Styles of coping in a stressful situation, social support and psychological consequences in emigrants from the Netherlands

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ABSTRACT

Emigration is an experience irrevocably associated with stress caused by leaving one’s family home, changing one’s social environment as well as living conditions, etc. The main aim of this study was to establish if and what correlations there are between different styles of coping with stress, social support and psychological consequences resulting from the emigration of a group of 96 Polish emigrants living in the Netherlands. The participants were clients of the Pomoc Nederland (the name reflects the company’s objective to help the Poles living in the Netherlands) company, aged from 31 to 50 years and they had lived abroad for 1 to 20 years. The research tools applied in the study included the Social Support Questionnaire and the Inventory to Measure Coping Strategies with Stress Mini-COPE. The psychological consequences of emigration-related stress were evaluated using: the Scale of Positive and Negative Experience (SPANE), the State-Trait Anxiety Inventory (STAI) and the Satisfaction with Life Scale (SWLS). The findings showed that in the group of subjects, certain personal resources were significantly correlated with constructive strategies of coping with stress while living abroad. It was revealed that among the evaluated emigrants only emotional support was significantly correlated with certain psychological consequences resulting from emigration-related stress.

Introduction

Stress is a dynamic adaptive human reaction resulting from the difference between our abilities and the requirements of the situation, prompting taking remedial measures to restore the state of balance. We deal with stress when the challenge encountered makes us cope with it. Moreover, disregarded stress is the cause of many serious diseases [1].

Lazarus and Folkman defined coping with stress as “constantly changing [i.e. dynamic] cognitive and behavioural efforts to manage specific external and/or internal demands that are
appraised as taxing or exceeding the resources of the person” [2]. The ability to cope with stress may take two forms, either of management or self-defence. A common characteristic of defensive reactions to stress is their low efficiency and usually, such reactions lead to the abandonment of goals as a result of the experienced stress [3]. There are different forms of defensive reactions to stress ranging from escape and withdrawal to a stressful situation through aggressive behaviour (attack on the source of threat) to various symbolic actions, which assign the reality a new non-threatening meaning [4].

As regards subjectively experienced stressors, coping is a process, an attempt to manage specific demands appraised as taxing or exceeding the resources of the person [5]. The effects of coping can be evaluated by observing emotional reactions, motor activities or physiological symptoms. A person can assess the efficacy of the chosen coping strategy based on its “psychological cost” and secondary threats, with such an appraisal leading to a change in the coping strategy [3].

According to Lazarus and Folkman, problem-focused strategies are a type of coping strategies aimed at changing the stress-inducing situation and finding a solution to the problem. They include confrontational coping, self-control, seeking social support, acceptance of responsibility, as well as planning and solving the problem [2]. Efficient problem-focused coping requires good use of cognitive components such as rationality, flexibility or being oriented at long-term outcomes, with both realistic and accurate evaluation of the stressor and available resources being indispensable [6]. People applying problem-focused strategies undertake different actions to solve the problem or change the stressful situation using cognitive processes, thereby adapting to changing conditions. Such an individual, thanks to mobilisation and concentration of efforts, makes plans and relies on other people's advice, presence and knowledge [7]. Furthermore, Folkman and Lazarus claim that people show a tendency to use problem-focused strategies when the required solution needs to be concrete, innovative and positive. It is believed that problem-focused strategies are the most adaptive for individual human beings [1].

Another kind of coping strategies is emotion-focused strategies which consist in dealing with an emotional reaction to the occurring stressor [8]. The regulatory function of emotion-focused coping helps to control the emotional reaction to the stressor. In the coping process, problem-focused strategies are given greater prominence. Still, the role of emotions has been emphasised and it has been indicated that, regardless of signs, emotions perform an adaptive function. Emotion-focused coping may result in emotional arousal, which provides a powerful stimulus to act [9].

Emigration is correlated with an increased risk of mental disorders caused by severe stress, as well as adaptational difficulties. Research conducted in the late 1960s on Finnish economic migrants to Sweden showed that a significant percentage of subjects suffered from various mental disorders and diseases, including a sense of being harassed, various psychosomatic symptoms and alcoholism [10]. Experts stress that any type of migration, including voluntary migration, poses mental health risks. Indeed, Polish emigrants are particularly exposed to stress and other mental disorders due to high and often unrealistic expectations related to living in another country. After arriving in a new country, emigrants face the necessity to take up a less prestigious job for which they are overqualified, hence, they experience much frustration. Some people are not prepared for the difficulties related to the organisation of life abroad, such as the need to complete numerous formalities, find somewhere to live, as well as problems with communication - the language barrier [10].

Each trip abroad from the country of origin is a contact with a different culture, and all kinds of contacts with people from different cultural circles, whether resulting from relocation or working in multicultural teams or finally from emigration, are inherently associated with an increased level of stress. Emigration may also cause disturbances in the performance of family roles, mainly parental roles, or be one of the factors determining emigration, as tensions and conflicts in the family may act as a potential push factor [11].

Staying in a new country, intercultural interaction, trying to establish relationships and meeting everyday needs is also a confrontation with intercultural differences. As shown by the perspective of acculturation stress, experiencing cultural differences is one of the reasons for experiencing difficult emotions during a stay abroad. The dif-
ference, unlike similarity, often causes a negative assessment of a person or event [10].

Stress not only leads to the development of various disorders and diseases but also affects the person's behaviour and the treatment process. There is empirical evidence indicating that stressful situations, especially those critical to the person, deteriorate their health habits and, in turn, encourage unhealthy behaviours such as smoking or drinking and disturbed eating or sleeping habits. Such behaviours may have an addictive and autodestructive nature [12].

As regards unhealthy behaviours, coping involves, among other things, the use of psychoactive substances. The main function of intoxication is the regulation of emotions. In effect, the tension is being either reduced or induced in the sense that it makes the person feel powerful. The use of such substances is classified under avoiding coping strategies and intoxicants such as alcohol, sedatives, analgesics or narcotics distort the rational perception of reality. Their stress-reducing effects can be seen in their tranquilising properties, the elimination of fatigue or openness in social contacts, consequently, coping resources are reduced and permanently blocked. The willingness to engage in other remedial measures is lacking, hence, such coping strategies are autodestructive. Gambling, compulsive eating or spending too much time watching television are treated analogously as autodestructive [13].

Currently, the most common substances used to cope with stress are alcohol, nicotine and specific groups of sedatives or analgesics. There is also a whole range of drugs that are no less popular despite their varying legal status which have strong stress-reducing effects, including heroin, marihuana or cocaine. Both tension-reducing and tension-inducing, as well as empowering effects of intoxicants, are among the reasons why people use intoxicants, which may become a habit [12]. Apart from autodestructive coping strategies involving the use of intoxicants, there are other coping strategies with a similar psychological function and often similar impact, including compulsive eating, gambling, compulsive gaming or TV watching or sexual addiction [12].

Stress, adaptational difficulties and the feeling of loneliness may result in many health problems, most often including depression and psychosomatic symptoms such as hypertension, dizziness, gastrointestinal or hormonal disorders [10]. Also, there is a high incidence of suicides among emigrants. The causes are many and usually determined by different overlapping circumstances, however, maladaptation and uprooting are often repeated among the causes of suicide attempts. Maladaptation of emigrants may result from different factors, such as the never-ending spiral of failures described by Osipowicz as "lack of a job, the inability to get it or keep it, unemployment – these are the worst scenarios for any economic migrant." Such a person has to face their financial failure and becomes convinced of one's uselessness. The lack of money and the inability to pay for one's food, accommodation or clothes pose direct threats and the individual may become unable and unwilling to act. In extreme cases, unemployment may result in depression and frustration [11].

Social maladaptation may be accompanied by a sense of uprooting and is particularly characteristic of those emigrants who, on the one hand, find it difficult to integrate with the host community, but on the other, are faced with disturbed functioning while in the host community. It has been postulated that integrating with the community may have a protective effect on a person's health. However, the integration with the host community becomes increasingly difficult due to the changing public opinion of economic migrants from poorer countries of the European Union [14]. The role of an external source of coping, namely social support, has also been emphasised lately because of its potential for enhancing self-esteem [15].

Empirical findings prove that Polish economic migrants are usually lonely as they find themselves in a new environment and need to adapt to the existing rules and conditions. So, the life of an individual abroad has two dimensions. Firstly, they are far from home with spatially-limited contact with their family. Secondly, they must settle in a completely unfamiliar environment. They miss their families, which results in the feeling of loneliness and poses many threats, out of which getting lost in one's system of norms and values seems to be the most dangerous [16].

The research on social support shows that the received support reduces the perceived threat in stressful situations and the available social sup-
port directly influences the person’s health and well-being regardless of situational factors. It also becomes a predictor of applied self-regulatory strategies such as planning of actions aimed at reducing difficulties [17].

Material and Methods

In the present study, 96 Polish emigrants living in the Netherlands were recruited from 12 July 2017 until 20 September 2017. They were clients of the Pomoc Nederland company and had lived abroad for 1 to 20 years. At the time of conducting the study, all subjects were of legal age and provided written informed consent to participate in the study. They were informed of its objective as well as of the fact that the obtained results were to be further used for research.

The main aim of the study was to establish if and what correlations there are between different styles of coping with stress, social support and psychological consequences resulting from emigration. For this, the following research tools were used: the Inventory to Measure Coping Strategies with Stress Mini-COPE, the Social Support Questionnaire, the Scale of Positive and Negative Experience (SPANE), the State-Trait Anxiety Inventory (STAI) and the Satisfaction with Life Scale (SWLS).

The COPE inventory is among the most commonly applied tools for the measurement of stress coping [9] and consists of 28 statements to measure 14 strategies of coping with a difficult situation. The strategies include active coping, planning, positive reinterpretation, acceptance, humour, turning to religion, seeking of emotional social support, seeking of instrumental social support, competing activities, denial, venting of emotions, psychoactive substance use, restraint coping, self-blaming. The answers are rated on a 4-point scale, where 0 means “I usually don’t do this at all” and 3 means “I usually do this a lot”. The score is given as a sum of answers for particular dimensions [18].

The Social Support Questionnaire is used to measure the received social support and includes 40 items, each with a 5-point response scale ranging from A (almost every day) to E (not at all). According to instructions, the help received over the last month should be taken into account. The questionnaire aims to determine if the evaluated person feels that other people help or try to make life better and how this person feels about it. Respondents evaluate their feelings in four dimensions related to material, emotional, instrumental and cognitive support. There is also an additional question that asks about whom the respondent relies upon in a difficult situation and where they seek help.

The SPANE is intended for the measurement of overall affect balance and consists of two subscales regarding positive (P) and negative (N) feelings. For the SPANE-P subscale, the answers are given on a five-point scale (1–5), then summed up for six positive feelings: positive, good, pleasant, joy, happy, contended. For the SPANE-N subscale, the answers are given on a five-point scale (1–5), then summed for six negative feelings: negative, bad, unpleasant, sad, afraid, angry. To obtain the overall affect balance, the SPANE-P score is subtracted from the SPANE-N score.

The STAI is used to measure anxiety understood as a relatively constant personality trait. It was developed by Spielberger, Gorsuch and Lushene and adapted to Polish conditions by Spielberger, Tysarczyk and Wrześniewski. This research tool is composed of two scales, each including 20 items. The X-1 scale assesses state anxiety and the X-2 scale assesses trait anxiety. Answers are marked with values ranging from 1 to 4 and respondents choose answers according to their feelings.

The SWLS evaluates the satisfaction with one’s life, achievements and living conditions. The tool was designed by Diener et al. and adapted by Juczyński. Based on the SWLS, global satisfaction with one’s life can be measured. It consists of 5 statements concerning the cognitive judgement of life as a whole. The first four statements are about the present, whereas the last statement encourages the evaluation of the past and summing-up of one’s life so far.

Study group

The study group comprised 96 Polish emigrants living in the Netherlands, mainly women (63.5%). Subjects aged from 31 to 40 years (n=29) were the largest subgroup, followed by subjects aged from 25 to 30 years (n=21; 21.9%), up to 24 years of age (n=18; 18.8%) and aged from 41 to 50 years
Subjects of over 50 years of age were the least numerous subgroup (13.5%). Most participants had lived abroad from 3 to 10 years (52.1%), followed by from 1 to 3 years (19.8%), 10 to 20 years (15.6%) and less than a year (11.5%). Only one person lived abroad for more than 20 years.

Among the respondents, most were in a relationship and shared a household with their partner (n=35; 36.5%), with 29 married respondents married (30.2%) and 32 single subjects (33.3%).

Regarding educational background, most respondents had secondary education (n=39; 40.6%), followed by post-secondary education (n=22; 22.9%), basic vocational education (n=18; 18.8%), higher education (n=14; 14.6%), and primary education (n=2; 2.1%), whereas one person had lower secondary education (1.0%).

Statistical analysis
The participants’ responses were entered into the database, with data presented as means, standard deviations, min and max. The reliability of the analysed questionnaires was assessed by Cronbach’s Alpha coefficient. The Kendall Tau-b correlation was used to verify whether there was a relationship between the Material, Emotional, Instrumental and Cognitive Support and the psychological consequences of emigration stress.

Results
The results presented in the tables below show the minimum and maximum scores, means, standard deviations, Cronbach’s Alpha reliability coefficients. The reliability of each of the applied scales was assessed as suitable for the scales to be used in further analysis (Tables 2-4). However, the reliability coefficient for the Active Coping variable in Table 3, the Acceptance and Humour variables in Table 4 and the Competing Activities, Denial and Venting of Emotions variables in Table 5 were moderate and close to alpha = 0.50, hence not low enough to exclude the variables from further analysis.

After analysing all the variables and their distribution, Kendall’s Tau-b correlation was used to test the null hypothesis. Table 6 presents the results of coping strategy application concerning the psychological consequences of stress caused by emigration, indicating that Positive Feelings

| Variable | Min | Max | M  | SD | Cronbach’s Alpha |
|----------|-----|-----|----|----|------------------|
| Positive Feelings | 8   | 30  | 22.75 | 4.81 | 0.90 |
| Negative Feelings  | 6   | 26  | 13.99 | 5.44 | 0.88 |
| Affect Balance     | -24 | 18  | -8.76 | 9.07 | 0.86 |
| Anxiety as a state | 20  | 75  | 37.76 | 12.51 | 0.95 |
| Trait anxiety      | 21  | 76  | 40.42 | 12.30 | 0.93 |
| Satisfaction with Life | 5   | 34  | 22.15 | 6.64 | 0.82 |

| Variable             | Min | Max  | M  | SD | Cronbach’s Alpha |
|----------------------|-----|------|----|----|------------------|
| Material Support     | 16  | 40   | 34.73 | 4.75 | 0.70 |
| Emotional Support    | 12  | 60   | 41.51 | 10.08 | 0.86 |
| Instrumental Support | 9   | 35   | 26.69 | 5.89 | 0.76 |
| Cognitive Support    | 22  | 65   | 48.57 | 10.88 | 0.89 |

| Variable             | Min | Max  | M  | SD | Cronbach’s Alpha |
|----------------------|-----|------|----|----|------------------|
| Problem-focused Coping | 2   | 18   | 11.30 | 3.39 | 0.70 |
| Active Coping        | 1   | 26   | 13.66 | 4.96 | 0.50 |
| Planning             | 0   | 31   | 12.40 | 6.53 | 0.65 |
| Seeking of Instrumental Social Support | 0   | 6    | 4.19  | 1.42 | 0.71 |
were significantly, weakly and positively correlated with Problem-focused Coping, Active Coping, Emotion-focused Coping, Positive Reinterpretation, Acceptance and Seeking of Emotional Social Support. Therefore the high values obtained for the Positive Feelings scale corresponded to high values for Problem-focused Coping, Active Coping, Emotion-focused Coping, Positive Reinterpretation, Acceptance and Seeking of Emotional Social Support. Positive Feelings were weakly and negatively correlated with Dysfunctional Coping, Denial, Venting of Emotions, Psychoactive Substance Use, Restraint Coping and Self-blaming. Therefore, the high values obtained for the Positive Feelings scale corresponded to low values for Dysfunctional Coping, Denial, Venting of Emotions, Psychoactive Substance Use, Restraint Coping and Self-blaming.

Negative Feelings were moderately and positively correlated with Dysfunction Coping, Denial, Venting of Emotions, Psychoactive Substance Use, Restraint Coping and Self-blaming.
whereas weakly and positively with Competing Activities, Denial, Venting of Emotions, Psychoactive Substance Use, Restraint Coping and Self-blaming, that is, the high values obtained for the Negative Feelings scale corresponded to high values for Dysfunctional Coping, Competing Activities, Denial, Venting of Emotions, Psychoactive Substance Use, Restraint Coping and Self-blaming.

Affect Balance and State-Anxiety were weakly and negatively correlated with Emotion-focused Coping, Positive Reinterpretation, Acceptance and Seeking of Emotional Social Support. They were also weakly but positively correlated with Denial, Venting of Emotions, Psychoactive Substance Use, Restraint Coping and Self-blaming. This means that high values obtained for Affect Balance and State-Anxiety were associated with low values for Emotion-focused Coping, Positive Reinterpretation, Acceptance and Seeking of Emotional Social Support, as well as with high values obtained for Denial, Venting of Emotions, Psychoactive Substance Use, Restraint Coping and Self-blaming.

Satisfaction with Life was weakly and positively correlated with Emotion-focused Coping, Positive Reinterpretation and Seeking of Emotional Social Support, as well as weakly and negatively correlated with Denial, Venting of Emotions, Psychoactive Substance Use, Restraint Coping and Self-blaming. This indicates that high values in the SWLS corresponded to high values for Emotion-focused Coping, Positive Reinterpretation and Seeking of Emotional Social Support but to low values obtained for Denial, Venting of Emotions, Psychoactive Substance Use, Restraint Coping and Self-blaming.

These findings indicate that the more positive feelings a person has, the more satisfied they are with their life, the better they cope with stress and the more likely they are to choose problem-focused and emotion-focused coping strategies. Moreover, more negative feelings and anxiety a person experiences, the worse they cope with stress and are more likely to choose dysfunctional coping strategies.

To check if there was a correlation between Material, Emotional, Instrumental, Cognitive Support and psychological consequences of stress resulting from emigration, Kendall’s Tau-b correlation coefficient was calculated for given pairs of variables (Table 7), revealing that Emotional Support was weakly and negatively correlated with Positive Feelings, as well as weakly and positively correlated with Affect Balance. This means that high values obtained for Emotional Support corresponded to low values obtained for the Positive Feelings scale and high values obtained for the Affect Balance scale. It was observed that the more emotional support a person receives, the fewer positive feelings the y show.

These findings may point to the fact that the higher the person’s emotional support, the higher the person’s Affect Balance, which means that negative feelings exceed positive feelings for such a person.

### Table 7. Social support compared to the psychological consequences of emigration-related stress – Kendall’s Tau-b correlation coefficients

|                        | Material Support | Emotional Support | Instrumental Support | Cognitive Support |
|------------------------|------------------|-------------------|----------------------|-------------------|
| Positive Feelings      | -0.043           | -0.179**          | -0.071               | -0.096            |
| Negative Feelings      | -0.052           | 0.011             | -0.091               | -0.071            |
| Affect Balance         | 0.006            | 0.128*            | 0.001                | 0.036             |
| State-Anxiety          | 0.050            | 0.078             | 0.013                | -0.013            |
| Satisfaction with Life | -0.011           | -0.052            | -0.036               | 0.010             |

* p < 0.05, ** p < 0.01. Source: authors’ research

### Table 8. Emotional support, cognitive support, life satisfaction and gender

| Variable                | Women N=61 M (SD) | Men N=35 M (SD) | t    | df  | p   |
|-------------------------|-------------------|-----------------|------|-----|-----|
| Satisfaction with Life  | 21.95 (6.59)      | 22.49 (6.79)    | -0.38| 94  | 0.70|
| Emotional Support       | 51.93 (5.36)      | 55.63 (5.15)    | -0.75| 94  | 0.45|
| Cognitive Support       | 53.60 (4.08)      | 54.20 (5.61)    | -0.23| 94  | 0.82|
Then, the gender differences in the analysed variables were determined. The distribution of variables: Positive Feelings, Negative Feelings, Affective Balance, Anxiety-State were not consistent with a normal distribution. The Satisfaction with Life variable was normally distributed. Material support and Instrumental support do not follow the normal distribution, whereas Emotional support and Cognitive support are normally distributed. Moreover, all styles of coping with stress do not follow a normal distribution. When determining the differences between the sexes, the student's t-test (normal distribution) or the Mann-Whitney test (not normally distributed) were used (Tables 8, 9).

Significant gender differences were found in the coping style focused on turning to religion (Z = 2.44; p = 0.01; p < 0.05) and dealing with something else (Z = 2.39; p = 0.02; p < 0.05), with more women turning to religion to cope with stress.

In the last step of considering the relationship between marital status and the analysed variables, the ANOVA test (normal distribution) or Kruskal-Wallis test (not normally distributed) were applied (Tables 10, 11). Marital status significantly differentiated the level of Satisfaction with Life (F = 3.31; p = 0.04; p < 0.05), with married people characterised by the highest level of life satisfaction, while people in a partnership relationship were characterised by the lowest level of life satisfaction. Also, marital status differentiated the intensity of using a coping style focused on a sense of humour (H = 6.21; p = 0.04; p < 0.05), with singles using a humour-centred style more often than those in a relationship. Moreover, marital status was differentiated by the intensity of using the discharge-focused coping style (H = 6.18; p = 0.04; p < 0.05), with married people more likely to use the discharge-focused style compared to singles.

### Table 9. Social support, anxiety as a state, positive and negative feelings, styles of coping with stress and gender

| Variable                        | Women     | Men       | U     | Z     | p   |
|---------------------------------|-----------|-----------|-------|-------|-----|
|                                | Sum. rang | Sum. rang |       |       |     |
| State-Anxiety                  | 3154.00   | 1502.00   | 872.00| 1.48  | 0.14|
| Positive Feelings              | 3009.50   | 1646.50   | 1016.50| 0.38  | 0.70|
| Negative Feelings              | 3212.00   | 1444.00   | 814.00| 1.93  | 0.09|
| Affect Balance                 | 3086.50   | 1569.50   | 939.50| 0.97  | 0.33|
| Active Coping                  | 3134.50   | 1521.50   | 891.50| 1.34  | 0.18|
| Planning                       | 3014.00   | 1642.00   | 1012.00| 0.42  | 0.68|
| Positive Reinterpretation      | 3048.50   | 1607.50   | 977.50| 0.68  | 0.49|
| Acceptance                     | 2902.50   | 1753.50   | 1011.50| -0.42 | 0.67|
| Humour                         | 2707.50   | 1948.50   | 816.50| -1.91 | 0.09|
| Turning to Religion            | 3279.00   | 1377.00   | 747.00| 2.44  | 0.01*|
| Cognitive Support              | 3209.00   | 1447.00   | 817.00| 1.90  | 0.09|
| Seeking of Emotional Social Support | 3148.00   | 1508.00   | 878.00| 1.44  | 0.15|
| Seeking of Instrumental Social Support | 3272.50   | 1383.50   | 753.50| 2.39  | 0.02*|
| Competing Activities           | 3140.50   | 1515.50   | 885.50| 1.38  | 0.17|
| Denial                         | 3175.50   | 1480.50   | 850.50| 1.65  | 0.10|
| Venting of Emotions            | 2805.00   | 1850.50   | 914.50| -1.16 | 0.25|
| Psychoactive Substance Use     | 2989.50   | 1666.50   | 1036.50| 0.23  | 0.82|
| Restraint Coping               | 3084.50   | 1571.50   | 941.50| 0.96  | 0.34|
| Self-blaming                   | 3154.00   | 1502.00   | 872.00| 1.48  | 0.14|

* p < 0.05, ** p < 0.01. Source: authors’ research

### Table 10. Emotional support, cognitive support, life satisfaction and marital status

| Variable               | SS    | df | MS  | F     | p    |
|------------------------|-------|----|-----|-------|------|
| Satisfaction with Life | 278.33| 2  | 139.17| 3.31  | 0.04*|
| Emotional Support      | 0.86  | 2  | 0.43 | 0.15  | 0.86 |
| Cognitive Support      | 19.28 | 2  | 9.64 | 1.58  | 0.21 |

* p < 0.05, ** p < 0.01. Source: authors’ research
Discussion

The main aim of the study was to establish if and what correlations there are between different styles of coping with stress, social support and psychological consequences resulting from emigration. It was assumed that there is a correlation between stress coping strategies and psychological consequences of emigration-related stress: Positive Feelings, Negative Feelings, Affect Balance, State-Anxiety, Satisfaction with Life. Moreover, an assumption was made that Material, Emotional, Instrumental and Cognitive Support is correlated with psychological consequences of stress resulting from emigration: Positive Feelings, Negative Feelings, Affect Balance, State-Anxiety, Satisfaction with Life.

The obtained results show that the more positive feelings a person has and the more satisfied they are with their life, the better they cope with stress and the more likely they are to choose problem-focused and emotion-focused coping strategies. In contrast, the more negative feelings and anxiety a person experiences, the worse they cope with stress and the more likely they are to choose dysfunctional coping strategies. Thus, among the Polish emigrants sampled in the Netherlands, those who were not anxious about nor afraid of living in a foreign country showed more positive feelings and were satisfied with their lives. Additionally, these subjects did not experience any negative consequences of stress resulting from living abroad, far away from their families. The bigger problems a person has to face while staying abroad, the more negative feelings and anxiety they experience, consequently, they are less satisfied with their life and have fewer positive feelings.

The studies on emigration-related stress have shown that economic migrants face increased health-associated risks, which is caused among other factors by the nature of the undertaken job. Most studies on the health of migrants put a greater emphasis on mental health problems such as stress, depression, adaptational difficulties or culture shock. Experts have highlighted that any kind of migration is associated with mental health risks. Polish emigrants are particularly vulnerable to stress and other mental disorders due to high and frequently unrealistic expectations associated with their emigration. Additionally, some emigrants are not prepared for the many difficulties of living abroad, including formal requirements, finding somewhere to live or the language barrier [9].
Our findings also show that there are significant, negative, moderate correlations between Material, Emotional, Instrumental, Cognitive Support and psychological consequences of emigration-related stress: Positive Feelings, Negative Feelings, Affect Balance, State-Anxiety, Satisfaction with Life. This suggests that the more emotional support a person receives, the fewer positive feelings the person shows. Moreover, the higher the person’s emotional support, the higher their Affect Balance, which means that negative feelings exceed positive feelings for such a person.

However, the study findings do not allow to explicitly state whether emotional social support is beneficial to those living abroad. The research conducted so far has proven that greater social support makes people plan and seek a solution to a problem, as well as positively reinterpret and actively seek support. When social support is scarce, positive reinterpretation is a dominating strategy but wishful thinking and blaming oneself for what has happened play an increasing role [18]. It is worth mentioning that the stress experienced by an emigrant depends greatly on their environment and the degree of integration with their countrymen or ethnic group. Insufficient social support is believed to be one of the causes of mental disorders among emigrants [9]. During social interaction, emotions, information, as well as physical goods are delivered and received, perceived, assessed or used in various ways. Very complex mechanisms and correlations between the characteristics of a difficult situation, the person under stress or in crisis and different helping groups determine the effect of social support [19]. Support “may function as a resource, a desire caused by one’s assessment of a situation or as an element of a coping strategy, a moderator or mediator in the dynamics of coping with stress” [20].

The results obtained in the study may be used by academic teachers and psychologists engaged in therapeutic workshops or training aimed at preventing emigration-related stress and negative emotions. Moreover, they can be applied by any professional helping emigrants adapt to living in a foreign country. The present article may be useful to those who study stress and its consequences. However, the limitation of this study is the fact that only emigration was controlled and no other stressful events.

Conclusions

- Positive feelings experienced by an individual and their satisfaction with living abroad lead to better management of stress, especially by applying problem-focused and emotion-focused coping strategies.
- Negative feelings and stress-related anxiety decrease the efficacy of coping strategies in the sense that dysfunctional coping is mainly applied.
- The high values obtained by emigrants for Emotional Support correspond to high values obtained for the Affect Balance scale. The higher the person’s emotional support, the higher the person’s Affect Balance, which means that negative feelings exceed positive feelings for such a person.

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