

## Personality traits and the sense of coherence in relation to personal values indicated by kinship foster carers aged 60+ providing care for their biological grandchildren

Marta Giezek, Marek Landowski, Paulina Zabielska, Beata Karakiewicz

### Abstract

**Aim of the study.** The foster care system is currently dominated by kinship foster families, who provide long-term care until the child reaches independence. In the case of kinship care, there is always a biological family relationship, and the role of carers is taken on by grandparents or older siblings. An analysis of personality traits, dominant personal values and the sense of coherence of people aged 60+ providing kinship foster care for their grandchildren as well as an examination of the relationship between the above-mentioned components and depression.

**Material and methods.** The study was conducted in 2018-2019 in north-western Poland. It was addressed to 189 kinship foster carers aged 60+. Consent to participate was obtained from 78 carers, i.e. 41.27% of those eligible for the study. The study was conducted using the diagnostic survey method. Psychosocial, functional and health problems were identified using standardized scales and self-constructed questionnaires.

**Results.** The dominant personal values indicated by kinship foster carers were: “good health, physical and mental fitness” followed by “love, friendship”. The values that the respondents did not assign any rank to were “wealth, fortune”. The results demonstrated a high level of coherence in kinship foster carers. The levels of manageability and meaningfulness were dependent on the carers’ housing conditions. The worse the housing conditions, the lower the level of coherence in these components. The carers’ sense of comprehensibility was reduced by their emotional concerns. Conscientiousness, agreeableness and extroversion were the most common personality traits of kinship foster carers 60+ who were biological grandparents. There was no connection between personality traits and the choice of personal values, but a negative correlation between extroversion and depression was observed at the level of statistical significance. Respondents declaring good health assigned a higher importance to the “knowledge, wisdom” personal value than those declaring health problems. The study showed that 7.9% of respondents had a moderate level of depression, the remaining ones were within the normal range.

**Conclusions.** The sense of coherence and personal values of foster carers aged 60+ are determined by their housing conditions and good health. Action taken in this area by social services might improve the quality and comfort of care provided by biological grandparents to their grandchildren in the form of foster care.

people 60+; foster care; personal values; coherence

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### INTRODUCTION

The foster care system is currently dominated by kinship foster families, who provide long-term care until the child becomes independent. The child is placed in a familiar environ-

ment where there is usually an existing emotional bond, which gives them a sense of security and belonging.

Family foster care, with its various forms throughout Europe and around the world, was defined by, inter alia, Mathew Colton and Margaret Williams as *“care provided in carers’ homes, whether temporary or permanent, which is subject to supervision and approval from appropriate authorities and which is provided by specific carers who may, but do not necessarily have to be related to the child living with them”* [1]. In the case of kinship care, there is always a biological family relationship, and the carers are grandparents or older siblings. The establishment of foster care, even in the case of biological grandparents, is always decided by the family court following verification of the carers’ capabilities and competences that guarantee proper care.

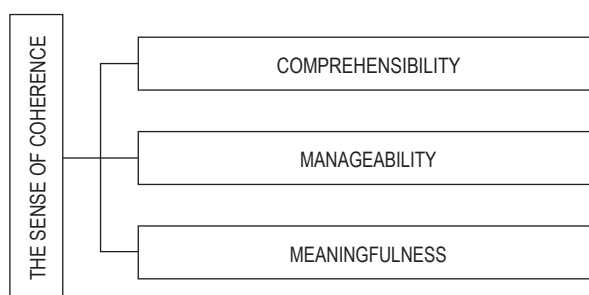
Therefore, kinship foster care exemplifies a specific balance between bond and family relationship. Its specificity involves maintaining the right proportions between the formalisation of the bond and the need to personalise the relationship. Although the care is provided by biological grandparents in the non-public space of the home, it is not a private matter, and requires the formulation of standards specifying basic requirements [2]. The hybrid nature of kinship foster care focuses on the preservation of family ties, but at the same time requires professionalism in provision of care and upbringing of the child, which is what prompted the continuation of research on the personality traits, personal values and life orientation of kinship foster carers aged 60+.

**Personality** is perceived in a very broad and ambiguous manner, hence the multitude of its definitions and concepts. J.M. Oldham and L.B. Morris define personality as a unique way of functioning of the psyche – thinking, feeling, behaving and coping with problems [3]. It is a system encompassing all the characteristic features of a human being. Personality traits, on the other hand, are predispositions to react in a specific way. They predispose to specific behaviours and are responsible for their relative stability at different times and in different situations. Personality traits are responsible for the way people behave and think, for their relationships and contacts with others. They usually do not change,

which is why a person acts and thinks similarly in comparable situations [4].

**The sense of coherence** is the global orientation of human beings, expressing the degree to which possess a dominant and relatively stable sense of certainty that:

- internal and external stimuli encountered throughout life are orderly, predictable and rationally understandable (the sense of comprehensibility)
- there are resources at one’s disposal which will make it possible to meet the requirements posed by the stimuli (the sense of manageability)
- the requirements are perceived to be challenges worth the effort and dedication (the sense of meaningfulness) [5].



**Figure 1.** Components of the sense of coherence

**A person’s value system** regulates their choices and behaviour and serves to express what is particularly dear to them. Therefore, values constitute a regulator of conscious and purposeful actions in various life situations, but only when they achieve a high position in the personal hierarchy, not just in the sphere of declarations [6]. Importantly, the structure of personal values is shaped from childhood in the upbringing process.

To date, kinship foster care provided by biological grandparents aged 60+ has not been studied on a large scale. Hence, presentation of the topic in the light of the above-mentioned aspects is not only a source of knowledge supported by research results using standardized tools, but it also offers valuable tips for social workers who are responsible for recommending candidates for kinship foster carers in family court proceedings.

## AIM

The aim of the study was to analyse personality traits, dominant personal values and the sense of coherence of people aged 60+ who provide kinship foster care for their grandchildren, and to examine the relationship between the above-mentioned components and depression.

## Research questions

The research process attempted to provide answers to the following questions of significance with respect to the quality, durability and organisation of kinship foster care:

1. What are the dominant personal values of foster carers aged 60+?
2. What are the dominant personality traits of foster carers aged 60+?
3. What is the level of sense of coherence in foster carers aged 60+?
4. Is there a connection between personality and the choice of personal values?
5. Is there a connection between the level of sense of coherence and the choice of personal values?
6. Do personal values, personality traits and the level of sense of coherence affect depression?
7. Does health influence the level of sense of coherence and personal values?
8. Does the social situation affect the level of sense of coherence and personal values?

## Study procedure

The article is a continuation of research conducted within the framework of the project: "Identification of problems in the medical, psychological and social sphere in people aged 60 years and older who – pursuant to a court decision – provide kinship care to their grandchildren". The research was carried out from 2018 to 2019 in north-western Poland and was addressed to 189 kinship foster families with carers aged 60+. Consent to participate was obtained from 78 carers, i.e. 41.27% of those qualified for the study. Each of the participants received information about the objective and course of the re-

search with a written assurance that they could withdraw at any stage of the research procedure, without having to provide information as to the reasons for such decision.

## METHODS

The research was conducted using the diagnostic survey method. In order to identify functional problems we used the following instruments:

1. PVL (Personal Values List) – which is used to estimate the value assigned to health in the context of other important personal values. It consists of two parts. The first describes 9 symbols of happiness, the second presents 10 types of personal values;
2. Orientation to Life Questionnaire (SOC-29) – examines the sense of coherence, which comprises the ability to understand events (comprehensibility), the sense of manageability and the sense of meaningfulness of commitment to action and dedication to create one's own life;
3. NEO-FFI personality inventory – which is used to diagnose personality traits included in the popular five-factor model measuring: neuroticism, extraversion, openness to experience, agreeableness and conscientiousness;
4. Geriatric Depression Rating Scale – the study used the 15-item version of the scale as the most frequently used tool for screening self-assessment of depression in the elderly.

The identification of medical issues was performed by analysing the individual primary care nursing care sheets, in the form applicable in Poland, as provided for in Annex No. 8 to the order of the President of the National Health Fund No. 69/2007/DSOZ of 25.09.2007. The sheet contains the individual's personal details, information regarding their health, physical and mental condition, as well as members of their household and living conditions.

We used a self-constructed survey in order to determine the profile of the kinship carers aged 60+, including social background, education, occupational status, material status, marital status, having biological children, concerns and problems associated with the role of foster parents.

The surveys were administered by a trained interviewer at the kinship family home. The design of the study obtained the approval the Bioethics Committee of the Pomeranian Medical University KB-0012/166/03/18 on 29<sup>th</sup> March, 2018.

Participants

A total of 78 carers participated in the study, 62 of whom completed the entire questionnaires. The mean and standard deviation of the re-

spondents’ age was  $69.47 \pm 6.37$  years, with the age ranging from 61 to 97 years. Women constituted 85% of the analysed group; the average age of women and men was similar and amounted to 69.3 and 70.44 years, respectively. Good health was declared by 55% of the respondents. The majority (60%) provided kinship foster care to one child while the remaining 40% had two or more children in their care. All respondents were residents of the city of Szczecin, Poland.

**Table 1.** The number of respondents and the mean and standard deviations of their age in relation to gender, health and the number of children in foster care.

Group of respondents	N	Age (Mean $\pm$ SD)	Age (min – max)
All respondents	62	$69.47 \pm 6.37$	61 – 97
Gender			
Women	53	$69.3 \pm 6.33$	61 – 97
Men	9	$70.44 \pm 6.89$	61 – 81
Health			
Healthy	34	$68.71 \pm 5.45$	61 – 83
Sick	28	$70.39 \pm 7.34$	61 – 97
Number of children in foster care			
one child	37	$68.24 \pm 4.86$	61 – 80
more than one child	25	$71.28 \pm 7.88$	62 – 97

Statistical analysis

Cronbach’s alpha coefficient was used to examine the reliability of the survey questions with the answers provided by the respondents. This coefficient amounted to 0.659 for the Geriatric Depression Rating Scale (GDS) survey responses. In the data analysis, the significance level of 0.05 was adopted for the tests. The Wilcoxon rank sum test was used for statistical tests, and the Spearman’s rank coefficient was used to examine the correlation between variables.

RESULTS

In the PVL survey on assessing the strength of personal values, the respondents selected five

out of ten personal value categories and assigned them with ranks from 1 to 5, where rank 5 meant the most important value. The respondents indicated that the most important personal value was “good health, physical and mental fitness”. This category received an average rank value of 4.35 with a standard deviation of 1.45. The highest rank value, i.e. 5, was assigned to this category by 75.81% of respondents, rank 4 was assigned by 11.29% of respondents, whereas 8.06% of people did not assign any rank to this category. In second place was the “love, friendship” category, where the average value and standard deviation of the ranks were  $2.18 \pm 1.89$ . The category to which the respondents did not assign any rank was “wealth, fortune”. The results of the PVL survey are presented in Table 2.

**Table 2.** Results of the Personal Values Survey

Personal value category	Rank (Mean $\pm$ SD)	Rank [%]					
		0	1	2	3	4	5
Love, friendship	2.18 $\pm$ 1.89	32.26	12.90	8.06	8.06	29.03	9.68
Good health, physical and mental fitness	4.35 $\pm$ 1.45	8.06	0	3.23	1.61	11.29	75.81
Sense of humour, wit	1.08 $\pm$ 1.33	50	16.13	19.35	4.84	9.68	0
Intelligence, sharpness of mind	1.27 $\pm$ 1.45	48.39	11.29	14.52	16.13	9.68	0
Knowledge, wisdom	1.42 $\pm$ 1.73	51.61	8.06	11.29	11.29	11.29	6.45
Joy, contentment	1.87 $\pm$ 1.5	25.81	19.35	16.13	20.97	16.13	1.61
Courage, decisiveness	1.27 $\pm$ 1.59	53.23	9.68	8.06	17.74	8.06	3.23
Kindness, gentleness	1.03 $\pm$ 1.34	54.84	12.90	11.29	17.74	1.61	1.61
Nice appearance, good presence	0.52 $\pm$ 1.11	75.81	9.68	8.06	1.61	3.23	1.61
Wealth, fortune	0	100	0	0	0	0	0

The examination of the personality traits of kinship foster carers aged 60+ was performed using the NEO-FFI survey. The questionnaire consisted of 60 questions measuring 5 traits: neuroticism, extroversion, openness to experience, agreeableness and conscientiousness. There were 12 different questions for each personality trait. The respondents could select their answers on a Likert scale from 0 to 4, the neutral value was 2. The results of the NEO-FFI survey indicated that the respondents were highly conscientious (mean  $\pm$  SD = 3.34  $\pm$  0.41), agreeable (mean  $\pm$  SD = 2.81  $\pm$  0.39) and extroverted (mean  $\pm$  SD = 2.23  $\pm$  0.56). For the remaining two personality traits, i.e. openness to experience (mean  $\pm$  SD = 1.81  $\pm$  0.66) and neuroticism (mean  $\pm$  SD = 1.12  $\pm$  0.64), the average value was below the neutral value of the possible score range.

**Table 3.** Personality traits of foster carers aged 60+

NEO-FFI	Mean $\pm$ SD	Mean $\pm$ SD (normalized, 0 – 4)
Neuroticism	13.47 $\pm$ 7.65	1.12 $\pm$ 0.64
Extroversion	26.76 $\pm$ 6.69	2.23 $\pm$ 0.56
Openness to experience	21.69 $\pm$ 7.9	1.81 $\pm$ 0.66
Agreeableness	33.74 $\pm$ 4.71	2.81 $\pm$ 0.39
Conscientiousness	40.10 $\pm$ 4.86	3.34 $\pm$ 0.41

We applied the SOC-29 survey in order to assess the level of sense of coherence in foster carers aged 60+. The survey consisted of 29 items and three subscales measuring the sense of comprehensibility, manageability and mean-

ingfulness. The comprehensibility scale measured 11 items, the comprehensibility scale measured 10 items, and the meaningfulness scale measured 8 items. The respondents provided their answers using a Likert scale of 1 point to 7 points. The results of the survey demonstrated that the mean values for each of the features were above the neutral value. It could be concluded that the foster carers aged 60+ had a high level of coherence. The mean value and standard deviation for the sense of meaningfulness were: mean  $\pm$  SD = 5.87  $\pm$  0.94, for the sense of manageability: mean  $\pm$  SD = 5.62  $\pm$  1, and for the sense of comprehensibility: mean  $\pm$  SD = 5.13  $\pm$  1.13. The results of the SOC-29 survey regarding the respondents' sense of coherence are presented in Table 4.

**Table 4.** The sense of coherence of foster carers aged 60+, SOC 29.

SOC 29	Mean $\pm$ SD	Mean $\pm$ SD (normalized, 1 – 7)
Comprehensibility (11 items)	56.44 $\pm$ 12.4	5.13 $\pm$ 1.13
Manageability (10 items)	56.21 $\pm$ 10	5.62 $\pm$ 1
Meaningfulness (8 items)	46.94 $\pm$ 7.49	5.87 $\pm$ 0.94

The Wilcoxon rank sum test showed a statistically significant difference in the "knowledge, wisdom" category for the PVL survey depending on the health of the respondents ( $p < 0.05$ ). For those who declared good health, the average rank value was 1.82 and was higher than for



those declaring poor health (mean = 0.93). In other cases, for the PVL and SOC-29 surveys, statistical tests did not show significant differences in the respondents' answers depending on their health status.

The Wilcoxon rank sum test showed statistically significant differences in the respondents' answers in the PVL and SOC-29 surveys according to concerns over responsibility, finances, housing and emotional issues, and inadequate housing conditions. Statistically significant differences between the answers of carers with concerns over responsibility and carers without such concerns were found for the results of the "good health, physical and mental fitness" personal value category ( $p < 0.05$ ). In this case, a higher

mean rank of  $4.82 \pm 0.73$  was obtained for respondents having such concerns; for the remaining ones the mean rank and standard deviation were  $4.18 \pm 1.61$ . The "love, friendship" category was more often indicated as a personal value by the respondents who did not have financial concerns ( $p < 0.05$ ), the mean and standard deviation in this case were  $2.46 \pm 1.94$ ; for those with financial concerns these values were  $1 \pm 1.04$ . However, carers with financial and housing concerns more frequently selected "joy, contentment" as a personal value ( $p < 0.05$ ). The average rank value in this case was close to 3, whereas for those without financial and housing concerns, the average was below 2. Detailed data are presented in Table 5.

**Table 5.** Results of the PVL survey according to various characteristics of respondents.

Personal value category	Variable	Value	N	Rank (Mean $\pm$ SD)	zval *	p
Good health, physical and mental fitness	Concerns – responsibility	No	45	$4.18 \pm 1.61$	-1.9882	0.0468
		Yes	17	$4.82 \pm 0.73$		
Love, friendship	Concerns – financial	No	50	$2.46 \pm 1.94$	2.2535	0.0242
		Yes	12	$1 \pm 1.04$		
Joy, contentment	Concerns – financial	No	50	$1.62 \pm 1.47$	-2.6939	0.0071
		Yes	12	$2.92 \pm 1.16$		
	Concerns – housing	No	53	$1.7 \pm 1.45$	-2.0720	0.0383
		Yes	9	$2.89 \pm 1.45$		
Knowledge, wisdom	Health	healthy	34	$1.82 \pm 1.85$	2.0162	0.0438
		sick	28	$0.93 \pm 1.46$		

\* Wilcoxon rank sum test

The results of Wilcoxon rank sum test indicated that the respondents' sense of coherence depended on their emotional concerns or inadequate housing conditions ( $p < 0.05$ ). The respondents with emotional concerns had a lower mean value of the sense of comprehensibility (mean  $\pm$  SD =  $4.65 \pm 1.19$ ) compared to carers without such concerns (mean  $\pm$  SD =  $5.27 \pm 1.08$ ). Similarly, the respondents with inadequate

housing conditions showed a lower sense of manageability (mean  $\pm$  SD =  $5.17 \pm 1.25$ ) and meaningfulness (mean  $\pm$  SD =  $5.31 \pm 1.16$ ) compared to the remaining respondents, although in both cases the level of coherence was high. The results presenting the sense of coherence of the respondents depending on the emotional concerns and inadequate housing conditions are presented in Table 6.

**Table 6.** Results of the SOC-29 survey depending on the individual characteristics of the respondents.

SOC-29	Variable	Value	N	(Mean $\pm$ SD)	Mean $\pm$ SD (normalized 1 – 7)	zval *	p
Comprehensibility	Emotional Concerns	No	48	$57.98 \pm 11.91$	$5.27 \pm 1.08$	2.0054	0.0449
		Yes	14	$51.14 \pm 13.06$	$4.65 \pm 1.19$		

Manageability	Inadequate housing conditions	Yes	19	51.68 ± 12.45	5.17 ± 1.25	-1.9967	0.0459
		No	43	58.21 ± 8.08	5.82 ± 0.81		
Meaningfulness	Inadequate housing conditions	Yes	19	42.47 ± 9.29	5.31 ± 1.16	-2.7482	0.006
		No	43	48.91 ± 5.61	6.11 ± 0.7		

\* Wilcoxon rank sum test

The respondents' depression status was assessed using the Geriatric Depression Scale (GDS) questionnaire. A scale of 1-15 was applied. The average value of the respondents was 2.61, which was a normal result. However, a total of 7.9% of the respondents achieved a value in the range of 6-10, which means moderate depression. The results of the GDS survey are presented in Table 7.

**Table 7.** Results of the GDS survey on depression symptoms in older adults.

GDS score	N	Mean ± SD range 1 – 15
0 – 15	63	2.61 ± 2.14
0 – 5	57	2.19 ± 1.37
6 – 10	5	8.2 ± 1.48
11 – 15	0	-

Spearman's rank correlation coefficient did not indicate a connection between the dominant categories of personal values (PVL) and the respondents' personality (NEO-FFI). A statistically significant, weak positive correlation was obtained between the "love, friendship" category and the sense of comprehensibility ( $r = 0.27$ ,  $p < 0.05$ ). Additionally, a statistically significant, weak negative correlation was obtained between the "joy, satisfaction" category and the sense of manageability ( $r = -0.36$ ,  $p < 0.01$ ). Similarly, a statistically significant, weak negative correlation was obtained between the results of the GDS survey and the "extroversion" personality trait of the respondents ( $r = -0.35$ ,  $p < 0.01$ ) as well as between the GDS and the "kindness, gentleness" category of personal values ( $r = -0.3$ ,  $p < 0.05$ ). Due to limited sample size not all of the research questions showed significant correlations.

## DISCUSSION

Values, defined as relatively stable beliefs about desirable states of affairs or behaviours which transcend specific situations and objects, guide people's choices, influence attitudes and emotions, set standards for evaluation and enhance motivation [7]. Researchers Kasser and Ryan suggest a division into two types of values: intrinsic and extrinsic. The former, which comprise self-acceptance and a sense of belonging and community, are conducive to a person's involvement in activities aimed at meeting needs such as development, rootedness, competence or autonomy, which has a positive effect on the sense of happiness and satisfaction. Extrinsic values, which include material success, popularity, and an attractive image, are related to obtaining a positive evaluation from other people [8].

American research shows that people focused on material (extrinsic) values are less happy. Richins and Dawson confirmed in their studies that people placing great importance on material goods showed less satisfaction with life [9]. Studies by Belk also confirmed a negative correlation between materialism and life satisfaction or happiness [10]. Australian studies by Ryan and Dziurawiec as well as by Saunders and Munro revealed negative relationships between the pursuit of material goals and happiness in life in such areas as standard of living, family life, interpersonal relationships, fun and entertainment [11, 12]. Research conducted on an Asian group confirmed the results from the USA and Australia [13]. Polish studies demonstrated very similar results, describing a negative relationship between focusing on good material conditions and life satisfaction [14]. Research suggests that people striving for material goals are not only less happy, but also show higher rates of symptoms of depression and anxiety [7]. Moreover, they are emotionally de-

pendent on the assessment and approval of other people. Therefore, a decreased sense of well-being may stem from the feeling of uncertainty and neuroticism [15].

Inverse correlations were observed in people who concentrate on internal values. They strive to satisfy their need for belonging and rootedness by establishing and cultivating satisfying relationships with other people. Support from family, friends or significant others contributes to an increased sense of happiness and less frequent symptoms of depression and other negative emotions [16, 10].

In addition to personal values, we analysed the foster carers' orientation to life, which was determined by the sense of coherence. The concept introduced by Antonovsky means both the perception of the world as understandable and meaningful, and the ability to find resources which enable a person to cope with the situation [17].

People with a high sense of coherence are capable of assessing reality accurately, they are not surprised by the development of events, they do not resign themselves to fate, when they are in difficult situations they can manage on their own or know who to turn to for help. [18,19].

Research on kinship foster carers aged 60+ showed that they have a high level of coherence, which is certainly a predisposing factor to fulfil this role. The dominant personality traits in the study group are: conscientiousness, agreeableness, and extroversion. The obtained results indicate a connection between dominant personal values and the sense of coherence, which translates into the perception of reality as understandable, manageable and controllable, thus enabling meaningful functioning. This also influences taking action guided by self-confidence, resourcefulness and responsibility, which results in greater adaptation to the demands of the role performed. The research results showed no significant relationships between personality and dominant personal values, as was the case with depression. Personality traits are of great importance for provision of foster care to children. International studies emphasize that conscientiousness, agreeableness and openness as dominant traits of carers are related to empathy in care. They facilitate the formation of adaptive and prosocial behaviours in

children and improve their well-being [20,21]. Carers' neuroticism and low level of agreeableness are risk factors for intimidating behaviours. [22,23]. It should be noted that the research was conducted on a limited sample size. This was due to: 1) organizational conditions and 2) limited availability of the target group. The authors are aware of the practical and statistical impact of the sample size on the research results. However, the importance of the topic and the limited research in this field justifies the exploration of the topic and makes an additional contribution to the already existing knowledge.

## CONCLUSIONS

1. The dominant personal values of kinship foster carers are: "good health, physical and mental fitness", and then "love, friendship". The values that respondents did not assign any rank to were "wealth, fortune".
2. The research results show a high level of the respondents' coherence. The sense of manageability gives a statistically significant positive correlation with the "love, friendship" value, whereas "joy, satisfaction" gives a negative correlation with the sense of manageability.
3. Conscientiousness, agreeableness and extroversion are the most common personality traits among kinship foster carers aged 60+ who are biological grandparents. There was no relationship between personality traits and the choice of personal values, but a negative correlation between extroversion and depression was observed at the level of statistical significance.
4. A connection between health and the choice of personal values was demonstrated. People declaring good health assigned a higher rank to the "knowledge, wisdom" personal value than people declaring poor health.
5. Respondents without financial problems assigned a higher rank to the "love, friendship" category, and those with concerns over responsibility more often chose "good health, physical and mental fitness". "Joy, contentment" as a personal value dominated among people with financial and housing concerns.



6. The level of manageability and meaningfulness depended on the respondents' housing conditions. The worse the housing conditions, the lower the level of coherence in these components. However, the sense of comprehensibility was decreased by emotional concerns.
7. The study showed that 7.9% of respondents had a moderate level of depression, the remaining ones were within the normal range.

### What this paper adds

1. Relatively stable personality traits had no impact on either the sense of coherence or the choice of personal values, which means that both coherence and values may change.
2. An important conclusion for social services is the fact that housing conditions influence the sense of coherence. Therefore, it would be recommended that social policy should ensure housing of adequate standard for provision of kinship foster care.
3. Kinship foster carers aged 60+ are not guided by material gain in their role, but they point to "good health, physical and mental fitness" as their highest value. This constitutes another recommendation for social services regarding the construction of health promotion and disease prevention programmes dedicated to this group of recipients.
4. It is advisable to build a relationship based on openness, trust, understanding and support on the part of social workers, which will attenuate kinship foster carers' fears of losing their right to provide foster care.

### LIMITATIONS

The research process was characterised by significant limitations. Difficulty in obtaining data is one of the reasons why studies on kinship foster care are not as popular as research on institutional care. The main limitation of the research process was obtaining consent to participate in the study due to the grandparents' concerns over the dissolution of foster care by the court. Out of the 189 families meeting the eligi-

bility criteria, only 78 decided to participate in the study. The research tools looked into health, social background and a range of psychosocial competencies determining good care of the child in kinship foster care. Despite the interviewer's extensive explanations, this factor had a significant effect on raising unjustified concerns in some foster families that the survey might make them "look bad" and as a result they might lose the foster care of their grandchildren. Another limitation was the relatively long data collection process resulting from the large size of the research tools used and the age of the respondents. Household and care-related responsibilities, fatigue and disease burden sometimes made it necessary to meet with one foster family on several different occasions.

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