



# The Essener Coping Questionnaire (EFK) measuring coping with diseases

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## Objective

Coping with diseases is an important research field of health psychology. Crucial for understanding coping processes are reliability and validity, therefore aim of this study is first to investigate coping strategies of patients with chronic diseases using the Essener Coping Questionnaire (EFK) and second to evaluate the psychometric properties of the EFK. The EFK consists of 45 items and nine scales: (1) Active problem-solving coping, (2) Diversion and Encouragement, (3) Information-seeking and exchange of experiences, (4) Minimization and wishful thinking, (5) Depressive coping, (6) Openness for help, (7) Active search for social support, (8) Confidence in doctor's competence, (9) Working out an intrinsic stability. A first evaluation of 210 visually handicapped patients has shown moderate reliability and aspects of validity (Franke et al., 2000).

## Method

### Questionnaires

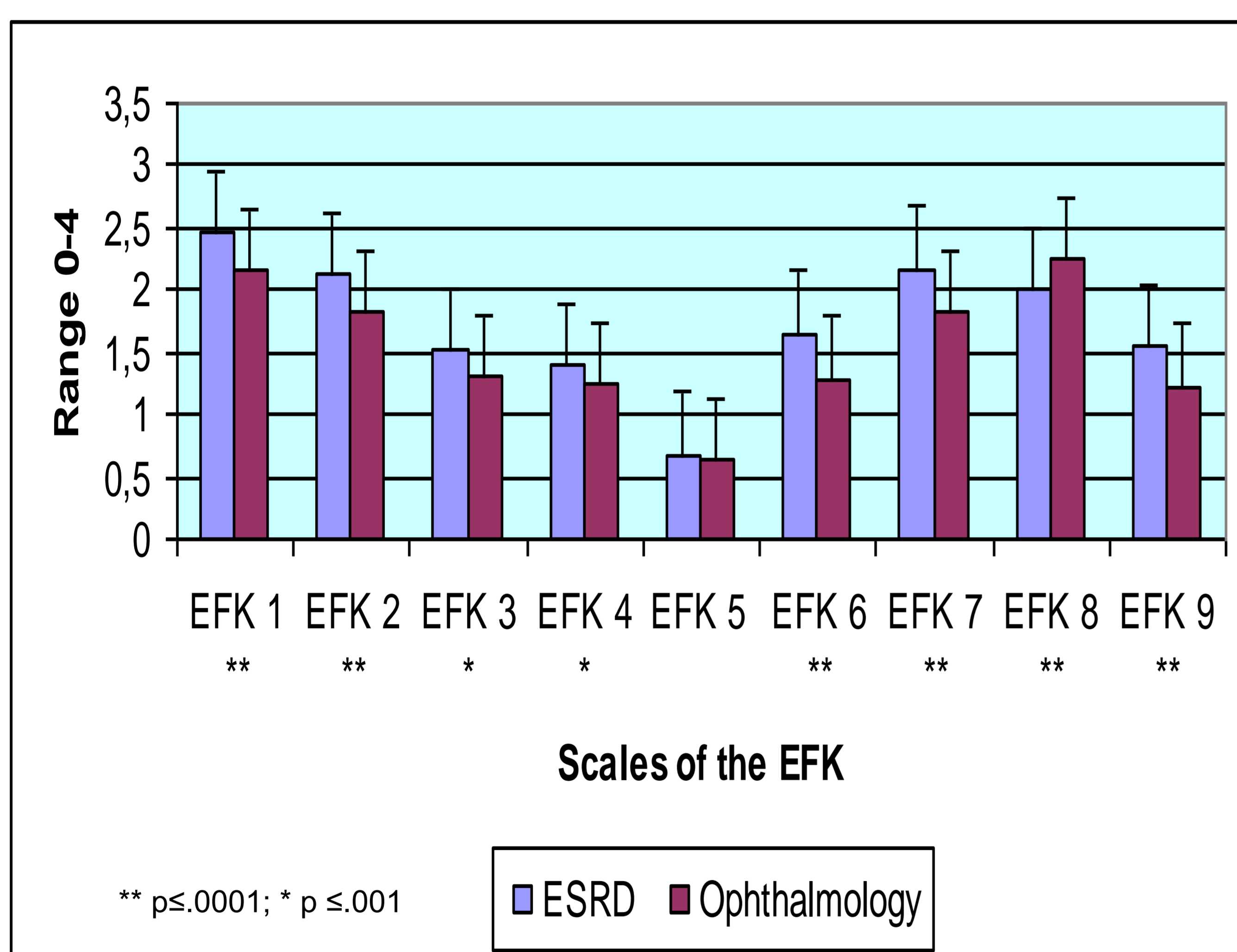
- Coping:  
Essener Coping Questionnaire (EFK; Franke et al., 2000)
- Quality of Life:  
Münchener Lebensqualitäts-Dimensionen Liste (MLDL; Steinbüchel et al., 1999)
- Psychological Distress:  
Brief Symptom Inventory (BSI; Franke, 2000)
- Social Support:  
Fragebogen zur Sozialen Unterstützung (F-SOZU; Fydrich et al., 2007)

### Samples

- Sample 1: N = 529 patients with end-stage renal disease (ESRD)  
Age: 15-76 years, M=46.7 years (SD=13.07)  
Sex: 298 men (56.3%) and 231 women (43.7%)
- Sample 2: N = 438 patients with different ophthalmological diseases  
Age: 13-86 years, M=47.7 years (SD=13.71)  
Sex: 181 men (41.3%) and 257 women (58.7%)

## Results 1 – Coping Strategies

Group differences in EFK-Scales using t-Test for independent samples:



## Results 2 – Psychometric Properties

### Reliability: Cronbach's Alpha

Scale	ESRD	Ophthalmology
Active problem-solving coping	.76	.83
Diversion and Encouragement	.53	.69
Minimization and wishful thinking	.47	.53
Depressive coping	.72	.73
Openness for help	.59	.66
Active search for social support	.76	.77
Confidence in doctor's competence	.70	.67
Working out an intrinsic stability	.63	.65

**Validity:** Validity analyses were done on the basis of 529 ESRD-patients. Stability of correlations between item and scale is given, factorial validity is acceptable. There are correlations between EFK5 and all BSI-Scales; correlations between EFK, MLDL, and F-SOZU are shown:

	EFK1	EFK2	EFK5	EFK6	EFK7	EFK8
MLDL						
PHYSIS	.34		-.44		.41	.42
PSYCHE	.33		-.47		.44	
SOZIAL					.41	
ALLTAG	.35		-.33		.39	
ZUFRIED	.39		-.46		.35	
F-SOZU						
EU	.42	.32			.44	.56
PU	.34				.33	.42
SI	.35		-.34	.34	.65	
VP	.36					.35
ZU			-.41			
GLOBAL	.42				.39	.59

Only correlations < .30 are shown

## Discussion

The results indicate that the two samples of patients differ in the use of coping strategies. Patients with ESRD reported more coping efforts than visually handicapped patients in case of six scales and lower in case of Confidence in doctor's competence.

Reliability analyses of the nine scales demonstrated moderate to good reliability coefficients for most of the scales.

Convergent and divergent validity indicators were found using correlations with scales of the BSI, the MLDL, and the F-SOZU.

The Essener Coping Questionnaire can be regarded as an useful instrument to identify coping strategies in patients suffering from different diseases.

## References

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