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## Dispositional optimism, coping strategies and the emotional state of parents of children with nocturnal enuresis

Dyspozycyjny optymizm, strategie radzenia sobie a stan emocjonalny rodziców dzieci z moczeniem nocnym

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### Abstract

**Introduction and objective:** The subject of the article concerns the role of optimism in coping with stress and the emotions experienced by the parents of children suffering from nocturnal enuresis. The aim of the study was to determine the relationship between coping strategies and emotions experienced by the parents of children with nocturnal enuresis, taking into account the moderating role of optimism. **Materials and methods:** The study included 70 parents of children experiencing nocturnal enuresis, who were patients of the Department of Paediatrics, Paediatric Nephrology and Allergology of the Military Institute of Medicine – National Research Institute in Warsaw. The participants completed a sociodemographic survey and questionnaires measuring the level of dispositional optimism (Life Orientation Test-Revised, LOT-R), strategies for coping with a stressful situation related to the child's illness (Coping Inventory for Stressful Situations, CISS-S) and the level of positive and negative emotions (Skala Uczuć Pozytywnych i Negatywnych, SUPIN, S30 – Polish adaptation of the Positive and Negative Affect Schedule, PANAS). The results of the research partially confirmed the assumed hypotheses. **Results:** A relationship was found between the level of optimism and emotions, and the use of task-focused coping strategies. The relationship between the level of optimism and other strategies could not be confirmed. Also, it has not been proven that all stress coping strategies are associated with negative and positive emotions. Contrary to the assumptions, optimism did not moderate the relationship between coping with stress and emotions, except for one case, namely coping strategies focused on emotions and the level of negative emotions. **Conclusions:** The obtained results allow to conclude about the prevailing role of the situational context – the child's illness over personality variables.

**Keywords:** optimism, coping strategies, positive emotions, negative emotions, nocturnal enuresis

### Streszczenie

**Cel:** Praca dotyczy roli optymizmu w radzeniu sobie ze stresem oraz emocji pojawiających się u rodziców dzieci z moczeniem nocnym. Celem badania było ustalenie relacji między strategiami zaradczymi a emocjami odczuwanymi przez rodziców dzieci z moczeniem nocnym, z uwzględnieniem moderującej roli optymizmu. **Materiał i metoda:** W badaniu wzięło udział 70 osób – rodziców dzieci z problemem moczenia nocnego będących pacjentami Poradni Nefrologii Dziecięcej i Poradni Zaburzeń Oddawania Moczu u Dzieci przy Klinice Pediatrii, Nefrologii i Alergologii Dziecięcej Wojskowego Instytutu Medycznego – Państwowego Instytutu Badawczego w Warszawie. Uczestnicy udzielili odpowiedzi na pytania w ankiecie socjodemograficznej oraz w kwestionariuszach oceniających: poziom dyspozycyjnego optymizmu (Test Orientacji Życiowej – Life Orientation Test-Revised, LOT-R), strategie radzenia sobie w sytuacji stresowej związanej z chorobą dziecka (Kwestionariusz Radzenia Sobie w Sytuacjach Stresowych – Coping Inventory for Stressful Situations, CISS-S), poziom emocji pozytywnych i negatywnych (Skala Uczuć Pozytywnych i Negatywnych, SUPIN, S30). Rezultaty badań pozwoliły na częściowe potwierdzenie hipotez. **Wyniki:** Wykazano związek między poziomem optymizmu, emocjami i stosowaniem strategii radzenia sobie ze stresem skoncentrowanych na zadaniu. Relacji między poziomem optymizmu a pozostałymi strategiami nie udało się potwierdzić. Nie udowodniono również powiązania wszystkich sposobów radzenia sobie ze stresem z emocjami negatywnymi i pozytywnymi. Wbrew założeniom optymizm nie moderował związku radzenia sobie ze stresem z emocjami – poza jednym przypadkiem, mianowicie strategiami skoncentrowanymi na emocjach z poziomem emocji negatywnych. **Wnioski:** Otrzymane rezultaty pozwalają wnioskować o istotnej roli kontekstu sytuacyjnego – choroby dziecka.

**Słowa kluczowe:** optymizm, radzenie sobie ze stresem, emocje pozytywne, emocje negatywne, moczenie nocne

## INTRODUCTION

Nocturnal enuresis, defined as involuntary release of urine during sleep (Tkaczyk et al., 2012), is a chronic disorder that may last for years, is difficult to control and poses a burden for both the child and the caregivers. Diagnosis and treatment begin after the age of 5 years. Nocturnal enuresis is believed to contribute to the development of mental and behavioural disorders in children as it increases inadaptability and the levels of stress and anxiety (Castillo and Pham, 2022). The need to deal with the child's illness is also an extremely stressful situation for parents. The activities they undertake involve more responsibility than for healthy children, an overload of daily responsibilities, and feelings of helplessness. Circumstances require caregivers to adaptively cope, to ensure the smooth and comfortable functioning of the family.

In the context of responding to stress, coping has been embedded in the transactional model proposed by Lazarus and Folkman, in which the analysis of a given event takes place during the primary appraisal, while during the secondary appraisal, the person assesses personal ability to cope with the threat (Heszen-Niejodek, 2002). The discussed theory distinguishes two coping styles: emotion-focused and problem-focused. The goal of the first style is self-regulation, while the second strategy involves making efforts to overcome difficulties. The emerging emotions are the result of coping. Endler and Parker (1990) introduced a third strategy – avoidance-oriented coping, i.e. not confronting the problem. Avoidance strategies (Heszen-Celińska and Sęk, 2020) can temporarily protect against anxiety in the event of illness and allow for continuing current lifestyle.

The self-regulation theory of optimism by Scheier and Carver assumes that people engage in activities to achieve goals they consider valuable. An individual is inclined to make certain choices by a stable personality trait, dispositional optimism, which significantly affects the choice of a coping strategy when facing stressful situation (Ogińska-Bulik and Juczyński, 2008).

## AIM OF THE STUDY

The aim of the study was to investigate the relationship between remedial activities undertaken in a stressful situation

caused by the child's illness and the emotional state of the parents, depending on the level of optimism.

## RESEARCH QUESTIONS

1. Is there a relationship between the level of optimism and positive and negative emotions?
2. Is there a relationship between the level of optimism and coping strategies (task-, avoidance-, emotion-oriented)?
3. Is there a relationship between coping strategies (task-, avoidance-, emotion-oriented) and positive and negative emotions?
4. Is optimism a moderator between coping strategies (task-, avoidance-, emotion-oriented) and positive and negative emotions?

## MATERIALS AND METHODS

### Statistical analysis

Shapiro–Wilk and Student's *t* tests for independent samples, one-way ANOVA, correlation analysis (Pearson's *r*), and linear and hierarchical regression analyses were used for statistical analyses. Despite the lack of normal distributions of some of the variables, parametric tests were used (due to the results of skewness and kurtosis) (Hair et al., 2010). All statistical analyses were performed using IBM SPSS Statistics (27.01.0).

### Methods

A Polish adaptation (Juczyński, 2009) of the Life Orientation Test-Revised (LOT-R) by Scheier et al. was used to measure the level of optimism. Cronbach's *alpha* in our study was 0.89.

Coping styles were assessed with the Coping Inventory for Stressful Situations (CISS-S) by Endler and Parker in the Polish adaptation by Wrześniewski (2002). Cronbach's *alpha* in our study was 0.83 for task-oriented style, 0.85 for emotion-oriented style, and 0.77 for avoidance-oriented style.

Skala Uczuć Pozytywnych i Negatywnych, version S30 (SUPIN S30) – a Polish adaptation (Brzozowski, 2010) of the PANAS scale (Positive and Negative Affect Schedule)

	<i>M</i>	<i>Me</i>	<i>SD</i>	Min	Max	Skewness	Kurtosis	S-W	<i>p</i> -value
<b>Optimism measured with LOT-R</b>									
<b>Optimism</b>	18.81	17.5	4.94	5	24	−0.69	−0.126	0.94	0.003
<b>Stress coping measured with CISS-S</b>									
<b>Task-oriented coping</b>	27.45	28	4.69	11	35	−1.05	1.5	0.93	<0.001
<b>Emotion-oriented coping</b>	18.5	17.5	6.03	8	34	0.58	0.01	0.96	0.035
<b>Avoidance-oriented coping</b>	16.44	16	5.62	7	28	0.33	−0.71	0.96	0.039
<b>Positive and negative emotions measured with SUPIN</b>									
<b>Positive emotions</b>	43.87	45	11.23	20	65	−0.25	−0.51	0.98	0.19
<b>Negative emotions</b>	24.81	22	10.08	8	34	1.45	1.54	0.83	<0.001

78 Tab. 1. Descriptive statistics of the assessed variables

by Watson et al. (1988) – was used to measure emotions. Cronbach’s *alpha* in our study was 0.92 for positive and 0.94 for negative emotions.

Distributions of variables (optimism, coping strategies, emotions) are shown in Tab. 1.

The study included 50 women and 20 men, parents of children with nocturnal enuresis. The sociodemographic questionnaire included 11 questions on age and sex, number of children, education, marital status, occupational activity, financial status, place of residence, age and sex of the child, and nocturnal enuresis treatment duration (Tabs. 2–4).

### Procedure

The study was conducted from June to December 2021 at the Clinic of Paediatric Nephrology and the Clinic of Urinary Disorders at the Department of Paediatrics, Paediatric Nephrology and Allergology of the Military Institute of Medicine – National Research Institute in Warsaw, Poland. The study was approved by the commission for conducting research during the declared state of epidemic (SWPS

University of Social Sciences and Humanities). All participants gave written consent to participate in the study.

### RESULTS

In order to answer the research questions, analyses controlling for secondary variables were conducted. It has been shown that:

- the higher the level of optimism among the respondents, the more likely they were to experience positive emotions ( $p < 0.05$ ;  $\beta = 0.30$ ) (Tab. 5), and less likely they were to experience negative emotions ( $p < 0.001$ ;  $\beta = -0.36$ ), taking into account the secondary variable: parental sex (Tab. 6);
- the higher the level of optimism, the more likely the respondents were to use the task-oriented style ( $p < 0.01$ ); it was not possible to conclude about the choice of avoidance or emotion-oriented strategies based on the level of optimism (Tabs. 7–9);
- the more likely were the parents of the affected children to use the task-oriented strategies, the higher the level of positive emotions ( $p < 0.01$ ); however, it was not pos-

	<i>M</i>	<i>Me</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>Skewness</i>	<i>Kurtosis</i>	<i>S-W</i>	<i>p-value</i>
<b>Parental age</b>	36.56	37	5.15	26	50	-0.72	-0.29	0.99	0.556
<b>Child’s age</b>	6.59	6.00	1.56	5	13	1.3	2.8	0.86	<0.001
<b>Treatment duration</b>	1.89	2.00	1.15	1	6	1.65	2.68	0.75	<0.001

Tab. 2. Descriptive statistics of variables: parental age, child’s age and treatment duration (in years)

		<b>Number</b>	<b>Percentage observed (%)</b>
<b>Sex</b>	<b>Female</b>	50	71.4
	<b>Male</b>	20	28.6
<b>Number of children</b>	<b>1 child</b>	22	31.4
	<b>2 children</b>	39	55.7
	<b>3 children</b>	8	11.4
	<b>4 children</b>	1	1.4
<b>Education</b>	<b>Primary</b>	0	0
	<b>Vocational</b>	3	4.3
	<b>Secondary</b>	17	24.3
	<b>Higher</b>	50	71.4
<b>Marital status</b>	<b>Single</b>	1	1.4
	<b>An informal relationship</b>	9	12.9
	<b>Married</b>	60	85.7
<b>Occupational status</b>	<b>Working</b>	64	91.4
	<b>Not working</b>	6	8.6
<b>Financial status</b>	<b>Very good</b>	16w	22.9
	<b>Good</b>	43	61.4
	<b>Average</b>	10	14.3
	<b>Bad</b>	1	1.4
	<b>Very bad</b>	0	0
<b>Place of residence</b>	<b>Rural</b>	2	2.9
	<b>Urban up to 250,000 inhabitants</b>	21	30.0
	<b>Urban &gt;250,000 inhabitants</b>	47	67.1

Tab. 3. Sociodemographic variables

Child's sex	Number		Percentage observed	
	Girl	30	42.90	
Boy	40	57.10		

Tab. 4. Child's sex

	Positive emotions (dependent variable)					
	B	SE <sub>B</sub>	Beta	t	F	R <sup>2</sup>
Optimism (predicator)	0.68	0.26	0.30	2.59*	6.70	0.09

\*\*\*  $p < 0.001$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

Tab. 5. Simple regression analysis showing the relationship between optimism and positive emotions

	B	SE <sub>B</sub>	Beta	t	R <sup>2</sup>	F	ΔR <sup>2</sup>
<b>Model 1</b>							
Constant	34.38	3.45		9.97***			
Parental sex	-7.44	2.53	-0.34	-2.94**			
					0.113	8.64**	
<b>Model 2</b>							
Constant	46.22	4.73		9.77***			
Parental sex	-6.99	2.36	-0.32	-2.96**			
Optimism	-0.74	0.22	-0.36	-3.40**			
					0.244	10.78***	0.131**

\*\*\*  $p < 0.001$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

Tab. 6. Hierarchical regression analysis showing the relationship between optimism and negative emotions by parental sex

	B	SE <sub>B</sub>	Beta	t	R <sup>2</sup>	F	ΔR <sup>2</sup>
<b>Model 1</b>							
Constant	18.12	3.61		5.02***			
Education	2.54	0.97	0.30	2.61*			
					0.09	6.83**	
<b>Model 2</b>							
Constant	11.82	3.99		2.96**			
Education	2.81	0.92	0.33	3.04**			
Optimism	0.32	0.10	0.33	3.04**			
					0.20	8.44**	0.11**

\*\*\*  $p < 0.001$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

Tab. 7. Hierarchical regression analysis showing the relationship between optimism and task-oriented strategies by parental education

	B	SE <sub>B</sub>	Beta	t	R <sup>2</sup>	F	ΔR <sup>2</sup>
<b>Model 1</b>							
Constant	25.49	5.18		4.92***			
Age	-0.36	0.12	-0.33	-2.95**			
Child's sex	2.60	1.26	0.23	2.06*			
					0.18	7.58**	
<b>Model 2</b>							
Constant	25.22	5.54		4.55***			
Age	-0.36	0.12	-0.33	-2.93**			
Child's sex	2.59	1.27	0.23	2.04*			
Optimism	0.02	0.13	0.02	0.15			
					0.19	4.99**	0.001

\*\*\*  $p < 0.001$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

Tab. 8. Hierarchical regression analysis showing the relationship between optimism and avoidance-oriented strategies by secondary variables such as parental age and child's sex

	<i>B</i>	<i>SE<sub>B</sub></i>	<i>Beta</i>	<i>t</i>	<i>R<sup>2</sup></i>	<i>F</i>	$\Delta R^2$
<b>Model 1</b>							
Constant	34.02	5.19		6.55***			
Age	-3.42	1.50	-0.26	-2.28*			
Parental sex	-0.30	0.13	-0.26	-2.29*			
					0.14	5.45**	
<b>Model 2</b>							
Constant	36.18	5.58		6.49***			
Age	-3.34	1.50	-0.25	-2.22*			
Parental sex	-0.30	0.13	-0.26	-2.25*			
Optimism	-0.15	0.14	-0.12	-1.06			
					0.15	4.01*	0.014

\*\*\*  $p < 0.001$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

Tab. 9. Hierarchical regression analysis showing the relationship between optimism and emotion-oriented strategies by secondary variables such as parental age and sex

	<i>B</i>	<i>SE<sub>B</sub></i>	<i>Beta</i>	<i>t</i>	<i>R<sup>2</sup></i>	<i>F</i>	$\Delta R^2$
<b>Model 1</b>							
Constant	22.24	7.35		3.03**			
Place of residence	8.10	2.71	0.34	2.99**			
					0.12	8.94**	
<b>Model 2</b>							
Constant	3.59	9.00		0.40			
Place of residence	6.44	2.59	0.27	2.48*			
Task-oriented style	0.84	0.26	0.35	3.22**			
					0.24	10.27***	0.12**

\*\*\*  $p < 0.001$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

Tab. 10. Hierarchical regression analysis showing the relationship between task-oriented strategies and positive emotions by place of residence

	<i>B</i>	<i>SE<sub>B</sub></i>	<i>Beta</i>	<i>t</i>	<i>R<sup>2</sup></i>	<i>F</i>	$\Delta R^2$
<b>Model 1</b>							
Constant	34.38	3.45		9.97***			
Parental sex	-7.44	2.53	-0.34	-2.94**			
					0.113	8.64**	
<b>Model 2</b>							
Constant	36.94	7.29		5.07***			
Parental sex	-7.31	2.57	-0.33	-2.85**			
Task-oriented style	-0.10	0.25	-0.05	-0.40			
					0.115	4.35*	0.002

\*\*\*  $p < 0.001$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

Tab. 11. Hierarchical regression analysis showing the relationship between task-oriented strategies and negative emotions by parental sex

	<i>B</i>	<i>SE<sub>B</sub></i>	<i>Beta</i>	<i>t</i>	<i>R<sup>2</sup></i>	<i>F</i>	$\Delta R^2$
<b>Model 1</b>							
Constant	34.38	3.45		9.97***			
Parental sex	-7.44	2.53	-0.34	-2.94**			
					0.11	8.64**	
<b>Model 2</b>							
Constant	24.49	5.09		4.81***			
Parental sex	-6.30	2.47	-0.28	-2.55*			
Avoidance-oriented style	0.51	0.20	0.29	2.56*			
					0.19	7.95**	0.08**

\*\*\*  $p < 0.001$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

Tab. 12. Hierarchical regression analysis showing the relationship avoidance-oriented strategies and negative emotions by the child's sex

sible to determine the frequency of negative emotions (Tabs. 10, 11);

- the more the parents were likely to chose avoidance-oriented strategies, the higher the increase in the level of negative emotions; the role of gender in the model was also found to be significant ( $p < 0.05$ ) (Tab. 12);
- the more the parents were likely to chose emotion-oriented strategies, the higher the increase in the level of negative emotions ( $p < 0.001$ ) (Tab. 13).

Furthermore, no relationship was shown between avoidance or emotion-oriented styles and the level of positive emotions.

It was shown, however, that the level of optimism is a moderator of the relationship between emotion-oriented coping and the level of negative emotions. Lower levels of optimism are associated with a slightly stronger positive relationship between emotion-oriented coping strategies and the level of negative emotions ( $beta = 0.685$ ) as opposed to higher levels of optimism ( $beta = 0.666$ ) (Tab. 14).

The analyses also showed that the level of optimism did not moderate the other assumed relationships.

### DISCUSSION

The psychological aspects of nocturnal enuresis are not given much attention in the scientific literature. Roccella et al. (2019) pointed to the high level of parental stress associated with nocturnal enuresis in the child and the necessary

support, especially for mothers, so that they can adaptive-ly cope with the situation. However, there are few publications on coping strategies, personal determinants and emotions arising as a result of managing nocturnal enuresis. It is easier to find works dealing with coping in the context of life-threatening and palliative conditions (Chrapek, 2016) or other chronic disorders.

Similar findings to those obtained in our study were presented by Esteve et al. (2018). They found positive relationships between optimism and positive affect, as well as between pessimism and negative affect. They showed that positive emotions translated into persistence when facing new challenges and commitment, which is an important conclusion in the context of treatment. This may translate into more frequent choice of task-oriented strategies. Similar conclusions were drawn by Carver et al. (2010) and Scheier et al. (1986). Muhonen and Torkelson (2011) also found that a higher level of optimism correlated positively with active coping in a difficult situation: optimists accepted negative events and used problem-focused coping strategies, while pessimists were more prone to using denial or behavioural disengagement. In their meta-analysis, Nes and Segerstrom (2006) found that optimism is positively correlated with task-oriented strategies and negatively correlated with avoidance and emotion-oriented styles. Our findings correspond to the data on asthmatic patients (Lewandowska et al., 2009), which showed that task and

	<i>B</i>	<i>SE<sub>B</sub></i>	<i>Beta</i>	<i>t</i>	<i>R<sup>2</sup></i>	<i>F</i>	$\Delta R^2$
<b>Model 1</b>							
<b>Constant</b>	34.38	3.45		9.97***			
<b>Parental sex</b>	-7.44	2.53	-0.34	-2.94**			
					0.11	8.64**	
<b>Model 2</b>							
<b>Constant</b>	10.76	4.50		2.39*			
<b>Parental sex</b>	-3.79	2.06	-0.17	-1.83			
<b>Emotion-oriented style</b>	1.02	0.16	0.61	6.57***			
					0.46	25.59***	0.35***

\*\*\*  $p < 0.001$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

Tab. 13. Hierarchical regression analysis showing the relationship between emotion-oriented strategies and negative emotions by parental sex

	<i>B</i>	<i>SE<sub>B</sub></i>	<i>Beta</i>	<i>t</i>
<b>Low level of optimism</b>				
<b>Constant</b>	0.01	5.24		0.002
<b>Emotion-based style</b>	1.41	0.26	0.69	5.40***
$R^2 = 0.47; F(1,34) = 29.20; p < 0.001$				
<b>High level of optimism</b>				
<b>Constant</b>	8.41	2.91		2.90**
<b>Emotion-based style</b>	0.79	0.15	0.67	5.12***
$R^2 = 0.44; F(1,34) = 26.26; p < 0.001$				

\*\*\*  $p < 0.001$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

Tab. 14. A linear regression analysis with two groups of results of the level of optimism as a moderator

avoidance-oriented coping strategies may be beneficial depending on the situational context. Parents of asthmatic children also focused on active involvement and making active attempts to understand this condition, and optimism alleviated their stress (Garro, 2011). In turn, an analysis of research on AIDS caregivers (Ashraf and Sitwat, 2016) demonstrated that people using task-oriented styles experienced less negative emotions than those using avoidance strategies or strategies focused on reducing negative emotions. As shown by Kroemeke and Kwissa-Gajewska (2011) in their research among patients with type 2 diabetes, avoidance-oriented strategies led to an increase in positive emotions and, consequently, could be considered effective stress coping methods. On the other hand, emotion-focused strategies aimed at minimising negative emotions had an adverse effect. Studies among AIDS caregivers (Ashraf and Sitwat, 2016) showed that task-focused individuals experienced less negative emotions, the higher level of which was associated with emotion-oriented coping strategies. As pointed out by Heszen (2016), these strategies tend to be adaptive.

In their research on the pain in patients with rheumatoid arthritis, Kwissa-Gajewska and Gruszczyńska (2018) found a moderating effect of optimism. The proven relationship was significant in the context of low levels of optimism, which was associated with negative emotions. This allows to conclude that in the case of illness, a low level of optimism may increase the likelihood of perceiving a given situation as difficult.

In our study, the analysis of secondary variables showed that women were more likely to use emotion-oriented coping strategies. This may be due to the fact that women tend to be more involved in caring. As pointed out by Folkman (Heszen, 2016), people taking care of relatives coped with a stressful situation through positive re-evaluation, creating positive events, and problem-oriented coping in terms of controllable aspects. Experiencing negative emotions may be associated with care-related fatigue, difficulties with disease control and unpredictability of symptoms (Walker, 2019). Activities to provide emotional support, as well as relaxation or learning techniques to divert attention from stressful events may be less effective. These methods seem to be more useful when dealing with the care of terminally ill people (Gruszczyńska, 2007).

## CONCLUSIONS

The proven correlations may indicate that situational factors play a more important role than personality factors, such as dispositional optimism, in the face of a loved one's illness. The need to take care of the child's health and ensure their safety is independent of parental personality and financial or occupational circumstances. Therefore, the support provided by healthcare professionals, including

psychologists, seems to play an essential role. In the context of nocturnal enuresis, it is important to develop parental coping skills that will allow for taking specific actions. Taking care of an ill child in the face of the high demands placed on parents is not an easy task and can impinge on other aspects of life and the daily functioning of the family.

## Conflict of interest

*The authors report no financial or personal relationships with other individuals or organisations that could adversely affect the content of the publication and claim ownership of this publication.*

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