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Uwarunkowania psychospołeczne samooceny stanu zdrowia polskich położnych

Psycho-social determinants in health state self-evaluation by Polish midwives

Streszczenie

Wstęp. Praca zawodowa może być źródłem satysfakcji życiowej i pozytywnie wpływać na kondycję psychofizyczną. Zdarza się jednak, iż aktywność zawodowa niesie ze sobą również negatywne skutki i wywołuje wiele obciążeń.

Cel. Celem pracy była ocena uwarunkowań psychospołecznych samooceny zdrowia psychicznego polskich położnych.

Materiał i metodyka. Badania przeprowadzono metodą sondażu diagnostycznego za pomocą kwestionariusza ankiety, objęto nimi 3569 położnych ze wszystkich regionów Polski. W badaniach wykorzystano polską adaptację Kwestionariusza Orientacji Życiowej SOC-29, kwestionariusza ankiety do pomiaru źródeł wsparcia oraz ankietę osobową do opisanego właściwości społeczno-demograficznych grupy.

Wyniki. Położne oceniające swój stan zdrowia psychicznego jako bardzo dobry, to osoby prawie nigdy lub rzadko przeżywające sytuacje trudne, stresujące w życiu osobistym oraz w pracy zawodowej ($p=0,0000$), w sytuacjach trudnych otrzymujące zawsze wsparcie ze strony przyjaciół ($p=0,001$), rodziny ($p=0,0024$), koleżanek/kolegów z pracy ($p=0,0081$) oraz przełożonych ($p=0,0004$), z wysokim poziomem globalnego poczucia koherencji ($p=0,0000$).

Wnioski. Dobra samoocena zdrowia badanych położnych jest dodatnio skorelowana z wysokim poczuciem koherencji. Istnieje korelacja pomiędzy bardzo dobrą i dobrą samooceną stanu zdrowia a wsparciem otrzymywanym od rodziny, przyjaciół, kolegów z pracy, przełożonych.

Abstract

Introduction. Professional work could be the source of life satisfaction, it could enhance the psychophysical condition. However it happens that professional activity brings negative effects and might be very aggravating.

Aim. The work aimed at assessing psycho-social determinants in health self-evaluation by Polish midwives.

Materials and method. The investigation was performed by means of the diagnostic polling method, using the questionnaire polls, and involved 3569 midwives from all regions of Poland. The method made use of the Polish adaptation of the Sense of Coherence Questionnaire SOC-29, a questionnaire poll for measuring sources of support, as well as a personal questionnaire to describe socio-demographic characteristics of the group.

Results. Midwives who evaluated their mental health state as very good hardly ever or very rarely experienced difficult situations that triggered stress in their personal and professional lives ($p=0.0000$). In difficult situations, they always received support from their friends ($p=0.001$), their family ($p=0.0024$), their colleagues ($p=0.0081$), as well as from their superiors ($p=0.0004$). They also enjoyed a high global level of the sense of coherence ($p=0.0000$).

Conclusions. Good self-evaluation of the investigated midwives was positively correlated with a high sense of coherence. There was also noted a correlation between very good and good self-evaluation of health state and support received from family, friends, colleagues and superiors.

Słowa kluczowe: położne, samoocena zdrowia, poczucie koherencji, wsparcie społeczne.

Keywords: midwives, self-evaluation of health, sense of coherence, social support.

INTRODUCTION

Stressful situations that midwives encounter in their work trigger various changes in their organisms, both in physiological and psychological processes [1]. Social support and global sense of coherence are some of the most important factors to modify coping with such situations by facilitating meeting requirements imposed by stimuli an individual receives from inner and outer environment [2].

Some personality features lead to decreasing the level of stress perceived and more effective coping with everyday problems and difficult situations. Global sense of direction, which Aaron Antonovsky called the Sense of Coherence [SOC], is such a factor. It gives man a sense of certainty that there are means enabling him to meet requirements imposed by stimuli he receives throughout his life from his inner and outer environment [3]. Such requirements also strengthen his belief that challenges are worth making an effort and getting involved. Due to the sense of direction in life, man can make the best use of his resources and prevent emotional tension, which occur in difficult situations, from turning it into harmful distress [4,5]. Antonovsky distinguished its three components: comprehensibility, manageability and meaningfulness. Social support is one of the aspects of the mechanism of coping with everyday life problems, and also an important factor which helps to overcome difficult situations [6,7].

AIM

The work aimed at assessing psycho-social determinants in self-evaluation of health state by Polish midwives.

METHODS

The investigation was performed by means of the diagnostic polling method, using the questionnaire polls, and involved 3569 midwives from all regions of Poland. The method made use of the Polish adaptation of the Sense of Coherence Questionnaire SOC-29, a questionnaire poll for measuring sources of support, as well as a personal questionnaire to describe socio-demographic characteristics of the group. Person's corrected contingency coefficient was used to analyze the research material statistically. The relation between dividing features was verified by means of the Chi-square test (χ^2) of independence of the features. $p < 0.05$ values were accepted as statistically significant.

RESULTS

The investigated groups of midwives were people living in the eastern region (29.08%), the north-western region (19.47%), the southern region (16.76%), the north-western region (15.07%), the northern region (12.1%) and the south-western region (7.51%) of Poland.

The investigated group of midwives comprised people aged 25 to 76, the mean age being 42.42 ± 7.31 . Nearly a half (48.02%) was in the 41-50 age partition and every third (32.59%) belonged to the 31-40 age group. Youngest midwives – those below 30 years of age – comprised the least numerous (6.30%) group of respondents, and only in the

north-western region this age group showed to be slightly more numerous (8.49%). Moreover, in the south-western region, every fifth (19.03%) midwife was over 50 years of age while in the eastern region merely every ninth (10.98%) had reached this age.

Nearly a half (48.18%) of the total number of investigated midwives was a resident of poviats towns, including above a half of women who inhabited the southern region (50.67%), the central (52.42%), and the northern one (55.55%) Interestingly, every fourth midwife (24.94%) in the country lived in a voivodship city and over two fifth (41.79%) – in the north-western region. Lastly, every ninth (11.27%) investigated midwife lived in other towns, and others (15.61%) – in villages or settlements, which was most common to the eastern (19.57%) and the southern region (18.73%).

Over two thirds (77.89%) of the investigated midwives were married and were the most represented group in the eastern (81.50%) and the southern regions (81.27%). Single midwives predominated in the south-western region (29.48%); whether unmarried (17.91%) or divorced women (8.96%).

An outstanding majority of midwives – both nationwide (87.55%) and in individual regions (81.27-91.97%) – merely had college education. On the other hand, every tenth Polish midwife had higher education (9.65%); however, these statistics varied for individual regions, i.e. every seventh (14.19%) in the central region, every sixth (16.48%) in the south-western region and merely every seventeenth (5.85%) in the southern region had higher education.

The analysis of data describing psycho-social determinants for the self-evaluation showed a layout of the analyzed features to be comparable for all groups.

Over a half of the investigated midwives, whatever region of the country they came from ($p > 0.05$), evaluated their health as good (57.44%). However, every third midwife evaluated her health state as average (30.74%). Only few midwives admitted to be in a bad or even – very bad health state (2.72%) (Table 1).

TABLE 1. Self-evaluation of health state in Polish midwives with respect to particular regions of the country.

Regions of the country	Self-evaluation of health state			
	very good	good	average	bad, very bad
central (n=538)	8.55	57.43	31.97	2.04
southern (n=598)	8.03	58.03	31.27	2.68
eastern (n=1038)	9.34	58.67	28.61	3.37
north-western (n=694)	8.92	55.83	33.24	2.01
south-western (n=268)	11.57	57.09	27.61	3.73
northern (n=432)	9.49	56.48	31.48	2.55
nationwide poll	9.11	57.44	30.74	2.72
Chi2 / df=15 / p-value	$\chi^2 = 12.639$ $p = 0.6301$			

The questionnaire for researching the sense of coherence has no norms and the analysis based on comparison of average results obtained for the investigated groups with findings of other authors. Table 2 shows mean values for the sense of coherence in the whole research poll (n=3568) accounting for the division into the global sense of coherence and its subscale values (aggregation of three subscales) (Table 2).

TABLE 2. Values of basic statistical measures in individual SOC-29 scales and differences in the sense of coherence (global and its components) for the total number of midwives.

SOC scales n=3569	\bar{x}	SD	Min	Me	Max	Q 0.25	Q 0.75	V
SOC C	43.163	7.238	18	43	71	39	48	16.77%
SOC Ma	46.393	8.109	15	46	70	41	52	17.48%
SOC Me	40.081	7.467	14	40	56	35	46	18.63%
general SOC	129.637	18.292	55	128	191	117	142	14.11%

Pursuant to authors' findings, the mean value for the sense of coherence averaged out at 129.637. Mean values for the sense of coherence and its three components: i.e. comprehensibility, manageability and meaningfulness in the investigated groups were similar to those published in literature on the subject [8-10].

Midwives who evaluated their health state as very good included a group who hardly ever or rather seldom experienced difficult and stressful situations in their personal (18.04%) ($\chi^2=130.540$; $df=9$; $p=0.0000$), and professional lives (19.38%) ($\chi^2=86.883$; $df=9$; $p=0.0000$).

On the other hand, midwives who evaluated their health state as bad or even very bad included mostly statistically varied ($p<0.05$; $p<0.01$; $p<0.001$) groups of individuals who

TABLE 3. Comparison of the structure of investigated midwives with respect to their evaluation of their health state, depending on difficult situations they experienced in their personal and professional lives.

Difficult situations in personal life	Self-evaluation of health state			
	very good	good	average	bad/very bad
very often (n=216)	7.87	44.91	39.35	7.87
rather often (n=1136)	5.63	55.28	36.09	2.99
seldom (n=1706)	8.85	60.38	29.02	1.76
rather seldom, never (n=509)	18.04	57.84	20.98	3.14
Chi ² / df=9 / p-value	$\chi^2=130.540$		p=0.0000	

Difficult situations in professional life	Self-evaluation of health state			
	very good	good	average	bad/very bad
very often (n=574)	7.84	48.78	37.63	5.75
rather often (n=1751)	7.31	59.70	30.71	2.28
seldom (n=1010)	10.50	58.71	28.81	1.98
rather seldom, never (n=232)	19.83	56.03	22.41	1.72
Chi ² / df=9 / p-value	$\chi^2=86.883$		p=0.0000	

very often experienced difficult stressful situations in their personal (7.87%) and professional lives (5.75%) (Table 3).

Comparison of the investigated midwives coming from individual regions of the country concerning the support they

TABLE 4. Evaluation of investigated midwives concerning support they received in problem situations.

Support from friends	Regions of Poland						
	central	southern	eastern	north-western	south-western	northern	total
	%	%	%	%	%	%	%
always	25.09	22.56	23.11	26.49	30.97	26.87	25.02
very often	25.84	25.42	25.92	24.16	27.61	24.77	25.47
occasionally	22.28	25.25	22.14	21.11	16.79	20.09	21.83
very seldom	10.11	7.24	8.25	14.85	8.58	9.81	9.86
never	16.67	19.53	20.58	13.39	16.04	18.46	17.82
total (n=100.00%)	n=534	n=594	n=1030	n=687	n=268	n=428	n=3541
	$\chi^2=54.784$			p=0.0000			

Support from family	Regions of Poland						
	central	southern	eastern	north-western	south-western	northern	total
	%	%	%	%	%	%	%
always	60.67	62.69	62.04	67.30	68.66	65.73	63.91
very often	19.10	16.47	17.86	15.12	11.57	16.55	16.65
occasionally	6.93	9.08	8.25	8.14	6.72	7.46	7.96
very seldom	5.06	4.71	3.01	3.49	5.22	2.10	3.75
never	8.24	7.06	8.83	5.96	7.84	8.16	7.73
total (n=100.00%)	n=534	n=595	n=1030	n=688	n=268	n=429	n=3544
	$\chi^2=29.629$			p=0.0760			

Support from superiors	Regions of Poland						
	central	southern	eastern	north-western	south-western	northern	total
	%	%	%	%	%	%	%
always	8.10	5.56	7.91	9.04	11.19	7.31	7.94
very often	12.81	9.44	11.13	11.52	10.82	13.68	11.46
occasionally	27.87	25.63	28.03	32.65	23.88	26.18	27.96
very seldom	21.28	26.81	18.26	23.32	25.00	21.70	22.06
never	29.94	32.55	34.67	23.47	29.10	31.13	30.57
total (n=100.00%)	n=531	n=593	n=1024	n=686	n=268	n=424	n=3526
	$\chi^2=46.798$			p=0.0006			

TABLE 4. continued. Evaluation of investigated midwives concerning support they received in problem situations.

Support from superiors	Regions of Poland						
	central	southern	eastern	north-western	south-western	northern	total
	%	%	%	%	%	%	%
always	8.10	5.56	7.91	9.04	11.19	7.31	7.94
very often	12.81	9.44	11.13	11.52	10.82	13.68	11.46
occasionally	27.87	25.63	28.03	32.65	23.88	26.18	27.96
very seldom	21.28	26.81	18.26	23.32	25.00	21.70	22.06
never	29.94	32.55	34.67	23.47	29.10	31.13	30.57
total (n=100.00%)	n=531	n=593	n=1024	n=686	n=268	n=424	n=3526
	$\chi^2 = 55.126$			$p = 0.0000$			

received in problem situations from their friends, family, neighbors, colleagues and superiors is shown in table 4.

Over a half of the investigated midwives (50.49%) always or very often received support from their friends, and every

TABLE 5. Comparison of the structure of investigated midwives with respect to their health state, depending on support they received in difficult situation from their friends, family, neighbours, colleagues and superiors.

Support from friends	Self-evaluation of health state			
	very good	good	average	bad/ very bad
always (n=886)	12.64	58.01	26.52	2.82
very often (n=902)	9.31	57.98	30.60	2.11
occasionally (n=773)	6.86	57.31	32.34	3.49
very seldom (n=349)	8.60	55.01	34.67	1.72
never (n=631)	6.97	57.37	32.65	3.01
Chi ² / df=12 / p-value	$\chi^2 = 32.925$		$p = 0.0010$	
Support from family	Self-evaluation of health state			
	very good	good	average	bad/ very bad
always (n=2264)	10.55	58.23	28.48	2.74
very often (n=590)	5.25	58.14	33.90	2.71
occasionally (n=282)	8.51	54.26	34.04	3.19
very seldom (n=133)	6.02	51.88	39.85	2.26
never (n=274)	7.66	56.20	33.94	2.19
Chi ² / df=12 / p-value	$\chi^2 = 30.344$		$p = 0.002$	
Support from colleagues	Self-evaluation of health state			
	very good	good	average	bad/ very bad
always (n=322)	12.42	58.70	26.09	2.80
very often (n=843)	10.43	59.48	28.79	1.30
occasionally (n=1212)	8.17	58.42	30.61	2.81
very seldom (n=477)	9.22	53.88	33.54	3.35
never (n=684)	7.75	54.97	33.48	3.80
Chi ² / df=12 / p-value	$\chi^2 = 26.843$		$p = 0.0081$	
Support from superiors	Self-evaluation of health state			
	very good	good	average	bad/ very bad
always (n=280)	12.86	56.43	29.29	1.43
very often (n=404)	12.38	61.88	24.26	1.49
occasionally (n=986)	9.13	59.43	28.60	2.84
very seldom (n=778)	8.87	55.14	32.78	3.21
never (n=1078)	7.05	55.75	34.04	3.15
Chi ² / df=12 / p-value	$\chi^2 = 34.961$		$p = 0.0004$	

fifth (21.83%) – occasionally. Over four fifths (80.56%) received support from their families and every twelfth (7.96%) occasionally. Every third midwife always received such a support from her colleagues (32.95%) and also every third (34.25%) – occasionally. Lastly, nearly every fifth midwife (19.4%) could count on the support from their superiors, and nearly every fourth – occasionally (22.06%).

Persons who evaluated their health state as very good were those who always received support from their friends (12.64%) ($\chi^2=32.925$; $df=12$; $p=0.0010$), family (10.55%) ($\chi^2=30.344$; $df=12$; $p=0.0024$), colleagues (12.42%) ($\chi^2=26.843$; $df=12$; $p=0.0081$) and superiors (12.86%) ($\chi^2=34.961$; $df=12$; $p=0.0004$).

TABLE 6. Comparing the structure of investigated midwives with respect to the evaluation of their health state depending on the level of their sense of coherence.

Global sense of coherence (general SOC)	Self-evaluation of health state			
	very good	good	average	bad/ very bad
low level (n=950)	5.26	50.21	40.32	4.21
average level (n=1725)	8.17	58.14	31.25	2.43
high level (n=893)	15.01	63.83	19.48	1.68
Chi ² / df=6 / p-value	$\chi^2 = 143.469$		$p = 0.0000$	
Sense of comprehensibility (SOC C)	Self-evaluation of health state			
	very good	good	average	bad/ very bad
low level (n=1056)	6.91	55.68	34.09	3.31
average level (n=1617)	8.16	57.45	31.73	2.66
high level (n=895)	13.41	59.55	24.92	2.12
Chi ² / df=6 / p-value	$\chi^2 = 43.421$		$p = 0.0000$	
Sense of manageability (SOC Ma)	Self-evaluation of health state			
	very good	good	average	bad/ very bad
low level (n=954)	4.30	49.90	41.72	4.09
average level (n=1675)	8.90	58.75	29.91	2.45
high level (n=939)	14.38	62.83	20.98	1.81
Chi ² / df=6 / p-value	$\chi^2 = 144.452$		$p = 0.0000$	
Sense of meaningfulness (SOC Me)	Self-evaluation of health state			
	very good	good	average	bad/ very bad
low level (n=1007)	5.76	50.05	39.62	4.57
average level (n=1644)	7.79	58.58	31.57	2.07
high level (n=917)	15.16	63.58	19.41	1.85
Chi ² / df=6 / p-value	$\chi^2 = 150.650$		$p = 0.0000$	

On the contrary, persons who evaluated their health state as bad or very bad were those who occasionally received support from their friends (3.49%) or family (3.19%) and those who very seldom (3.35%) or never (3.80%) received it in difficult situations from colleagues, and very seldom (3.21%) or never (3.15%) – from their superiors (Table 5).

An outstanding majority of persons with a high global sense of coherence estimated their health as good ($\chi^2=143.469$; $p=0.0000$). A majority of the investigated respondents with a high level of components of the general sense of coherence: sense of comprehensibility ($\chi^2=43.421$; $p=0.0000$), sense of manageability ($\chi^2=144.452$; $p=0.0000$) and sense meaningfulness ($\chi^2=150.650$; $p=0.0000$) also considered their health as good (Table 6).

DISCUSSION

Comparing authors' own findings with those of other researches, the investigated group of females might be concluded to have a global sense of coherence, as well as its components – typical for Polish women (129.637): sense of comprehensibility (43.163), sense of manageability (46.393) and sense of meaningfulness (40.081) [8,9,10].

The research made in Polish women produced the following results for the global sense of coherence:

- mean: 135.00; standard deviation: 24.14; N = 1074 [8]
- mean: 136.74; standard deviation: 21.71; N = 240 [9]
- mean: 135.85; standard deviation: 19.82; N = 98 [10].

The investigation we carried out proved females who evaluated their health state as bad or very bad to be people who often experienced difficult situations in their personal ($p=0.0000$) and professional lives ($p=0.0000$). Stressful work leads to exhaustion which appears in a general impairment of general psychomotor activity, worsening of one's mental state, increase in psycho-physical tension and weakening of emotional reactions. Chronic stress reactions trigger disorders of intra-system reactions, psychosomatic disorders and nervous syndromes [4,11,12]. Difficult situations in home environment as well as stress factors at work may even result in the professional burnout syndrome [13].

Social support is provided to a man in his everyday life during his continual interactions with other people, and consists of information giving an individual a feeling to be respected and belong to a network of mutual commitments [14]. It is typical for people with whom one keeps direct emotional contacts to be a basic source of social support. Such support is experienced directly through constant and close bonds which positively connect them to other people. The investigated midwives mentioned family and friends as people who always provided them with support in difficult situations. People from large close families having many friends and belonging to numerous organizations better enjoy their health and better cope with difficult situations; moreover, they sustain less negative consequences of stressful situations [15,16].

The investigated midwives most often evaluated their health state as good, irrespective of the sources of support which underwent the research. Support provided by colleagues and associates is the most efficient method of combating stress at work [26]. A sense of belonging to a given

professional group generates a feeling of security, satisfaction and positively affects the general health state [13].

Midwives who evaluated their health state as bad or even very bad were predominantly people with a low global sense of coherence ($p=0.0000$) and consequently, with a low level of all its components ($p=0.0000$). Depending on a layout and intensity of its individual components, a sense of coherence may positively affect – both indirectly and directly – the efficiency of coping with stress factors and determine their primary evaluation.

A research by Pasikowski proved the sense of comprehensibility to affect the mean level of stress occurring as a consequence of various everyday life events [17]. Furthermore, the sense of manageability made stressfulness of events decrease to a greater extent, increasing at the same time the probability of perceiving them as challenges. A high level of the sense of meaningfulness was connected with a tendency to see stress factors as challenges [18]. These three components of the sense of coherence are measured separately and may be autonomous to some extent, however closely and inextricably related they be to one another [16]. Depending on the layout and intensity of its individual components, the sense of coherence may positively affect health— whether directly and indirectly; it may also affect the efficiency of coping with stress factors and influence the primary evaluation of stress factors of those last [6,18,19].

CONCLUSIONS

1. Stressful situations midwives encounter in their work trigger various changes in their organisms, both in physiological and psychological processes.
2. The investigated groups of women had global sense of coherence and all its components maintain at a level typical for Polish women.
3. A good self-evaluation of the investigated midwives was positively correlated with a high sense of coherence.
4. There was a correlation between a very good and good self-evaluation of health state and support received from family, friends, colleagues and superiors.
5. The occurrence of stressful situations in personal and professional lives of the investigated women determined lower self-evaluation of their health state.

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