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PREFERED COPING STRATEGIES IN BURDENING SITUATIONS IN ONCOLOGICAL PATIENTS

Social Science

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ABSTRACT

This article discusses chosen results from authors study focused on coping strategies in burdening situations. Writers decided to compare preferential coping strategies in people with diagnosed oncological disease with those who haven´t been diagnosed yet. Based on theoretical background, it is possible to point out several interesting findings, such as found difference between the two groups - i.e. patients diagnosed with cancer, although been faced with serious burdening life event, have been using effective coping strategies than those who have not been diagnosed yet. Moreover, the question of social support comes forward - since the group of diagnosed patients showed higher need for it. Authors propose the resolution of social support for this clientele through sociotherapy.

KEYWORDS

oncological disease, coping strategies, stress.

INTRODUCTION:

Although the term stress with its relationship with burdening situation is not defined exactly, it is important to maintain its description in its entirety, encompassing every requirement put on man seen through the optics of bio-psycho-socio-spiritualistic and ecological creature [7]. The issue of coping is currently considered for very important, because it is related with the overall subjective well-being of the individual [9]. Every debate focused on burdening life events and responses of organism to them should encompass every behavioral and emotional components, while respecting the connection of organism and its environment. In this context, stress can be defined as a specific form of generally perceived burdening situation [7]. Currently, stress has many definitions based on different perspectives. In the eastern philosophy, stress is defined as the absence of inner peace. In the western culture, it is described as loss of emotional control. It can be understood as a process triggered by certain situations or environment characteristics, or it can be ones reaction to difficult environment [8].

Stress situations are those with striking contradiction of expositional and dispositional factors (since the overlap of requirements over personal dispositions, or, not using ones dispositions and performance capacity and/or deficient stimulation of said requirements). Higher of lower pressure of leverage on adaptation always represents certain burdening situation for human being [7].

This can be explained by a number of scientific theories inherent in several disciplines such as humanistic, cognitive, behavioral, cognitive-behavioral, ecological, systemic, etc. Therefore, it is possible to identify common elements with a stress and risk situations and their psychological and social correlates [6].

These definitions do not explain why two people confronted with the same difficult situation can react in different ways, perceive different stress levels. Ones reaction to stress is also based on the whole situation he is in, on his psychological well-being when impacted. Human reactions are therefore hard to anticipate. We can only guess based on our knowledge about ones preferential coping strategies in burdening situations. Because of that, stress is nowadays being dabbed as multifactorial phenomenon, i. e. facticity determined by huge amount of agents.

In this context, cognitive theories mention the importance of ones evaluation of the situation over the environmental factors. They do not aim to put the whole responsibility for one's stress reaction solely on the person. They aim to point out the fact that the person himself is very important factor representing sort of milestone between environment and perceived levels of stress. Moreover, several situations are objectively very stressful for everyone [1]. Stress has different meaning for different people in different situations.

We can undoubtedly talk about oncological disease as about burdening life event with high levels of psychological stress. Targeted patient is confronted with the sense of his mortality, which therefore causes high levels of acute stress for him and his family and surroundings as well. For these patients, it is really important to adopt certain goal oriented, goal achieving coping strategies, which would then function as a way to maintain ones emotional integrity.

Not every coping strategy is suited for everyone, since we all naturally tend to focus on our personality, out needs, current life situation, coping strategies employed in the past, efficient coping strategies. Coping with cancer is a process, it is not one time thing, it lasts several months or years, during which one can employ different coping strategies depending on the disease status. Different accuracy of coping strategies during stages of oncological disease is quite obvious, it maintains emotional health. Another positive factor of efficient coping strategy usage is strengthening of the immune system, which fights against cancer cells, man feels stronger with new income of energy. Based on desired result, we can divide coping strategies in two groups:

- active
- passive.

Active coping strategy (so -called positive strategy) is defined as the one using ones inner resources while fighting with stress, while passive (or negative) strategy is focused on using external sources of coping [2] . One employs active coping strategy when he or she engages in actions in order to solve the problem. He prepares a plan, which later serves as a motivational tool to continue ones activity (such as patients decision to take pills, undergo all required medical procedures or go on operation). Escape (or avoidant) strategies represent ones intentions to flee from the problem. He doesn't let himself believe the problem is that grave [5].

Studies focused on adjustment to disease mention handicapped patients engaging in rather active strategies- such as information seeking, active efforts in order to achieve efficient treatment, active support seeking, fight mode- they lead life of far higher quality. This is driven by obviously lower levels of anxiety, hopelessness, depression and fear [10].

CASE STUDY:

The main aim of this study was to detect any differences in coping strategies employed by our respondents. On behalf of grant thesis, 504

respondents agreed to participate. Cancer has been diagnosed in 297 (58,9%) respondents, 193 (38,3 %) woman and 104 (20,6%) man. 207(41,1%) respondents not yet diagnosed with cancer were hereby defined by gender -141(27,9%) woman and 66(13,2%) man. Mean age of patients diagnosed with cancer was 58,6 years, 203 (68,3%) respondents lived in marital relationship/partnership. Mean age of patients not yet diagnosed was 52,5 years, 135 (65,2%) respondents live in marital relationship/partnership.

Chosen questionnaire battery was not only focused on determining demographical data, but also preferential coping strategies, hereby measured via SVF 78 questionnaire, Stressverarbeitungsfragebogen [4], focusing on ones tendency to engage in certain coping strategy. It consists of 13 items divided into a group of positive (effective) strategies- i.e. under-evaluation, guilt refusal, diversion, alternate gratification, situation control, reaction control, positive self-instructing, and negative ones- i.e. escape tendency, perseveration, resignation, self-blaming, and strategies not defined in either group- need for social support, avoidance. Statistical analysis has been done via statistical program SPSS 20, based on non-parametrical statistical methods and consequently, descriptive statistics.

Key domain of interest was determining potential differences based on Mann Whiteny U-test, describing usage of different coping strategies in our sample with its relation to diagnosed oncological disease.

Table 1: Mann Whitney U Test- Differences Between Coping Strategies And Diagnostics Of Oncological Disease.

	Underevaluation	Diversion	Alternate Gratification	Reaction Control	Need for Social Support	
Oncological Disease Diagnosis	*Z*	-2,69	**-4,02**	**-2,19**	**-1,98**	**-2,25**
	p(α)	0,007	**<0,001***	**0,03**	**0,04**	**0,02**

***p< 0,01**

Based on results seen in table 1, which proved statistically significant differences, descriptive statistics have been applied in order to further examine said results (see Table 2).

TABLE 2: MEAN SCORE DESCRIPTION BASED ON CHOSEN COPING STRATEGY

Oncological Disease Diagnosis	Underevaluation	Diversion	Alternate Gratification	Reaction Control	Need for Social Support	
Diagnosed	*N*	297	297	297	297	297
	X	267,2	273,9	264,5	263,3	264,7
Non-diagnosed	*N*	207	207	207	207	207
	X	231,9	221,3	235,7	237,3	235

Based on acquired mean scores seen in table 2, we can assume the roots of different coping strategies being in higher levels of engaging in coping strategies in those respondents already diagnosed with cancer. It is safe to assume that patients diagnosed with cancer prefer strategies based on lowering ones stress levels in comparison with the other group (such as underevaluation, diversion from the main burden) or inclination to the situations incompatible with stress (diversion). Respondents diagnosed with cancer prefer those strategies, which focus on the positive situation aspects/activities (alternate gratification), they also tend to control their reactions (reaction control strategy) in comparison with patients without this diagnosis. Last important statistical significance has been found in the need for social support strategy, whereas, similarly to the upper-mentioned results, patients diagnosed with cancer show higher levels of need for seeking and achieving social support.

CONCLUSIONS:

Findings of this study offer small peek in the life of oncological patients. They prove that despite being in a serious, life threatening and burdening situation, oncological patients tend to engage in effective, positive coping strategies (under evaluation, alternate gratification, reaction control). These tendencies offer statistically significant space for social support, which can be, according to the authors, realized through socio-therapy with this clientele, in the purpose of helping them through the cycle of treatment program. Environment influence, namely attitudes and sudden behavior changes of family members and surroundings of oncological patient have sometimes rather burdening and distracting effect. If family is part of socio-therapy group, it brings peace to the patient, it evokes trust for the medical procedures. Consequently, this leads to higher quality of life and activation of one´s social potential with aim for his relationships with his environment.

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