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and automatic processes predicted 3/6 behaviours (R-square range: 0.11 to 0.55). For 2/6 behaviours only the reflective process was predictive (R-square 0.19 to 0.22) whereby intention was indirectly related to behaviour via planning. For providing weight advice, only the automatic process was predictive (R-square = 0.15). **Discussion:** Both reflective and automatic processes influence clinical behaviour and could be targeted in quality improvement interventions.

A teacher's job in writing: a diary intervention for young teachers

J. Pretsch¹, B. Flunger², M. Schmitt¹

¹University of Koblenz-Landau, Department of Psychology, Landau, Germany

²University of Koblenz-Landau, Graduate School of Learning and Teaching Processes, Landau, Germany

It has been shown in numerous studies that teachers' well-being can be severely impaired by the hassles of their job. This study investigates whether a diary intervention can help to improve well-being in young teachers. Additionally, it is examined which role resilience as a personal resource plays for the effects of this intervention. Thirty trainee teachers participated in a one week diary study instructing them to either report about their work-related deepest thoughts and feelings or give a formal report of the working day. Resilience was assessed prior to the intervention. A three month follow up was implemented to assess well-being. Results show that reporting about deepest thoughts and feelings had a positive effect on teachers' health. Furthermore, it was shown that the more resilient the teachers were, the more they benefited from the intervention. The results emphasize the usefulness of a simple, inexpensive intervention to improve teachers' well-being.

Mastery early after kidney transplantation predicts future health-related quality of life: a prospective study

L. Prihodova¹, M. Majernikova², J. Rosenberger³, I. Nagyova⁴, R. Roland², J. Groothoff⁵, J. van Dijk⁵

¹Graduate School Kosice Institute for Society and Health, Kosice, Slovak Republic

²Nephrology and Dialysis Center Fresenius, Kosice, Slovak Republic

³Transplantation Department, University Hospital L. Pasteur, Kosice, Slovak Republic

⁴Institute of Public Health – Dept. of Social Medicine Faculty of Medicine Safarik University, Kosice, Slovak Republic

⁵Department of Community & Occupational Health University Medical Center Groningen University of Groningen, Groningen, Netherlands

Background: The first year after kidney transplantation (KT) is associated with significant changes and the adverse effects of immunosuppressants. We explored the predictive value of socioeconomic factors, kidney function (KF) and mastery measured in the first year post-KT on future health-related quality of life (HRQoL). **Methods:** 230 KT recipients (55.7% male, 48 ± 11.7 years) provided sociodemographic and KF data and completed the ESRD Symptom Checklist & the Pearlin Mastery Scale at 3–12 months post-KT(T₁). At follow-up 2–8 years post-KT(T₂), patients completed the HRQoL questionnaire (SF-36). GLM analysis was performed. **Findings:** Higher physical HRQoL(T₂) was predicted by younger age, female gender, higher KF, fewer side-effects and higher mastery. Higher mental HRQoL(T₂) was predicted by female gender, higher KF, fewer side-effects and higher mastery. The models

explained 41.6% and 36.1% of variance. **Discussion:** Interventions focused on management of side effects and increased mastery post-KT may contribute to higher future HRQoL in KT recipients.

The impact of structural dimensions on adolescent HIV prevention intervention efficacy: A meta-analysis

C. Protogerou¹, B.T. Johnson¹, T.B. Huedo-Medina¹, M.R. Warren¹

¹University of Connecticut, Center of Health Intervention and Prevention, Storrs Connecticut, USA

Background: Behavioural interventions for reducing HIV risk behaviour have been evaluated for adolescents. These trials have had conflicting results, and prior meta-analyses have not examined whether important structural dimensions account for these differences. **Methods:** 139 intervention trials from 22 nations were retrieved; efficacy was assessed using HIV knowledge, condom use, or abstinence at trials' last available assessment. **Findings:** Interventions were more successful increasing knowledge in nations with relatively low health-care expenditures ($\beta = 0.21$), a pattern that remained even when controlling for nations' human development index (HDI) levels, respect for human rights, and contraceptive preferences. Condom use efficacy increased marginally in nations with higher HDI ($\beta = -0.12$). These dimensions were unrelated to efficacy as gauged by abstinence. **Discussion:** Intervention efficacy appears to depend on social-structural elements present in the larger environment in which the interventions are delivered. Future research could investigate how these elements interact with intervention and sample features.

Promoting social support and health behaviour: An intervention study to test the enabling hypothesis

P. Rackow¹, U. Scholz², R. Hornung¹

¹University of Zurich, Zurich, Switzerland

²University of Konstanz, Konstanz, Germany


Background: This longitudinal intervention study set out testing the enabling effects of social support on exercise behaviour and on the volitional constructs of the Health Action Process Approach (HAPA): self-efficacy, action control, action planning. **Method:** Participants were randomly assigned to an intervention ($n = 100$; female: 67.0%, age: $M = 34.1$, $SD = 10.8$) and control group ($n = 82$; female: 70.7%, age: $M = 34.4$, $SD = 11.4$). The intervention comprised regularly exercising with an exercise-companion for two months. Exercise behaviour, social support, and volitional constructs were assessed. **Results:** Intervention- and control group were compared via multigroup comparisons. Only in the intervention group, social support predicted the volitional variables of the HAPA. Moreover, social support was indirectly associated with exercise behaviour via all volitional constructs. These associations could not be demonstrated for the control group. **Discussion:** Actively looking for an exercise-companion and exercising together seems beneficial for both, promotion of social support as well as for volitional resources and exercise behaviour.



Mastery early after kidney transplantation predicts future health-related quality of life: a prospective study

Lucia Prihodova¹, Maria Wajcmanikova^{1,2}, Jaroslav Rosenberger^{1,2,3,4}, Iveta Nagypova^{1,5}, Robert Kolář^{2,3}, Johan W Groothoff⁶, Jitse P van Dijk^{1,6}


¹ Graduate School Kosice, Institute of Society and Health, Faculty of Medicine, Safarik University, Kosice, Slovak Republic
² Nephrology and Dialysis Center Fresenius, Kosice, Slovak Republic
³ Transplantation Department, University Hospital L. Pasteur, Kosice, Slovak Republic
⁴ 1st Internal Clinic, Faculty of Medicine, Safarik University, Kosice, Slovak Republic
⁵ Institute of Public Health – Dept. of Social Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic
⁶ Department of Community & Occupational Health, University Medical Center Groningen, University of Groningen, the Netherlands

Kidney transplantation and HRQoL

- Kidney transplantation (KT)
 - Best treatment modality for patients with end-stage kidney disease
 - Associated with strict lifelong medication which necessarily requires adherence
 - The first 3 months after KT are considered as the most problematic period connected to dramatic changes, increased morbidity and mortality
 - According to Laupacis (1996), at 3 months after KT patients reported new symptoms related to the side-effects of immunosuppressive treatment which had a negative impact on current HRQOL
 - In kidney and other solid organ recipients, HRQOL improved most significantly over the first year after transplantation

Laupacis A. et al. (1996). A study of the quality of life and cost-utility of renal transplantation. *Kidney international*, 50(1), 235-242.




Mastery

- The extent to which individuals believe their life circumstances are under their control as opposed to being fatalistically determined
- Higher scores reflect greater capacity of the individual to manage the disease process and to be resilient under stress
- In previous studies, in older persons mastery was found as a moderator of the association between health decline and life satisfaction and had a buffering effect on depressive symptoms in of some chronic diseases


Jonker AACCC, et al (2009) The Role of Coping Resources on Change in Well-Being During Persistent Health Decline. JOURNAL OF AGING AND HEALTH Volume: 21 Issue: 8 Pages: 1063-1082

Bisschop, MI et al (2004) Chronic diseases and depression: the modifying role of psychosocial resources. SOCIAL SCIENCE & MEDICINE Volume: 59 Issue: 4 Pages: 721-733




The aim of this study

- The first year after kidney transplantation (KT) is associated with dramatic changes and adverse symptoms of immunosuppressants.
- We explored the predictive value of mastery measured in the first year post-KT on future health-related quality of life (HRQoL) controlled for sociodemographic and economic factors, side effects and kidney function (KF).




Methods – Sample

- **Design**
 - Baseline (T1) – 3 -12 months post-KT (295 patients)
 - Follow up (T2) - 2-8 years post KT (230 (78%))
- **Sample**
 - Transplantation centre in Kosice, Slovakia
 - Inclusion criteria:
 - functioning kidney graft,
 - signed informed consent
 - Exclusion criteria:
 - no psychiatric disease listed in medical records including severe dementia and mental retardation



Methods - Measures


- **Sociodemographic and economic data**
- **Medical data**
- **Kidney function (Glomerular filtration)**
- **ESRD symptom checklist (ESRD-SCL-TM)**
 - Disease specific distress
 - Limited physical capacity
 - Limited cognitive capacity
 - Cardiac and renal dysfunction
 - Side effects of corticosteroids
 - Increased growth of gum and hair
 - Transplantation-associated psychological distress
- **Mastery**
 - The Pearlin–Schooler Mastery Scale (PMS)
 - Seven items with a 5 point scale
 - PMS score ranges from 7 to 35, higher score reflecting greater mastery



Methods - Measures

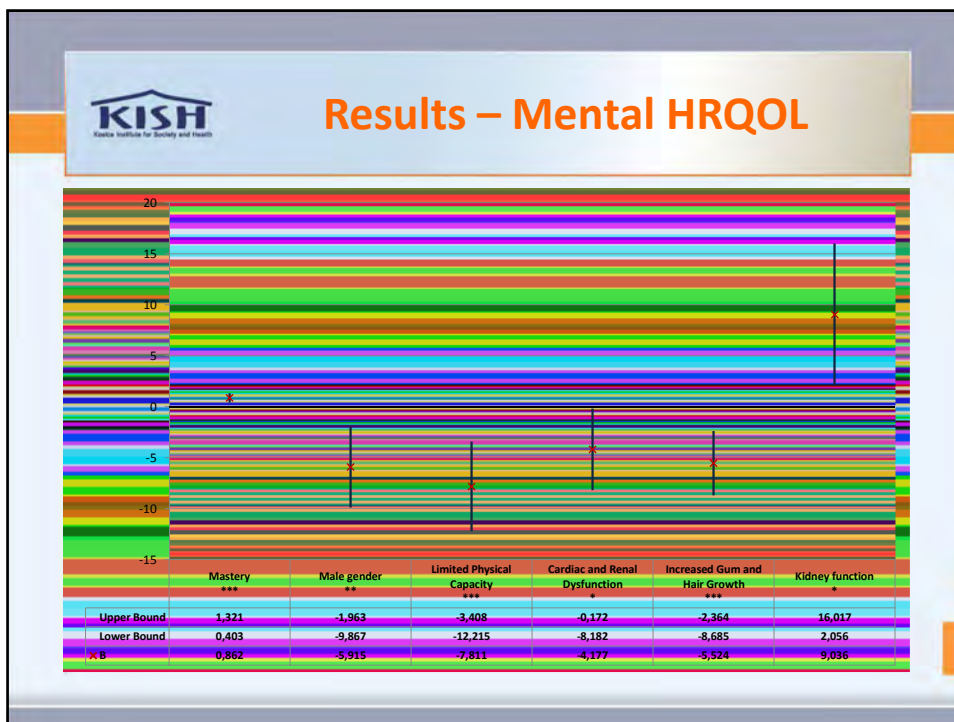
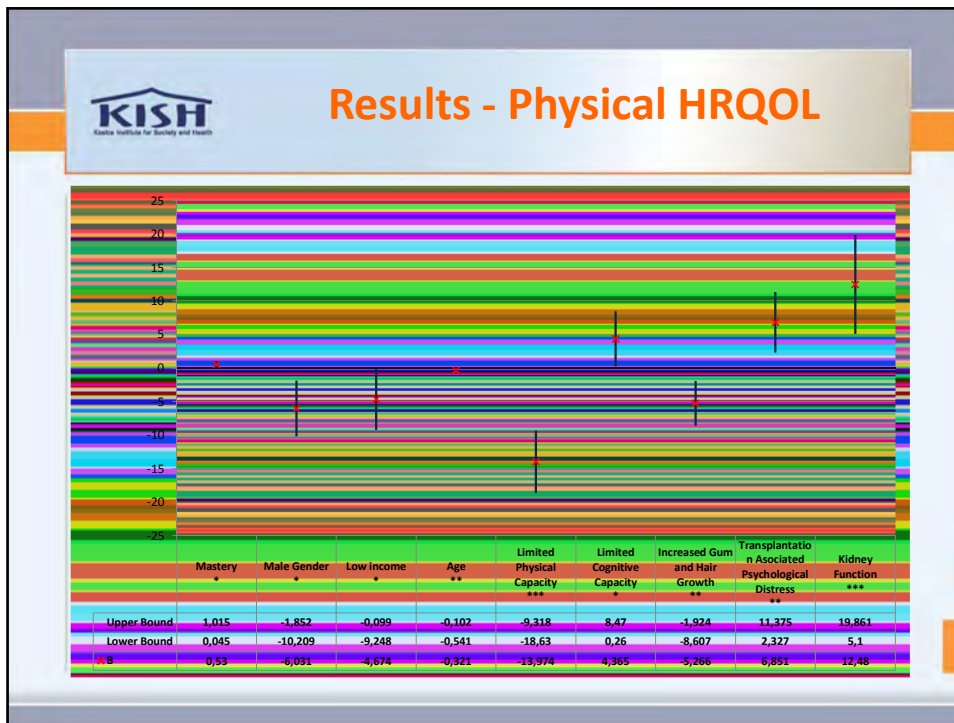
- **HRQOL**
 - Short Form Health Survey (SF-36)
 - Physical summary component (PSC) and Mental summary component (MSC)
 - 0 to 100, higher scores indicate better health status
 - The validity and reliability of SF-36 have been tested in patients after kidney transplantation

Wight J. P., et al (1998). The SF36 as an outcome measure of services for end stage renal failure. Quality in health care : QHC, 7(4), 209-221



Methods - Statistical analysis

- **Statistics**
 - The Mann-Whitney U-test and Chi-square test were used to examine the differences between T2 respondents and non-respondents
 - Correlation matrix was performed to confirm correlations of independent variables with the dependent variable (PSC and MSC at T₂) and to control for multicollinearity
 - Univariate GLM: Sociodemographic and economic data, side effects and medical data and mastery at T1 were set as independent factor and covariants, and PSC and MSC were set as dependent variables





Discussion

- Higher physical HRQoL(T₂) was predicted by younger age, female gender, higher KF, less side-effects and higher mastery
- Higher mental HRQoL(T₂) was predicted by female gender, higher KF, less side-effects and higher mastery
- Interventions focused on maintaining higher kidney function, management of side effects and increase of mastery post-KT may contribute to higher future HRQoL in KT recipients



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Lucia Prihodova MSc

Graduate School Kosice Institute for Society and Health
Faculty of Medicine - PJ Safarik University

Tr. SNP 1

Section III, 9th floor

040 11 Kosice

Slovak Republic

luciaprihodova@gmail.com