Coping style and quality of life in Dutch intensive care unit survivors

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Background

The ability to cope effectively with the physical and emotional impact of an illness is essential for achieving long-term recovery and maintaining high QOL.
Coping with stressful life events

- Principal coping styles (Endler & Parker, 1994)
  - Task-oriented: problem-solving, active approach
  - Emotion-oriented: emotional reactions, fantasy
  - Avoidance coping: distraction, social support

- Relationship between coping style and QoL
Objectives

1) Explore coping styles among ICU survivors.

2) Investigate the association between coping style and quality of life.
Methods

• Cross-sectional multicenter study
• N=150, ICU-stay ≥ 2 days, discharged home
• Measurements 3 months after ICU-discharge:
  – Coping style: CISS-21
  – QoL: Physical and Mental Component Score, SF-36
  – Psychological distress: HADS, TSQ
• Multivariate linear regression analyses
CISS-21

- Coping Inventory of Stressful Situations
  - 3 subscales with 7 items

- Total score for each subscale: 7-35

Endler & Parker, 1999; de Ridder & van Heck, 2004
Results

- n=104
- Mean age = 59 years
- 71 men / 33 women
- Response rate = 69%

CISS-21, mean scores
- Task-oriented coping: 21.3
- Emotion-oriented coping: 15.2
- Avoidance coping: 18.7
Results from regression analyses

• Univariate:
  Emotion-oriented coping, anxiety, depression, and PTSD were significantly correlated with reduced mental health and physical functioning.

• Multivariate:
  Emotion-oriented coping style was associated independently with reduced mental health, but not with physical functioning.
Conclusions & Implications

• Emotion-oriented coping style negatively affects mental health in ICU survivors.

• Coping style and psychological resiliency should be evaluated in ICU survivors.

• Additional research is needed to clarify the role of coping style in the long-term recovery of ICU survivors.