.82***	–						
6. Presence of meaning	0.06	-0.39***	-0.37***	-0.53***	-0.48***	–					
7. Search for meaning	-0.14**	0.13*	0.14*	0.17**	0.19***	-0.01	–				
8. Problem-focused coping	0.04	-0.19***	-0.22***	-0.26***	-0.17**	0.44***	0.23***	–			
9. Emotion-focused coping	-0.01	-0.12*	-0.17**	-0.21**	-0.13*	0.42***	0.22***	0.68***	–		
10. Meaning-focused coping	-0.02	-0.14*	-0.21***	-0.25***	-0.17**	0.44***	0.28***	0.75***	0.70***	–	
11. Psychological well-being	0.18**	-0.34***	-0.46***	-0.51***	-0.40***	0.51***	-0.03	0.41***	0.42***	0.43***	–
<i>M</i>	61.32	3.24	3.79	3.06	3.17	5.00	4.14	3.55	3.51	3.57	3.59
<i>SD</i>	12.70	2.36	2.38	2.28	2.20	1.18	1.31	0.67	0.71	0.72	0.61

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

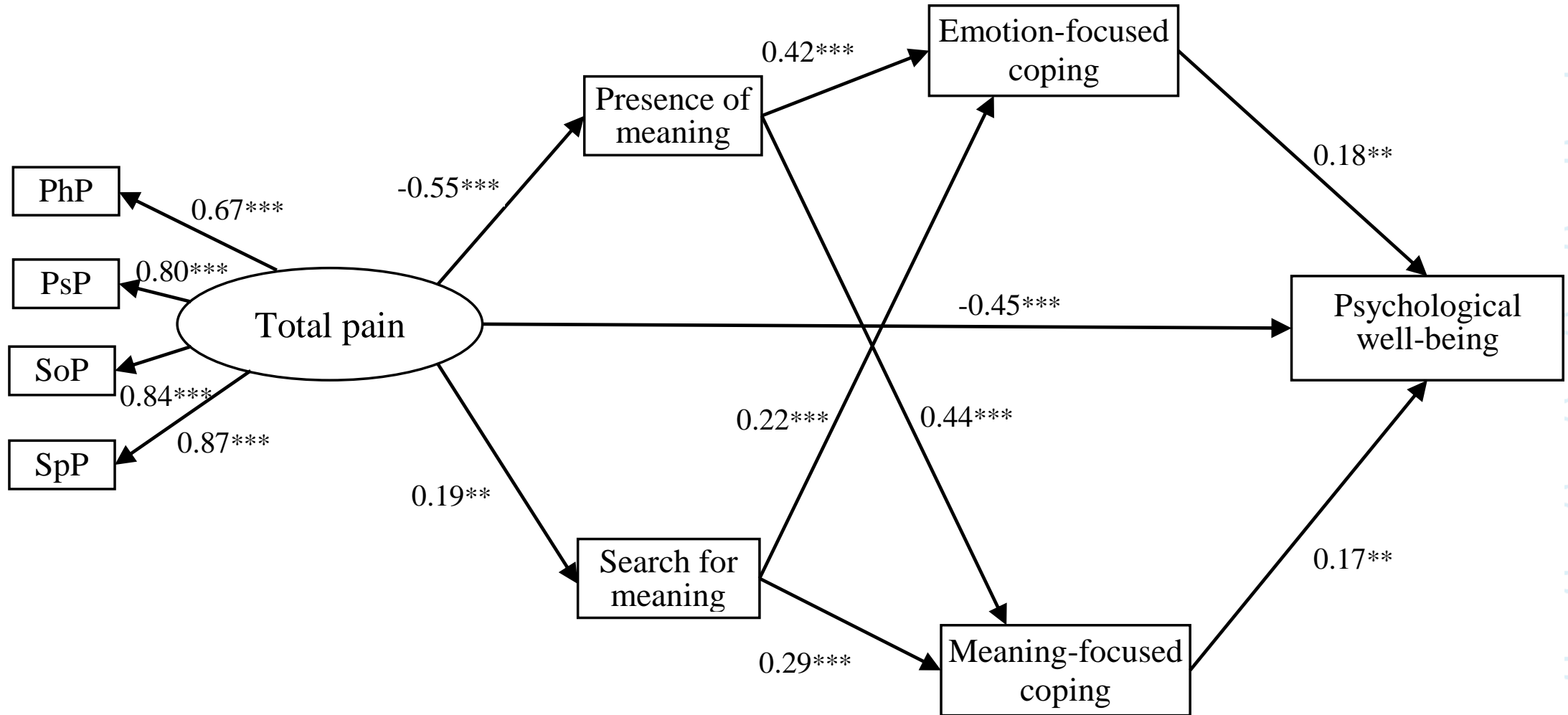
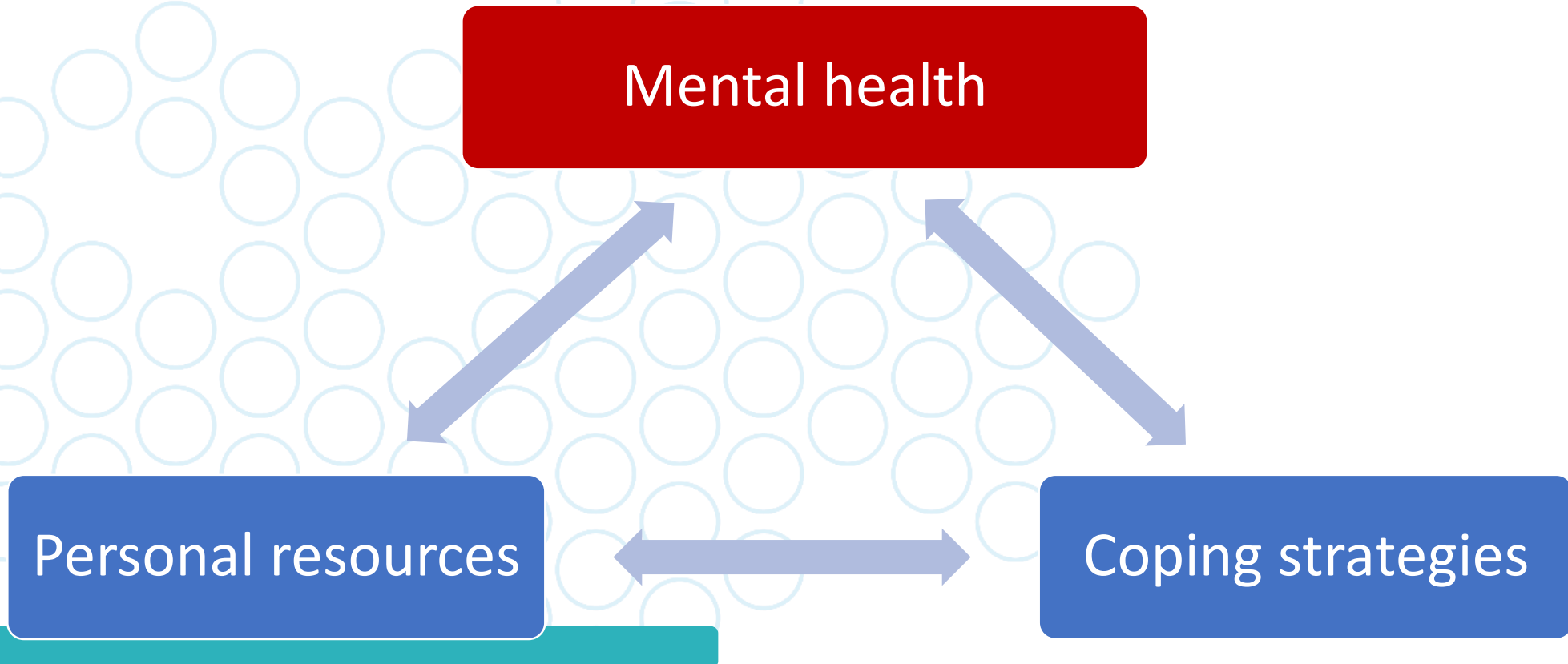


FIGURE 1. The final model of the relationships between total pain, meaning in life, coping, and psychological well-being (standardized coefficients)

** $p < 0.01$; *** $p < 0.001$

Conclusions and implications

- ❑ When coping with stress in the context of health, people rely on both their personal resources and coping strategies.



❑ Among cancer patients, meaning in life and coping mediate the relationship between total pain and psychological well-being.

❑ Pain is a holistic experience, which for many patients includes psychological, social and spiritual elements in addition to the physiological experience (Holbech et al., 2016).

❑ **Differences - sick people vs. healthy people:**

Sick people prefer strategies focused on emotions and meaning.

Healthy people prefer strategies focused on problem and meaning.

- ❑ **Meaning-making** involves coming to see or understand the situation in a different way and reviewing one's beliefs and goals to regain consistency among them (Park, 2022).
- ❑ Potential interventions should focus on:

Increasing meaning-making + Reducing stress



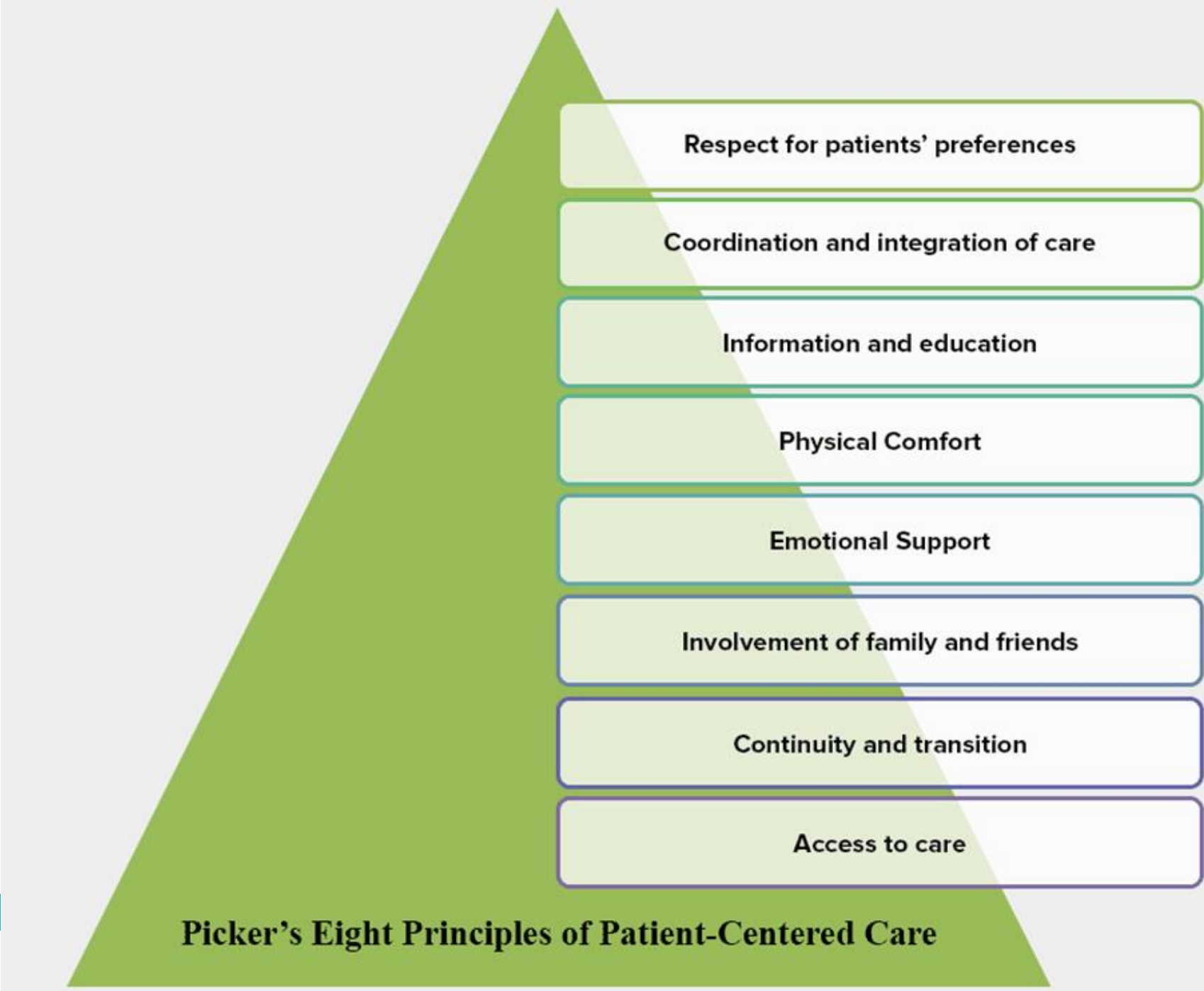


Examples of meaning-making strategies for chronic patients

- (1) Modifying unattainable goals and discovering new, life-relevant goals;**
- (2) Pointing out individual and social values that are important to the person;**
- (3) Encouraging the person to reflect on the existential dimension of his/her own life;**
- (4) Focusing on the present instead of thinking about the future.**

Patient-centered care as an example of meaning-focused interventions

- ❑ Patient-centered care is the practice of caring for patients (and their families) in ways that are meaningful and valuable to the individual patient. It includes listening to, informing and involving patients in their care.
- ❑ Patient-centered care: Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.



Respect for patients' preferences

Coordination and integration of care

Information and education

Physical Comfort

Emotional Support

Involvement of family and friends

Continuity and transition

Access to care

Picker's Eight Principles of Patient-Centered Care



Thank you for your attention!