

The sense of coherence and knowledge about the disease in patients with stable coronary artery disease

Poczucie koherencji a stan posiadanej wiedzy o schorzeniu u osób ze stabilną chorobą wieńcową

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Abstract

Introduction. The sense of coherence is a crucial aspect of life that helps to maintain optimal health. The issue is vital in cardiology where level of knowledge about the disease together with cohesion improves the quality of life of the patients with stable coronary artery disease who had a history of coronary angioplasty.

The aim of the study was to assess the impact of the sense of coherence on the level of knowledge in patients suffering from stable coronary artery disease as a determinant of return to optimal health.

Material and methods. We recruited 120 patients from Clinical Unit of Invasive Cardiology in 10th Military Research Hospital and Polyclinic in Bydgoszcz, Poland. The sense of coherence was tested using SOC-29 questionnaire by Aaron Antonovsky and knowledge about the disease was assessed using personal questionnaire.

Results. Respondents differed regarding the level of the sense of coherence, its components and level of knowledge about coronary artery disease. They obtained average SOC and level of knowledge results. A high level of comprehensibility level was observed. In case of manageability and meaningfulness we found statistical significances. The higher level of knowledge the better the sense of manageability and meaningfulness was observed. The longer the patients dealt with the disease the higher level of knowledge of it was found.

Conclusion. Psychoeducation is necessary in patients with stable coronary artery disease. Due to acquired knowledge of lifestyle modification the patients may have better control of therapy and long term effects of the therapy aimed at returning to optimal health.

Key words: sense of coherence (SOC), education, stable coronary artery disease, percutaneous transluminal coronary angioplasty

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Introduction

Currently we have to face many stress factors that have impact on i.a. diseases of civilization development, for instance stable coronary artery disease. Despite the progress in medical sciences its incidence is still rising. Chronic

diseases are challenging to everybody. Adaptation to new situation is very difficult and sometimes even impossible in some people. Stable coronary artery disease causes not only physical disturbances but also affects mind [1]. During the treatment patients should change their lifestyle which reflects their level of social needs fulfilment, especially

those mental [2]. Patients are currently treated holistically. Apart from physical part, the psychological aspect plays important role. Such attitude was first presented by Aaron Antonovsky. This author in his model to salutogenic approach described shifting accent from disease to health [3]. Sense of coherence (SOC) and its components are important determinants of health. Components include: comprehensibility, manageability and meaningfulness. [4]. Manageability reflects cognitive function of every human which has an impact on perception of external information. Manageability is associated with our beliefs and abilities of coping with difficult situations which we gained in the past. Meaningfulness, however, relates to giving meaning to events, their understanding and experiencing rather as challenges than perils [5]. These components of sense of coherence allow to initiate one's own defence mechanisms that will accelerate the recovery. The aim of the study was to assess the impact of sense of coherence on the level of knowledge as a marker of recovery to optimal health in patients with history of coronary artery angioplasty due to coronary artery disease.

Material and methods

The study was performed from June to December 2013 in a group of 120 patients hospitalized in Clinical Unit of Invasive Cardiology in 10th Military Research Hospital and Polyclinic in Bydgoszcz, Poland. The study protocol was approved by local ethics committee of the Ludwik Rydygier *Collegium Medicum* in Bydgoszcz (KB/247/2013). The selection criteria were based on medical examinations during which the patients with stable coronary artery disease were qualified to elective coronary angioplasty. We excluded patients who had urgent percutaneous coronary angioplasty.

The reason why we chose such group was that the patients had to educate in terms of further treatment and dealing with lifestyle change. In addition, the study group had to accept the disease which despite the performed procedures would further progress. We used the Sense of Coherence Questionnaire (SOC-29) [3] and questionnaire constructed by ourselves including imprint and questions assessing patients' knowledge of stable coronary artery disease. The sense of Coherence Questionnaire (SOC-29) by Aaron Antonovsky from 1983 was adapted in 1993 to Polish requirements by Clinical Psychology Unit of Institute of Psychiatry and Neurology in Warsaw, Psychoprevention Unit of Adam Mickiewicz University in Poznan and Occupational Psychology Unit in Lodz. The questionnaire helps to assess the general level of sense of coherence and its 3 dimensions level: comprehensibility (11 statements), manageability (10 statements) and meaningfulness (8 statements). The test comprises 29 questions. Each question has 7 possible different answers which are rated from 1 to 7. The answers reflect patients' reactions to various situations. The results are sum of points gained from certain answers. The answers are checked with answer key that helps to determine the general SOC and its 3 components. High score in the test equals strong sense of coherence [3]. The authors also aimed at determining the level of knowledge of the disease in patients with stable coronary artery disease. We verified questions from our own questionnaire (Table 1). The patient gained points for every correct answer according to answer key. The patients could score from 0 to 11 points. Patients' knowledge level was assessed based on number of points: low level 0–6 points (up to 54.5%), average level of knowledge 6.1–8 points (up to 72.7%), high level – above 8 points (more than 72.7%). We used descriptive statistic to analyze variables (arithmetic mean, minimum, maximum,

Table 1. Mean results of the level of knowledge

No	Content	Expected value	Mean	SD	k index (%)
1.	Who from the listed people is the most prone to coronary artery disease	1	0.75	0.394	74.6
2.	Nature of coronary artery disease	1	0.66	0.464	66.3
3.	Typical signs of coronary artery disease	1	0.79	0.397	79.2
4.	Diet in coronary artery disease	1	0.46	0.479	45.8
5.	Implementation of a diet in coronary artery disease	1	0.62	0.484	61.7
6.	Time of meals in coronary artery disease	1	0.46	0.499	46.3
7.	Late complications of coronary artery disease	1	0.72	0.453	71.7
8.	Therapeutic physical activity	1	0.64	0.473	64.2
9.	What is not associated with self-control in patients with coronary artery disease	1	0.25	0.435	25.4
10.	The proper technique of blood pressure measurement does not involve	1	0.30	0.460	30.4
11.	Normal blood pressure level criteria	1	0.77	0.425	76.7

SD – standard deviation

standard deviation) and we analyzed variables distribution. The correlations between variables were performed using Spearman’s rank correlation. The significance level for all tests was set up at $p < 0.05$. The statistical analysis was performed using STATISTICA 10 software.

Results

Data analysis has shown that mean age of patients was little above 60 years (ranging from 36 to 80 years). The majority of study population were male (64.2%). The majority had secondary (38.3%) and vocational (36.7%) education, remained in marriage (62.5%), lived with family (85.7%) in cities (92.2%). The highest percentage of patients suffered from coronary artery disease for more than 12 months (40.8%). The most numerous group were patients with low level of knowledge about the disease (46.7%). Mean level of knowledge about the disease was 6.4 points. This can be classified as low average result close to low level of knowledge. The standard deviation constitutes more than 31% of mean result which indicates a large difference in the results. As far as analysed aspects concerning level of knowledge were concerned, the highest percentage of correct answers in the following positions was observed: typical signs of coronary artery disease – 79.2% and normal blood pressure level criteria – 76.7%. In these issues the level of knowledge was assessed as the highest. The lowest percentage of correct answers was seen in the following positions: the proper technique of blood pressure measurement does not involve – 30.4% and what is not associated with self-control in patients with coronary artery disease – 25.4%. In these aspects the level of knowledge was assessed as the lowest. In both female and male

groups the highest number of participants had low level of knowledge (48.8% and 45.5% respectively). Male group had higher level of knowledge. Mean result in women – 5.63 points and in male – 6.49 points is an low average result close to low level of knowledge. High level of knowledge was observed in population aged more than 70 years with secondary education, married, living in cities, suffering from coronary artery disease for more than 12 months.

The distribution in Table 2 reveals that studied population had average level of sense of coherence. The mean value – 130.3 points can be classified as high average result. The standard deviation constitutes more than 18% of mean result which indicates an average difference in the results. The majority of patients had average results (80%), only in few cases the results were classified as low (2.5%). The sense of comprehensibility level in studied group was also average. The mean value – 46.9 points can be classified as high average result. The standard deviation constitutes more than 19% of mean value which indicates an average difference in the sense of comprehensibility level. The majority of patient scored an average result of comprehensibility (68.3%), only few patients had low results (3.3%). There was the largest number of patients with high scores in this component of sense of coherence (28.3%). The patients had also average level of manageability. The mean value – 45.3 points can be classified as medium average result. The standard deviation constitutes little more than 22% of mean value which in this case indicates large differences in manageability. The largest number of patients had average results (75%), only few of them had low results (10%). The meaningfulness results were also average. The mean value – 38.2 points can be classified as medium average result. The standard deviation con-

Table 2. The sense of coherence (SOC) results

Results	Soc		Comprehensibility		Manageability		Meaningfulness	
	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Low	3	2.5	4	3.3	12	10.0	9	7.5
Average	96	80.0	82	68.3	90	75.0	94	78.3
High	21	17.5	34	28.3	18	15.0	17	14.2
Number of patients	120		120		120		120	
Mean	130.3		46.9		45.3		38.2	
SD	24.096		9.316		10.081		8.208	
Confidence -95%	125.92		45.17		43.43		36.69	
Confidence +95%	134.63		48.53		47.07		39.66	
Minimum	72.0		17.0		22.0		14.0	
Maximum	197.0		72.0		70.0		56.0	
Lower quartile	115.0		41.0		39.0		32.0	
Median	122.0		45.0		43.0		37.0	
Higher quartile	141.0		50.0		52.0		43.5	

SD – standard deviation

Table 3. Correlations between the level of knowledge and the sense coherence (SOC)

Variable	N	R	t(N-2)	p
SOC	120	0.120	1.309	0.193
Comprehensibility	120	-0.008	-0.091	0.928
Manageability	120	0.242	2.710	0.008
Meaningfulness	120	0.208	2.311	0.023

stitutes more than 21% of mean value which indicates large differences in manageability results. The majority of patients had average results (78.3%) and only few achieved low results (7.5%). Having taken into consideration all the components of sense of coherence the highest result were observed in the sense of comprehensibility whereas the lowest results were found in sense of manageability. The largest number of female and male had average results in sense of coherence and its components (86% and 76,9% respectively). Slightly higher results were observed in male group. All the results were average. The higher level of sense of coherence was observed in patients aged more than 70 years, with primary education, married, living in the villages and suffering from coronary artery disease for more than 12 months.

The correlation between level of knowledge and the SOC results was further analyzed. A significant low-correlation between the level of knowledge in study group and the results of sense of manageability and meaningfulness was observed (Table 3). In other cases no statistical significance was found. The highest level of sense of coherence was observed in patients with average knowledge about disease while the lowest level was shown in patients with low level of knowledge. The highest level of sense of comprehensibility was presented in patients with average knowledge while the lowest level was found in patients with high level of knowledge. The highest level of manageability and meaningfulness was observed in patients with high level of knowledge while the lowest level was found in patients with low level of knowledge.

Discussion

Nowadays we live in a great pace, not paying attention to the fact that lifestyle has a great impact on our health. Stress factors, improper diet, lack of physical activity, addictions contribute to development of many diseases including civilization diseases. One of them is stable coronary artery disease which incidence, despite progress in medicine, is rising. Chronic nature of the disease requires from patients good knowledge and abilities indispensable to self-care, treatment, lifestyle promoting wellbeing and

complications prevention. Currently a holistic approach is applied to patients which means that we are concentrating not only on the treatment of the disease but also on the psychological and social aspects. Such attitude was initially presented by Aaron Antonovsky. The author in his assumption to salutogenic approach described shifting from disease to health [3]. Therefore, sense of coherence and its components are very important determinants of health. The aim of our study was to assess the impact of sense of coherence on the level of knowledge about the disease as an indicator of recovery to optimal health in patients with stable coronary artery disease with history of coronary angioplasty. Based on analyzed data we found that patients after coronary angioplasty have different levels of sense of coherence. The mean SOC of studied group was average. The mean sense of comprehensibility was also average. This was the component of sense of coherence in which the largest number of patients achieved high scores. The studied group had also average level of sense of manageability. The scores of sense of meaningfulness were also average. All in all, patients achieved the highest scores in sense of comprehensibility and the lowest in sense of manageability. We can conclude that it is very important to present correlation between patients' lifestyle and its impact on diseases development. The modification of risk factors has great impact on disease incidence reduction while involvement and sense of meaningfulness are indispensable in tackling the disease. Our studies suggest that patients easily gain knowledge about disease, its complications and desirable changes but the problem is with their implementation. Patients understand the need to modify lifestyle but they do not have enough determination and maybe support as well to implement those changes. They do not see the point in changing their lifestyle despite the fact that it is essential to get involved in tackling the disease. Therefore, the patients' education should not only be aimed at medical treatment but also on improving the mental state because it is the source of major changes. As proved in Silarov's studies which analyzed the impact of sense of coherence on pro-health behaviours in patients with coronary artery disease, it was less probable that patients with low SOC before the initiation of treatment would succeed in implementing pro-health behaviours after the treatment [6]. This revealed a great need of educating and promoting health so as to show the patients the correlation between negative health behaviours and incidence of heart diseases. It is the lifestyle that has great impact on the emergence of health problems. The results of the studies are quite similar with the results obtained in our study and they present strong correlation between sense of coherence and heart diseases prevalence. The higher sense of coherence is, the more patient concentra-

tes on the pro-health behaviours, improves knowledge and thus reduces the risk of diseases development in the future. The patient has abilities to fight with possible disease and additionally with support of education he/she can prevent complications associated with the disease. Another interesting study was presented by Kattainen [7]. She recruited patients undergoing coronary artery bypass grafting (CABG). The study proved that sense of coherence was more stable in patients after coronary artery bypass grafting in comparison to patients after coronary angioplasty. In both groups quality of life improved significantly during 6 months after the procedure. The author of the study explained that the patients after either CABG or coronary angioplasty tried to change their lifestyle and habits which brought: improvement in general health, better functioning and as a result improved quality of life. In past studies recruiting patients with type 2 diabetes [8] the authors observed similar average level of SOC and its components in comparison to our study. Comparing the results from both studies we found that mean SOC results in patients suffering from chronic disease are not so bad. Studies based on Antonovsky's scale performed in various countries suggest that level of coherence was significantly lower in patients in comparison to healthy people [3]. The comprehensibility in our study was found on the top which gives the assumption that patients considered information gained during education as consistent, understandable and ordered. The sense of meaningfulness in patients was on the bottom while this component is indispensable for commitment and tackling the disease and which is according to Antonovsky, the most important component of sense of coherence [3]. Similar results of SOC were observed in patients treated in dialysis unit. The result of sense of coherence in the unit was low which indicated difficulties in accepting and managing the disease [9]. In our study the sense of coherence results were average in every age group. The highest sense of coherence results were observed in patients aged more than 70 years. This can be explained by the fact that elderly people longer suffer from disease so they better understand that stimuli coming from external and internal environment are structured, predictable and explainable. On the other hand they do not see any point in fighting with the disease. They do not act so as to tackle it. Elderly people do not seek any solutions to cope with the demands. They do not feel that this could be a challenge worth effort and involvement. In studies concerning patients with chronic arterial insufficiency [10] the general sense of coherence was reduced. There were significant differences in components such as comprehensibility and manageability while the least differences were observed in general sense of coherence and meaningfulness. It was suggested that variables such as type of the disease, sex, living conditions, social contacts, function and social role had an impact on sense of cohe-

rence. These variables improve sense of coherence only when patients implement proper diet, perform regular physical activity, have knowledge of combined treatment and use preventive measures to maintain optimal health. Reduction in general sense of coherence and differences in its levels was presented by Mroziak in studies of 3 different types of patients: with neurotic disorders, depression and healthy controls. The sense of coherence level was various: the highest level was found in healthy individuals, the lowest was observed in patients with depression. There were also differences in SOC components analysis. Low level of sense of meaningfulness was found in patients with depression. This observation is typical in depression and might indicate that sense of coherence level depends on the type of disease. In modern nursing lot of emphasis has been put on health promotion, health education and their great impact on chronic diseases prevention. Learning patients' level of knowledge and correlation between level of coherence and knowledge helps to determine the direction of education. It was observed that individuals with high level of general SOC and high level of comprehensibility in higher extent were able to learn about disease. They could thus, more easily tackle the disease in order to maintain optimal health. According to our study we can assume that the highest level of sense of coherence was presented by patients with average level of knowledge. The lowest SOC level was found in individuals with poor knowledge. Higher sense of comprehensibility level was presented by patients with average level of knowledge while the lower sense of comprehensibility level was found in individuals with high level of knowledge. High level of sense of manageability was presented by patients with high level of knowledge while the lowest level of sense of manageability was observed in individuals with poor level of knowledge. The better the knowledge about disease, the higher sense of coherence. By learning to what extent his own actions, behaviours and lifestyle have an impact on health, every individual becomes convinced that health depends heavily on himself. The patient has to be educated in order to draw such conclusions. The existing correlation between the sense of coherence and level of knowledge was cited before in study concerning patients with chronic lower limb ischemia [11]. The result of this study revealed many similar features between maintaining and creating one's health. It requires possessing both good resources and positive thinking. Adopting pro-health behaviours, developing competences through knowledge, abilities and motivation and caring about health are the goals of health promotion and education. It has to be emphasized that in our study the patients' level of knowledge about coronary artery disease was average. The differences in level of knowledge were large, however. The largest group were patients with poor knowledge about the disease. Both male and female presented low knowledge about the disease,

the causes of its occurrence and how their previous lifestyle contributed to its development. Was it possible that early education before the disease occurrence would end in lifestyle changes and disease prevention in the study group? We believe so and that is why we encourage to start education since the early childhood. Taking into consideration age, the results did not differ significantly. Only in group of patients aged more than 70 years an average level of knowledge was observed. This can be explained by the fact that this group is more familiar with diseases and as a result they are educated by medical staff. Those patients also clearly see how obtained and used knowledge leads to reduction of symptoms associated with disease. Young individuals often get impression that diseases do not apply to them and they will not get ill. That is why they do not see the point in educating themselves about diseases. Our studies revealed that people with secondary and tertiary education have better knowledge about disease than individuals with vocational education. This observation can be explained by the fact that better educated people often have wider awareness and beliefs. Taking into consideration marital status the highest level of knowledge was observed in married people and those living in cities. There is a better access to mass-media that promote healthy lifestyle, present favourable changes. In addition, in large cities there is better access to various forms of health promotion and education and the screening test are can be easily obtained. It was not surprising that the highest level of knowledge was found in patients who suffered from the disease for the longest time. Looking at previously cited study it was observed that patients with type 2 diabetes aged up to 50 years had the best acquisition of knowledge. People who achieved average level of knowledge about disease before education had the highest level of meaningfulness. If the impact of education is visible we just need to encourage patients to benefit from it, which is not always easy. People realize that education is beneficial but they often find many excuses so as not to undertake any training or studies. All the above mentioned studies show significant correlation between level of knowledge and sense of coherence. The better knowledge about disease, the higher sense of coherence. The knowledge about the disease improves patient's health by encouraging him to implement therapy, promoting healthy lifestyle. This is essential in decision making and improves abilities to tackle problems in patients with chronic disease. Psychoeducation is very important for individuals so as not to let them stay alone with difficult situation such as disease. The psychoeduca-

tion also constitutes the basis of sense of coherence. In a study assessing impact of sense of coherence on the level of knowledge [12] the patients after acute coronary syndrome had average level of general sense of coherence. In this study the respondents presented high level of knowledge. Such high knowledge may facilitate early recovery and optimal health in patients after coronary artery disease. These results were higher than the results obtained in our study. Similar results were observed in Domanska's study concerning patients after stroke [13]. In conclusion, the higher knowledge about certain disease, the higher level of coherence should be. In our study however, we did not find statistically significant correlation between knowledge about coronary artery disease and sense of coherence. Only in case of manageability and meaningfulness statistical significance was observed. The lower level of knowledge, the higher both sense of manageability and meaningfulness. Out of intervening variables only the duration of the disease significantly correlated with level of knowledge in the study group while in case of sense of coherence it was education and duration of the disease. Referring to aim of the study we have to emphasize that education is essential so as not to let anybody stay alone with his/her difficult situation. Sense of coherence should be the basis of this education.

Conclusions

Patients after percutaneous coronary angioplasty had different level of sense of coherence. The global SOC and its components levels were average while in sense of comprehensibility higher results were observed.

The patients had average level of knowledge about stable coronary artery disease. The differences in results were high, though.

There was not statistical correlation between the knowledge about stable coronary artery disease and sense of coherence. In terms of manageability and meaningfulness there was statistical significance. The better knowledge, the higher level of sense of manageability and meaningfulness was observed.

The duration of disease significantly correlated with the level of knowledge in study group. The longer duration of the disease, the better knowledge about one's disease was observed. It was clearly seen in patients suffering from the disease for more than 12 months.

Pro-health education should be promoted because knowledge about one's own disease could be helpful in recovery.

Streszczenie

Wstęp. Poczucie koherencji to ważny aspekt w życiu każdego człowieka związany z utrzymaniem prawidłowego stanu zdrowia. W kardiologii tematyka ta jest bardzo ważna, gdyż stopień posiadanej wiedzy, w powiązaniu ze spójnością, ma istotny wpływ na polepszenie jakości życia pacjentów ze stabilną chorobą wieńcową, u których wykonano zabieg angioplastyki naczyń wieńcowych.

Celem pracy było określenie wpływu poziomu poczucia koherencji (SOC) na stopień posiadanej wiedzy o schorzeniu u osób po angioplastyce naczyń wieńcowych w stabilnej chorobie wieńcowej, jako wyznacznika w powrocie do optymalnego stanu zdrowia.

Materiał i metody. Badania przeprowadzono wśród 120 pacjentów Klinicznego Oddziału Kardiologii Inwazyjnej z Pracownią Hemodynamiki 10. Wojskowego Szpitala Klinicznego z Polikliniką w Bydgoszczy. Poczucie koherencji oceniono za pomocą kwestionariusza SOC-29 autorstwa Aaron Antonovsky'ego, a pomiar posiadanej wiedzy w zakresie stabilnej choroby wieńcowej za pomocą ankiety skonstruowanej przez autorów niniejszej pracy.

Wyniki. Badani różnili się pod względem SOC i jego składowych odniesionymi do stanu posiadanej wiedzy na temat stabilnej choroby wieńcowej. Uzyskali przeciętny wynik SOC i poziomu wiedzy na temat schorzenia. Wyższe wyniki odnotowano w zakresie poczucia zrozumiałości. W przypadku zaradności i sensowności wykazano istotność statystyczną. Im wyższy był poziom wiedzy, tym wyższe było zarówno poczucie zaradności, jak i sensowności. Czas trwania choroby pozostawał w istotnym związku z poziomem wiedzy badanych. Im dłużej chorowali, tym większy był poziom ich wiedzy na temat własnego schorzenia.

Wnioski. Konieczna jest psychoedukacja pacjentów ze stabilną chorobą wieńcową; dzięki zdobytej wiedzy na temat zmiany stylu życia mogą uzyskać kontrolę nad terapią i uzyskać trwałe efekty w uzyskaniu optymalnego stanu zdrowia.

Słowa kluczowe: poczucie koherencji (SOC), edukacja, stabilna choroba wieńcowa, przeszłorna angioplastyka naczyń wieńcowych

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Komentarz



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Autorem pojęcia poczucia koherencji jest amerykański socjolog Aaron Antonovsky. Poczucie koherencji wiąże się z zaproponowanym przez Antonovsky'ego specyficznym sposobem myślenia o zdrowiu i chorobie.

Poczucie koherencji stanowi istotny element w codziennym życiu każdego człowieka, zwłaszcza u osób chorych, ponieważ łączy się ono z utrzymywaniem dobrego stanu zdrowia. Korelacja wiedzy i spójności przyczynia się do poprawy jakości życia osób z różnymi schorzeniami. Poczucie koherencji ma bardzo istotny wpływ na radzenie sobie w trudnych sytuacjach. Zdaniem autora koncepcji (Antonovsky) chorujące osoby o wysokim poziomie koherencji znacznie lepiej radzą sobie z chorobą, cechuje je większa motywacja do wyzdrowienia, a także lepiej współpracują z zespołem medycznym w procesie leczenia i łatwiej przystosowują się do sytuacji, których nie są w stanie zmienić – w odróżnieniu od osób o niskim poziomie koherencji. Określenie poziomu poczucia koherencji (Kwestionariusz Orientacji Życiowej Aarona Antonovsky'ego; SOC-29, *The Sense of Coherence Questionnaire*) u pacjentów z przewlekłą chorobą może zatem stanowić istotny element w prognozowaniu opieki nad pacjentem na różnych jej etapach, a także radzenia sobie z trudnościami wynikającymi z choroby i leczenia. Poczucie koherencji może również wyjaśniać relatywnie dobre funkcjonowanie pacjenta mimo ograniczeń, jakie niesie choroba.

Praca autorstwa Krystyny Kurowskiej i Agnieszki Nowak dotyczy istotnego zagadnienia z punktu widzenia psychologii zdrowia. Ważny jest fakt podjęcia badań dotyczących poczucia sensowności, zaradności, sterowalności u pacjentów z chorobą wieńcową. Podobne badania podejmowano w odniesieniu do osób z rozpoznaniem łuszczycy [1], u osób z rozpoznaniem przewlekłej niewydolności żylnej [2], u pacjentów ze schorzeniami reumatycznymi [3], u przewlekle chorych mieszkańców domów pomocy społecznej [4] czy u pacjentów z depresją [5]. Badano również poczucie koherencji u chorych z miażdżycą tętnic kończyn dolnych [6] oraz nadciśnieniem tętniczym [7]. We wszystkich przypadkach stwierdzono, że im wyższe jest poczucie koherencji, tym lepsze przystosowanie do zmian wynikających z choroby i efektywniejsze radzenie sobie z różnymi trudnościami związanymi z leczeniem i chorobą. Wysokie poczucie koherencji sprzyja zachowaniom prozdrowotnym, gdyż pacjenci mają poczucie, że wskazania pracowników ochrony zdrowia są sensowne i zrozumiałe dla nich, a ponadto mają przekonanie, że potrafią spełnić stawiane im wymagania.

Celem badań Auterek wspomnianej wyżej pracy było określenie wpływu poczucia koherencji na stopień posiadanej wiedzy u osób po angioplastyce naczyń wieńcowych w stabilnej chorobie wieńcowej jako wyznacznika powrotu do optymalnego stanu zdrowia. Badaną grupę stanowiło 120 pacjentów Klinicznego Oddziału Kardiologii Inwazyjnej z Pracownią Hemodynamiki 10. Wojskowego Szpitala Klinicznego z Polikliniką w Bydgoszczy. Poczucie koherencji zdiagnozowano na podstawie testu SOC-29.

Ustalenia poczynione w pracy pozwoliły na stwierdzenie, że pacjenci wykazują różnice pod względem wiedzy na temat stabilnej choroby wieńcowej w odniesieniu do wszystkich części składowych poczucia koherencji. W świetle przeprowadzonych badań lepsze wyniki uzyskano w odniesieniu do poczucia zrozumiałości, zaś w odniesieniu do zaradności i sensowności ustalono, że im wyższy był poziom wiedzy badanych, tym większe było zarówno ich poczucie zaradności, jak i sensowności. Ważnym ustaleniem wydaje się zwłaszcza wpływ poziomu posiadanej wiedzy na czas chorowania, który może świadczyć o lepszej edukacji na temat stanu zdrowia będącej wypadkową dłuższego „cierpienia”, w tym przypadku w związku z chorobą wieńcową. Nie jest to oczywiście wynik optymistyczny z punktu widzenia szeroko rozumianej wiedzy o zdrowiu i determinantach powodujących jej pogłębianie. Autorki ustaliły, że dłuższy czas chorowania to element przyczyniający się do pogłębiania wiedzy na temat własnej choroby.

Choroba na wszystkich jej etapach stanowi źródło stresu zarówno dla pacjenta, jak i członków jego rodziny. Poczucie koherencji może być czynnikiem prognostycznym w zakresie identyfikowania posiadanych zasobów wewnętrznych do radzenia sobie z chorobą. Należy się zgodzić ze sformułowanymi przez Autorki wnioskami, że u pacjentów ze stabilną chorobą wieńcową ważna, a wręcz niezbędna, jest psychoedukacja, jak również promocja zdrowia i zachowań prozdrowotnych.

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