

# 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  $\geq 2$  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.

