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Attachment Styles and the Ways of Coping with Stress in Polish Nurses

Abstract

This article presents the results of research that was conducted on attachment styles and methods of coping with stress for a group of professionally active nurses. The project covered 158 individuals. The study was conducted by utilizing the Attachment to Parents in Childhood Questionnaire (KPRD), the Polish version of which was developed by Marchwicki [1] on the basis of the *Experiences in Close Relationship Scale* by K. A. Brennan, C. L. Clark and P. R. Shaver, together with the Polish version of the *Ways of Coping Questionnaire* — WCQ by S. Folkman and R.S. Lazarus. The results of this research demonstrate that attachment styles clearly differentiate the ways in which the subject nurses cope with stress. The results obtained also support the conclusion that attachment styles are significant predictors of the methods utilized for coping with stress. Secure attachment styles are significant predictors of an ability to cope under difficult circumstances. On the other hand, distorted attachment styles create an unfavorable dynamic for dealing with stressful situations, consisting of destructive and ineffective behaviors.

Key words: attachment, stress, coping styles, nurses, health

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Introduction

The problems of stress and coping with stress are among the most important issues in contemporary psychology of health [2]. Stress plays an essential role in the creation of psychological discomfort, behaviour disorders and difficulties in social adaptation of a human being. Chronic and intensive forms of stress contribute to the development of mental and/or somatic diseases and are decisive for the progress and efficacy of treatment. The negative impact of stress on health and an individual's functioning in society has been the subject of analyses conducted by a large number of researchers [3–6]. A special role in the literature of the subject is played by the studies of stress at work and the professional burnout of police officers [7, 8], teachers [9, 10]; doctors, military pilots, managers [11]; ambulance crews [12] and prison warders [13].

The professional groups most exposed to intense stress also include nurses. This is caused by the presence of strong stressors in their working environment. The most frequently listed stressors are as follows: awareness of direct responsibility for human health and life, intensive and frequent relations with the sick, demanding requirements and high social expectations as to work quality, frequently changing clinical circumstances related to the patient and relatively low compensation for work. Additional sources of stress are a tense atmosphere and poor organisation of work [14].

The research conducted starting from 2002 within the framework of the international European research programme — the Study conducted in 10 EU member states (Belgium, Finland, France, Holland, Germany, Great Britain, Italy, Poland, Slovakia) and in Norway — was devoted mainly to the cause for leav-

ing employment early also indicated a low job satisfaction level and emotional exhaustion as sources of potential stress [15].

Studies carried out with 120 nurses by Pratibha P. Kane in India allowed the determination of 27 stress factors which may be broken down into categories related to work, relations and the workplace, job satisfaction and the situation at home. This research revealed that as many as 73.59% of the respondents suffered from stress, with different degrees of intensity, on a regular basis. The following were listed among the most important reasons for stress: not finishing work at a set time, back pains resulting from an erect position at work, the insufficient number of staff, resuscitation of patients, contact with suffering and death, troublesome patients and their families, lack of training sessions and low pay [16]. It seems that despite the many cultural differences between Poland and India, the factors perceived as being stressful by this professional group are very similar.

Interesting results were obtained by Roger Watson and his colleagues from the longitudinal studies devoted to stress among nurses and nursing students in Great Britain. The study was conducted for three years (1994–1997) and was initiated among 359 people (the complete results after the three years came from 192 people). The findings indicate a combination of three factors: age, life experience and the psychological distress as the main reasons for stress [17].

In addition to the above referenced professional burnout, stress also has a negative impact on the level of job satisfaction, the climate in the working environment, and consequently the psychological condition of the employees as well as the quality of work performed [18]. According to the previously mentioned Indian studies, 60% of nurses suffer from chronic headaches (although no statistically significant correlation with stress was stated in this case), from tiredness, weepiness, forgetfulness and constant worrying [16]. Additionally, the research conducted among nurses in developed countries shows that the protracted stress is a factor closely linked to suicides, suicidal thoughts and excessive consumption of coffee or alcohol [19]. Similar results were obtained in Polish studies by T. Modzelewska and T. B. Kulik. Out of 116 nurses taking part in the study 76.5% stated that their work often generated stress. The most frequently encountered signs of stress, according to the respondents, included difficulties in falling asleep, feelings of tiredness, irritation, headaches and vertigo, excessive perspiration and general dissatisfaction with their earlier achievements [20].

The nurse's work involving detached concern, (this concept was introduced to the literature on the subject after H. Lief and R. Fox in 1963. It was meant to characterise a doctor who on one hand is compassionate and cares for the patient, but on the other hand maintains an appropriate emotional distance to him. Such conduct is in the interests of the doctor and of the patient. Cf. Lief H.I., Fox R.C. (1963), Training for „Detached Concern" in medical students. In: Lief H.I., Lief V.F, Lief N.R. (ed.). The psychological basis of medical practice. Harper and Row, New York [21].) apart from professional expertise and experience, also requires the appropriate personality resources, including affective and emotional resources. This is even more so, since the statement recently more and more often encountered in the literature on the subject is that the patient is better served by empathy than physical care. Doctors also recognise the great significance of emotions in therapy, but not without concern for the fact that emotions may have a negative impact on the objectivity of the diagnosis [22]. It follows that the skill of managing emotions would be an important characteristic distinguishing this group from others.

The main research questions concern the feasibility of generating and moderating negative reactions to objective stressors in a nurse's job: whether there is a link between emotional behaviour patterns learned in childhood and the methods of coping with stress; what role is played by these patterns operationalised in attachment styles in situations where a person feels that their well-being is threatened. The questions posed in this manner have their sources in the theory of stress by R. Lazarus and S. Folkman as well as in the theory of attachment by J. Bowlby and M. Ainsworth.

The phenomenological and cognitive concept of stress was a reaction to the dissatisfaction with the existing interpretational theories of this phenomenon, focused either on the automatic reactions of the body or the description with detailed characterisation of the stressors themselves. When creating the interactive concept, R. Lazarus and S. Folkman stated that this is the confrontation of a human being aware of his/her predispositions, values, convictions with the properties of a specific situation (with its limitations and resources) that is a source of stress [23]. This confrontation is two-directional, transactional and causing specific consequences in the human body and in the situation. There are two types of processes occurring between the stress-generating situation and stress: the cognitive assessment and attitude to stress. The cognitive assessment is in two

stages. The first one consists of the primary assessment of the situation, i.e. a personal judgement of the importance of the situation to them (primary assessment) and the assessment of their own capabilities and resources which may be used with regard to the stressor (the secondary assessment). The secondary assessment is very important, because it constitutes a point of departure for further activities designed to transform the stressful transaction into coping with this situation.

If a person concludes that the requirements posed by the situation considerably exceed their capabilities, then they experience stress. The transaction between the person and the stressful situation may have a positive nature — favourable or neutral. This will mean that the situation does not violate the values that are important to the person and does not threaten their integrity [24].The processes mentioned here are very subjective and they lend themselves to little rationalisation, especially if we try to analyse the second level of stress, which R. Lazarus refers to as psychological stress, encompassing the subjective assessment of a situation, emotional reactions and behaviour organisation/management. It seems that emotional reactions play a key role here [25]. Emotions accompany people from the moment of conception and as the person grows they adopt the more and more diversified forms of impression and ways of expression. The diverse forms of reactions to threatening situations inspired researchers to conduct further work to determine the conscious and unconscious personality determinants for the reactions to stress. So, in the late seventies and early eighties of the last century the concept of a *coping style* understood "as a specific disposition of a person to adopt a behaviour in this particular class of situations, i.e. the stressful situations" was introduced in literature on the subject (*Psychological Abstracts*) [26]. The process of *coping* was presented in a more detailed manner by R. Lazarus and S. Folkman; according to their cognitive and transactional presentation, these are "the constantly changing cognitive and behavioural efforts designed to successfully deal with the specific external and internal requirements, recognised by a person as creating an excessive burden for the person and exceeding their resources" [27].

The acceptance of the view that a person is equipped with specific, constant dispositions, which determine the course of coping with stress, results in the differentiation between the styles and strategies of coping. Style is understood as a personality variable indicating the relatively constant repertoire of action strategies of a person in stress-

ful situations [24]. This concept includes a modality criterion of coping, encompassing the cognitive and behavioural efforts as well as functional criteria, i.e. actions aimed at problem solving or regulating emotions related to a difficult situation [25].

In accordance with the Lazarus' and Folkman's concept, the person's coping in life essentially fulfils two functions: an instrumental function and a regulating function. The first covers all the actions focused on solving the problem, while the other covers the regulation of emotions related to stress. The actions related to the regulating function for emotions may both be conscious and unconscious and may be shown as a continuum: adapting (healthy) — pathological. These actions are not exclusionary in nature and may supplement each other [28].

In the nineties of the last century, Norman S. Endler and Jefferson Parker [29] differentiated three main styles of coping with stress: the task-oriented style, the emotion-oriented style and avoidance-oriented style. The first two are inspired by the Lazarus' and Folkman's concept. The third style has the function of reducing the negative operation of the stressor.

The authors of the theory of attachment, J. Bowlby and M. Ainsworth, pointed to the fact that even small children feel joy and emotional bond to their caregivers and those that provide them a sense of security. The sensing of the assessment processes of a given situation "seems to be particularly important if any repeated assessment, the modification of the standards of assessment, of the models of the environment and the body is to take place" [30]. Bowlby defined attachment by using four elements: proximity and seeking proximity with the object of attachment, the separation distress caused by the foreseen separation with an important person, the use of an attachment figure as a source of emotional security for exploring the outside world (secure base) and seeking psychological comfort from an attachment figure under circumstances of feeling threatened (safe heaven) [30, 31].

The activation or deactivation of the attachment system takes place due to the internal working models the development, which allow a child to become aware of the presence or the absence of the object of attachment. The working models "are understood as personality components containing affective and defensive components as well as descriptive and cognitive components. (…) Functioning partially outside the awareness, they constitute a source of heuristics for a specific person, enabling anticipation and interpretation of behaviour and intentions of other people – and especially of the objects of attachment" [32].

The recurring experiences of a child are fundamental for the formation of the so-called attachment styles. They were diagnosed and described for the first time by M. Ainsworth and her colleagues [33]. Application of the Strange Situation procedure allowed three attachment styles to be distinguished: the secure style, the avoiding style and the fear-ambivalent style. Only the first of these is an optimal and normative model, indicating the correct development of the bond between the child and his/her mother. The other two styles are indicators of the pathological development of the attachment bond, not guaranteeing the satisfaction of the child's need for security and his/her resulting well-being.

Children with the secure attachment style seek comfort directly from their mothers, they let themselves be calmed down easily and quickly start their further exploration of the environment or play. In moments of separation they seek contact with their mother. Children diagnosed with the avoiding attachment style, although they explore the environment bravely, they do not refer to their mother when seeking security. They do not notice her or they ignore her. In situations perceived as dangerous, they focus on behaviour and objects which turn their attention away from the danger. Children characterised by the fear-ambivalent attachment, on the other hand, present anger and passivity alternately and they do not start exploring the environment around them, behaving in an incoherent manner. Under circumstances of separation with their mother, they are nervous and when they have contact with her again, they show anger and angry distancing from her (1, 34].

M. Main and J. Salomon proposed that an additional fourth style supplement the above-mentioned three attachment styles which style is also a distorted attachment style and they called a *disorganised/disorientated style*. This type of attachment is characterised, inter alia, by opposing behaviour after one another, atypical posture and incongruity of the movements and mimics which do not unequivocally reveal the purpose and intentions, as well as by fear of their mother [1].

The main function of attachment is related to seeking satisfaction of the most important need of feeling secure. To achieve this goal, a child undertakes various actions intended to be close to the attachment figure, which in turn reduces excitement in a threatening situation and modifies the perception of the stressful situation and the physiological reaction to it.

Empirical research clearly demonstrates that people characterised by unsecure attachment styles experienced neglect and physical abuse in their childhood. The seeking of physical proximity with the attachment figure and the satisfaction of the need to feel secure coincided with the feeling of being threatened by that person. In that manner, when experiencing ambivalent feelings, these people developed dysfunctional methods of coping in difficult, stressful situations [35].

Although the theory of attachment was initially meant to explain the dynamics of relations between a child and his/her parent, J. Bowlby himself underlined [36] that attachment reactions are an integral part of human behaviour "from cradle to grave". Despite constant development of the person and acquisition of new psychosocial competence, the type of the bond developed in childhood will remain relatively stable throughout their life. However, one should bear in mind that in a situation of high emotional tension, attachment behaviour is more intensive, and the need to be cared for and to be the object of interest is stronger. For instance, adults seek proximity with people who are important to them in a stressful situation, in the case of physical pain, of fear of new situations or the loss of somebody (something) important. This fact is confirmed by studies and observations after the events of 11 September 2001 [31, 37].

The relationship between attachment styles and stress results from the primary assumptions of the attachment concept. This is because the behaviour of a person taking care of a child is considered to create a context in which the child learns to react to negative feelings and to satisfy his/her need for security. Under circumstances when the attachment figure is available and reacts in a foreseeable manner to the child's needs, correct reaction models are formed in which the child finds a sense of security. The child develops a strong, internal representation of "I" which is capable of coping in difficult situations or obtaining appropriate support. Otherwise, when a child may not count on a person important to him/her because they are unpredictable, not responsive or not stable, the child develops alternative coping strategies. Over time, these strategies create relatively fixed rules of behaviour in stressful situations. Research points to a close correlation between the developed attachment model and the reaction to stress [38]. People characterised by the secure attachment style apply more constructive strategies in a conflict situation taking into account the interests of other people and maintenance of interpersonal relations. On the other hand, people with the fear-ambivalent attachment show little will to compromise in difficult situations and a strong will to satisfy the needs of their partner [39]. In the literature on the subject, however, there is little re-

search directly related to the relationship between the attachment styles and the methods of coping with stress. Additionally, the research conducted so far did not analyse the relationships between the above variables, based on a specific professional sample, such as nurses.

Purpose of the study

The purpose of the study presented in this article is to define the relationship between attachment styles and selected styles of coping with stress in a group of professionally active nurses. The main problem may be demonstrated more precisely by asking the following questions: 1. Is there any relationship between attachment styles and the styles of coping with stress? 2. Do the attachment styles differentiate the styles of coping with stress? 3. Do people having a secure attachment style use constructive styles of coping with stress? Hence, the following hypotheses were formulated with regard to the purpose of the study and detailed questions posed in that manner:

H1. The styles of coping with stress are dependent on attachment styles.

H2. People having a secure attachment style use constructive styles for solving problems in stressful situations.

H3. People having distorted attachment styles focus on their own emotions and prefer styles of coping with stress that are inadequate to the given task.

Participans

The study presented in this article was conducted on a group of 158 nurses. Their average age was 45 years (SD = 10.34). The overwhelming majority in the group in question were married women (64.6%), while the remaining women were spinsters (14.6%), divorced (12.7%) and widows (8.2%). The women in the study were from the Mazowieckie and Kujawsko-Pomorskie provinces — mainly from the towns with more than 100.000 inhabitants (32.3%) and less than 100.000 inhabitants (29.1%) (Table 1).

The nurses in the study in their majority completed secondary education (39.9%). Out of the 158 of the women subjects, 26 had a university degree, which is a rather low percentage in the group of the subjects (16.5%) and 21.5% of them completed higher vocational education (Table 2).

The length of service is greatly varied. The maximum period of occupational activity is 40 years, while the minimum period is one year (SD = 10.29).

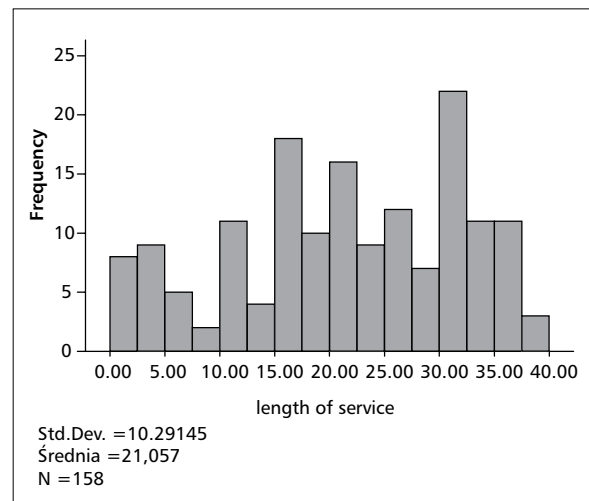**Table 1. Marital status of the subjects**

	N	%
Spinsters	23	14.6
Married women	102	64.6
Divorced women	20	12.7
Widows	13	8.2
Total	158	100.0

Source: searched material

Table 2. Respondents' education

	N	%
Secondary	63	39.9
Postsecondary	35	22.2
Bachelor's degree	34	21.5
Higher	26	16.5
Total	158	100.0

Source: searched material

Std.Dev. =10.29145
Średnia =21,057
N =158

Source: researched material

Figure 1. The length of service of the subject nurses

The average length of service is 21 years. The largest group of respondents (15 nurses — 9.5%) worked in this profession for 30 years. The detailed distribution of the length of service is illustrated by the chart below (Figure 1):

Methods

In order to diagnose the ways of coping with stress, the Ways of Coping Questionnaire by S. Folkman and R.S. Lazarus was used. The Polish adaptation of the questionnaire is by Z. Obłój and B.

Skuza. The questionnaire includes 50 diagnostic statements for 8 ways of coping in stressful situations. Respondents provide answers in a four degree scale from 1 (*decidedly no*) to 4 (*decidedly yes*). The individual scales were arrived at by way of a factor analysis of 750 questionnaires and they cover the following dimensions:

Confrontation — the scale is made up of 6 statements, concerning direct behaviour and reactions, being in line with the first impulse;

Distancing — the scale is made up of 6 statements, concerning cognitive reactions, involving the defensive elimination of the problem being a source of stress from the conscious mind;

Self-control — the scale is made up of 7 statements, related to controlling one's own emotions and not taking rash decisions;

Seeking social support — the scale refers to behaviour involving the use of material, informative and emotional support from other people (6 statements);

Taking responsibility — the scale is made up of 4 statements, concerning one's behaviour and reflections recognising one's own fault in the generation of stress;

Escaping — avoiding — the scale composed of 8 statements, concerning the ways of improving one's own frame of mind, avoiding the problem which is source of stress;

Planned problem solving — the scale is made up of 6 statements, concerning specific actions that are aimed at resolving the problem;

Positive revaluation — the scale is made up of 7 statements, concerning making changes in the hierarchy of values and advantages achieved from stress.

The reliability of the scales was determined based on the internal reliability measure — Cronbach's alpha in the adaptation works ranges from 0.61 to 0.79 [39]. In the study presented here, Cronbach's alpha ranges from 0.68 to 0.73 depending on the each individual scale (Table 3).

For the purposes of diagnosing the attachment styles the Attachment to Parents in Childhood Questionnaire (KPRD) prepared by P. Marchwicki [1] based on the *Experiences in Close Relationship Scale* by K. A. Brennan, C. L. Clark and P. R. Shaver was used. The Polish adaptation involved not only the translation of the statements into Polish, but also the adjustment of the self-description to the retrospective measurement of attachment to parents in childhood (es. I needed many assurances that I was loved by my mother). The author of the Polish adaptation obtained a written permission from the authors of the original version. The Polish version is made up of 40 statements, 19

Table 3. The Ways of Coping with Stress (WCQ). The means and deviations of the variables subject to the analysis (N = 158)

Scales	M	SD
Confrontation	14.58	2.83
Distancing	13.28	2.97
Self-control	18.04	3.20
Seeking social support	15.82	3.92
Taking responsibility	9.56	2.59
Escaping–avoiding	18.22	4.80
Planned problem solving	15.70	2.92
Positive revaluation	18.41	4.09

Source: searched material

for the purposes of measuring attachment to the mother (M Scale) and 21 measuring the level of attachment to the father (F Scale). Both scales are two dimensional: avoiding "Avoidance" and "Fear" — measuring the fear — ambivalent attachment. Accordingly, the KPRD contains four scales: Avoidance–Mother, Fear–Mother, Avoidance–Father and Fear–Father. The KPRD does not measure directly the secure styles of attachment to the parents in childhood. One may infer only indirectly as to the secure attachment styles based on the directions and the size of correlations with the analysed variables. For instance, where the correlation between Avoidance–Mother and Avoidance–Father and a given variable is negative, the correlations, if the secure attachment scales had been measured, would be positive. The content of the statements is related to the memories of relations with the mother and father before the subjects were 11–12 years old. The subjects provide their answers on a 7-point Liekert scale with the answers ranging from: *I definitely do not agree* (1) to: *I definitely agree* (7) [1]. The level of reliability of individual scales measured by Cronbach's alpha as obtained in the study presented here and other basic parameters of the KPRD are illustrated in the table below (Table 4) .

Results

In order to determine the relationships between attachment styles and the ways of coping with stress, the r-Pearson correlation method was used. The detailed results have been presented in the table below (Table 5).

The results of the correlation analyses carried out show that the Avoidance–Mother attachment style correlates significantly in statistics with the

Table 4. The Attachment to Parents in Childhood Questionnaire (KPRD) (N = 158)

Subscales	Number of statements	M	SD	Cronbach's alpha
Avoidance–Mother	10	32.07	11.16	0.83
Fear–Mother	8	34.06	8.99	0.69
Avoidance––Father	10	37.30	12.53	0.89
Fear–Father	11	38.66	9.90	0.87

Source: searched material

Table 5. The r-Pearson correlation coefficients between the results in the Attachment to Parents in Childhood Questionnaire (KPRD) and the Ways of Coping Questionnaire (WCQ) (N = 158)

Avoidance–Mother	Fear–Mother	Avoidance–Father	Fear–Father	
Confrontation	.041	.048	−.024	.057
Distancing	−021	.112	.130	.273(**)
Self-control	−.084	.023	−.003	.117
Seeking social support	−.228(**)	−.072	−.057	−.144
Taking responsibility	−.053	.211(**)	.097	.224(**)
Escaping Avoiding	.108	.086	.205(**)	.121
Planned problem solving	−.266(**)	−.065	−.001	−.076
Positive revaluation	-.187(*)	-.029	.076	−.033

*The correlation is significant at the level of 0.05 (two–way); **The correlation is significant at the level of 0.01 (two–way).

following ways of coping with stress: *Seeking social support*, *Planned task solving* and slightly less (at the level of p < 0.05) with the *Positive revaluation*. In accordance with the assumption made earlier, the negative correlation existing here means that people with a secure attachment style reveal a stronger tendency to choose positive ways of coping with stress. These positive models of reacting are as follows: the behaviour involving brave seeking to take advantage of material, informative and emotional support from others, taking specific actions leading to problem solving and striving to take advantage of stress, also by way of making changes to the hierarchy of personal priorities. This means that a secure attachment style is conducive to being effective in coping in stressful situations. Also stated was a statistically significant correlation of the Fear–Mother variable with the way of coping with stress consisting of recognising one's own fault for a difficult situation which had arisen. Taking into account the positive direction of this dependence, one should state that the stronger the person's attachment style is distorted, consisting of the fear-ambivalent attitude towards the mother, the stronger they blame themselves for the generation of stress. In the case of attachment styles to the father figure, statistically significant relationships were also found. The Avoidance–Father attachment style is positively correlated with coping with stress by improving one's own frame of mind and escaping from the problem perceived as a source of stress. At the same time, the fear-ambivalent style in the relation to the father is positively correlated with *Distancing* and *Taking responsibility*. This means that the persons who developed an attachment style in themselves that was more strongly distorted in this manner resolve stressful situations by the defensive elimination of the problem from their own conscious mind and blame themselves for the emergence of stress.

The next stage of the conducted analyses was to determine which attachment styles would explain the utilisation of particular ways of coping with stress (Table 6).

When the manner of coping with stress involving the behaviour being in line with the first impulse (*Confrontation*) was used, the results obtained were not to be statistically significant (Table 7).

Defensive behaviour in the face of stress, consisting of the elimination of the problem from the conscious mind, is explained by two attachment styles: Avoidance–Father and Fear–Father (11%). The

Table 6. Results of regression analysis with Confrontation as a dependent variable (the introduction method)

Variable	Beta	T	Sig T
Avoidance–Mother	.048	.527	.599
Fear–Mother	.033	.343	.732
Avoidance–Father	−.050	−.574	.567
Fear–Father	.031	.326	.745

R = 0.08; R^2 = 0.01; F(0.271); p < 0.05

Table 7. Results of regression analysis with *Distancing* as a dependent variable (the introduction method)

Variable	Beta	T	Sig T
Avoidance–Mother	−.157	−1.808	.073
Fear–Mother	−.024	−.259	.796
Avoidance–Father	.171	2.059	.041
Fear–Father	.316	3.528	.001

R = 0.33; R^2 = 0.11; F(4.608); p < 0.05

Table 8. Results of regression analysis with *Self-control* as a dependent variable (the introduction method)

Variable	Beta	T	Sig T
Avoidance–Mother	−.137	−1.513	.132
Fear–Mother	−.022	−.231	.818
Avoidance–Father	.040	.461	.645
Fear–Father	.162	1.735	.085

R = 0.17; R^2 = 0.03; F(1.167); p < 0.05

Table 8. Results of regression analysis with Self-control as a dependent variable (the introduction method)

Variable	Beta	T	Sig T
Avoidance–Mother	−.137	−1.513	.132
Fear–Mother	−.022	−.231	.818
Avoidance–Father	.040	.461	.645
Fear–Father	.162	1.735	.085

R = 0.17; R^2 = 0.03; F(1.167); p < 0.05

Table 9. Results of regression analysis with *Seeking social support* as a dependent variable (the introduction method)

Variable	Beta	T	Sig T
Avoidance–Mother	−.226	−2.541	.012
Fear–Mother	.045	.483	.630
Avoidance–Father	.024	.286	.776
Fear–Father	−.107	−1.162	.247

R = 0.25; R^2 = 0.06; F(2.548); p < 0.05

Table 10. Results of regression analysis with *Taking responsibility* as a dependent variable (the introduction method)

Variable	Beta	t	Sig T
Avoidance–Mother	−.187	−2.158	.033
Fear–Mother	.162	1.775	.078
Avoidance–Father	.123	1.482	.140
Fear–Father	.186	2.069	.040

R = 0.31; R^2 = 0.10; F(4.084); p < 0.005

positive dependence indicates that the persons with a stronger degree of those two distorted attachment styles will revert to eliminating events and situations perceived as the main source of the problem from their conscious mind (Table 8).

The results obtained for coping with stress, encompassing the skill of controlling one's own emotions and not undertaking rash actions, turned out not to be statistically significant. The direction of the *Self-control* dependence with the Avoidance–Mother and the Fear–Mother scales indicates that the secure attachment style to the mother may influence the skills of rational coping with problems (Table 9).

In the next category, the results and the direction of the regression analysis indicate that the stronger the secure attachment style with regard to the mother or the person substituting for her on a regular basis, the more these persons will revert in stressful situations to effective methods of finding solutions involving material, informative and emotional support from other people (Table 10).

The strongest predictor of recognising one's own responsibility in the emergence of a stressful situation as a way of coping with stress is the secure attachment style to the mother (this interpretation is confirmed by the negative direction in relation to the Avoidance–Mother style. The relationship of this method of coping with stress with the fear-ambivalent attachment style with regard to the father produced less unequivocal results. This relationship is reflected in the special traits of this style, involving the variability of child's reactions to the attachment figure, characterised by alternate anger and rejection and the wish to cuddle up and seek support. Together, these two styles explain 10% of the variability (Table 11).

A significant predictor of coping with stress by improving one's own frame of mind and avoid-

Table 11. Results of regression analysis with *Escaping — Avoidance* **as a dependent variable (the introduction method)**

Variable	Beta	t	Sig T
Avoidance–Mother	.020	.226	.822
Fear–Mother	−.001	−.008	.994
Avoidance–Father	.191	2.237	.027
Fear–Father	.102	1.110	.269

R = 0.23; R^2 = 0.05; F(2.165); p < 0.05

Table 12. Results of regression analysis with *Planned problem solving* **as a dependent variable (the introduction method)**

Variable	Beta	t	Sig T
Avoidance–Mother	−.312	−3.554	.001
Fear–Mother	.014	.151	.880
Avoidance–Father	.111	1.319	.189
Fear–Father	−.006	−.061	.951

R = 0.29; R^2 = 0.08; F(3.445); p < 0.005

Table 13. Results of regression analysis with *Positive revaluation* **as a dependent variable (the introduction method)**

Variable	Beta	t	Sig T
Avoidance–Mother	−.251	−2.817	.005
Fear–Mother	.016	.171	.864
Avoidance–Father	.163	1.915	.057
Fear–Father	.016	.177	.860

R = 0.21; R^2 = 0.04; F(1.729); p < 0.01

ing the problem which is a source of stress is the avoiding attachment style with regard to the father. The direction of the dependence means that the persons having their attachment style distorted in this manner will select behaviours leading to the artificial improvement of their frame of mind and to negate the real problem more intensely (Table 12).

The next strategy of coping in stressful situations, consisting of taking specific actions leading to problem solving is explained only by one attachment style, i.e. the avoiding style with regard to the mother (8%). This negative dependence means that in difficult situations such persons will take the above actions, as the level of the secure attachment style with regard to the mother increases (Table 13).

In the case of the last of the strategies, i.e. the strategy of *Positive revaluation*, just like previously, only one variable, that is Avoidance–Mother

had the dependence which was statistically significant and it explains only 4% of the variance. If we take into account the negative direction of this dependence, we may state that persons with a secure attachment style to the mother will strive to behave so as to make changes in the hierarchy of personal priorities in a stressful situation and to take actions leading to taking advantage of the stress.

Discussion

The study presented here was designed to provide the answers to three questions: whether there is a relationship between attachment styles and the styles of coping with stress; whether attachment styles differentiate the styles of coping with stress and whether people having a secure attachment style use constructive styles of coping with stress. The results obtained in the study confirm that statistically significant relationships exist between attachment styles measured separately for the mother and the father and the ways of coping with stress. The results of the tests conducted here match the studies conducted by other authors where unsecure attachment styles are related to such forms of behaviour as alienation, alcohol abuse, fear or suicidal attempts [41]. On the other hand, the secure attachment style, in contrast to distorted styles, and especially the fear style, clearly turned out to be a predictor of effective ways of coping with stress [42]. Also in the studies conducted among the mentally handicapped, Janssen, Schuengel and Stolk [43] stated that the secure attachment style helped reduce the stress in a romantic relationship, while the unsecure attachment styles were accompanied by ineffective ways of coping.

The results of the r-Pearson correlation and multiple regression show that attachment styles clearly differentiate the ways of coping with stress used by the nurses that were the subjects of this study. The results obtained also allow a statement to be formed that attachment styles are essential predictors of the ways of coping with stress.

However, one should note that although the results obtained in this study corroborate the predicted dependencies and their directions, the individual attachment styles are not related in the same manner to the ways of coping in stressful situations. The patterns of emotionality ascribed to the relevant attachment styles are also reflected in the ways of coping. Secure attachment styles are significant predictors of coping effectively in difficult situa-

tions. The distorted attachment styles, on the other hand, create the dynamics of dealing with stressful situations that involve destructive and ineffective behaviour. However, one should note that the results of the regression analyses indicate a relatively low contribution of attachment styles in explaning of the ways of coping with stress. The explained percentage of the variability of the results ranges from 1% to 11%.

The secure attachment style positively correlates with the effective ways of coping. A similar tendency was shown in the regression analysis. This means that in a stressful situation, the persons characterised by a secure attachment style with regard to their mother will employ positive and creative strategies, mainly involving a brave and skilful way of seeking social support, planned problem solving and positive revaluation of the difficult situation. Although showing a similar tendency, the dependence of these ways of coping on the styles of attachment to the father figure was not statistically significant. It seems to be interesting that the fear-ambivalent attachment style which is distorted in terms of emotions both with regard to the mother and the father correlates in a statistically significant manner with the way of coping consisting of recognizing of one's own guilt for the emergence of the stress. This view is consistent with the assumptions of the theory of attachment — a person characterised by such a style is described as feeling less valuable, less attractive and idealising other people [44].

Additionally, the distorted attachment styles with regard to the father also determine such destructive ways of coping as the defensive elimination of the problem from the conscious mind, artificial improvement of one's own frame of mind and avoiding the problem by undertaking other cognitive-behavioural activities.

Such dynamics of the dependencies are confirmed in the majority of the conducted studies of attachment styles. Attachment in childhood significantly influences the development of social skills and the quality of mutual relations [45]. When the child's emotional needs are met by his/her carers, a secure attachment style is formed and the result is a high social competence based on self-confidence and confidence in the surrounding world. Moreover, as shown by other studies, people with the secure attachment style try to get support from others in stressful situations, more often striving to maintain the psychological well-being [46]. They also are in better psychophysical shape, which significantly influences the perception and their evaluation of

the stressful situation [47]. These tendencies are also confirmed by the results of our research, which demonstrates that the secure attachment style is an essential predictor of seeking social support and making rational attempts at solving problems effectively.

Apart from emotional processes, coping with stress also encompasses cognitive and behavioural processes. The activation of cognitive processes by a person is dependent on the subjective knowledge they have about their own competence and their conviction about their self-worth. On the other hand, behavioural processes result from a specific combination of emotional and cognitive processes. Therefore, it seems that people having a secure attachment style, i.e. people with a positive model of their self and of others will be more motivated to make efforts leading to solving the problem, both at the cognitive and the behavioural levels. This is confirmed by the results of the studies which show the secure attachment style mainly with regard to the mother to be a predictor of the planned problem solving and of the positive revaluation of the stressful situation.

On the other hand, the studies conducted by Zimmerman and his colleagues [48] among adolescents point to the fact that people with unsecure attachment styles have significant difficulties in problem solving, as demonstrated in our study. These difficulties mainly consist of avoiding the problem, blaming oneself and improving one's frame of mind. The results of this research show that mainly the distorted attachment styles with regard to the father figure are significant predictors of such behaviour.

We hope that the study discussed here, filling a certain gap in the research on the relationships between the attachment styles and the ways of coping in the specific group of nurses, will become an inspiration for further research on the analysed variables. Clearly, one should remember that attachment styles are not the only predictors of the strategies for coping with stress. The study presented here did not take account of such variables as personality traits or the current family-environment situation of the respondents. However, the impact of early childhood on the development and interrelations not only between partners, in a family, but also at work, merits further analysis.

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