

**Summary of the doctoral dissertation entitled „Relationships of meaning resources and illness perception with quality of life in people with heart failure: the mediating role of coping”**

Cardiovascular diseases are the leading cause of death worldwide. Heart failure deserves special attention as it is the final stage of many cardiac diseases, such as hypertension or ischemic heart disease. Epidemiological data show that the incidence of heart failure is constantly increasing, and this trend is expected to continue for the next few years. This highlights that heart failure is a significant public health problem.

The subject of the dissertation was the mediating role of coping with stress in the relationship between selected psychological determinants of the disease (meaning in life, illness perception and perceived stress) and its psychological effects (quality of life and subjective well-being) in patients with heart failure. The theoretical foundations of this dissertation were two theoretical models: the transactional model of stress by Lazarus and Folkman in its classic and revised form, as well as the meaning-making model by Park. The assumptions based on them were further justified by a number of empirical data and complementary theoretical models: the perception of the disease according to Leventhal and colleagues and Lipowski's illness perception model. Particular attention was paid to meaning-oriented coping, which has not yet been widely explored as well as selected resources of meaning in life, not previously considered in Polish research. A total of 16 hypotheses were formulated in the dissertation.

This study included 336 patients with heart failure (57.74% of the sample were men), aged between 18 and 92 years ( $M = 54.99$ ;  $SD = 17.27$ ), recruited in 10 facilities treating heart diseases. The basis for participating in the study was that patients had a diagnosis of heart failure based on medical records and the results of the NYHA scale (category II or III). Patients completed a battery of scales including a personal information questionnaire, the Meaning in Life Questionnaire (MLQ), the Multidimensional Existential Meaning Scale (MEMS), the Disease-Related Appraisals Scale (SOWC), the Perceived Stress Scale (PSS-10), the Gruszczyńska and Knoll Coping Questionnaire, World Health Organization Quality of Life

Assessment Questionnaire (WHOQOL-BREF), Satisfaction with Life Scale (SWLS) and the Positive and Negative Affect Scale (PANAS-X).

The results presented in the dissertation fully confirmed 7 hypotheses and partially confirmed 8. However, only one hypothesis was not confirmed. A number of intercorrelations were observed between the tested resources of meaning in life, measures of illness perception, perceived stress and coping, and the quality of life and subjective well-being. The mediating role of coping was only partially confirmed. The obtained results show that the sense of meaning in life, perception of the disease and perceived stress may contribute to attempts to cope with the stress of chronic disease in the study sample of patients with heart failure, which may consequently translate into various areas of the quality of life of this sample of people. Moreover, an alternative model was also verified, which showed that the relationship between the negative perception of the disease and the quality of life of people with heart failure may be mediated by the level of perceived stress.

The obtained results show that meaning-oriented coping may be as important for the functioning of cardiac patients as other classic styles of coping with stress studied so far. In the present project, problem- and meaning-oriented coping played a more significant role than emotion-oriented coping. This shows that the examined patients most often used constructive methods of coping with stress. Moreover, this project highlighted the importance of psychological variables in the quality of life of cardiac patients. It also showed that the negative perception of heart failure played a greater role in the functioning of patients with heart failure than the positive assessment of their own disease. The work ends with a discussion on the limitations of own research as well as the practical implications of the obtained results in the light of psychoeducation and therapeutic support based on two programs: solution-focused therapy and cognitive-behavioral therapy.

**Keywords:** heart failure; meaning in life; illness perception; coping with stress; quality of life; subjective well-being; psychocardiology