

“EXPLORE THE WAYS OF COPING AMONG CANCER PATIENTS AT SELECTED HOSPITAL OF HARYANA”.



Nursing

KEYWORDS: cancer, ways of coping, seeking social support.

Mrs. Poonam Ahlawat Assistant Professor, Faculty of Nursing, SGT University, Gurgaon, Haryana)

ABSTRACT

The experience of being diagnosed with and treated for cancer is an extremely stressful experience for most individuals. The purpose of the study was to explore the ways of coping among cancer patients. The study involved 100 cancer patients. The data was collected by using standardized tool-ways of coping scale (WAYS). Participants reported that seeking social support was the most frequently used ways of coping after being diagnosed with cancer. Patients spoke about supportive relationships as a key contributor to growth as well as a fruition of their experience. Most of the patients were using single coping behavior to cope with the cancer diagnosis and only few patients were using three coping behaviors. The association of ways of coping with demographic variables suggests that ways of coping was associated with occupation (6.63) and clinical variable suggest that ways of coping was associated with duration of diagnosis (14.35) at 0.05 level of significance.

1. INTRODUCTION

1.1 Introduction

A cancer diagnosis is hard to take and having cancer is not easy as cancer is a serious and traumatic event that impacts millions of individuals each year. Cancer is the second biggest cause of death in India, growing at 11 per cent annually. There are 2.5 million cancer cases and four lakh deaths a year in India. Cancer has the ability to shake one's worldview and significantly impact one's assumption about life. The diagnosis and subsequent treatment of cancer can cause negative psychological and physical sequel that can severely impact individuals' everyday life. As the majority of cancer can be treated with various approaches for a long duration of time so assessment of psychological changes is important for several reasons. Firstly, identifying the effect of the diagnosis and treatment approach on the psychology of the individual. Secondly, what coping behaviors are used by the individual to adapt to the situation.

A total of 1,638,910 new cancer cases and 577,190 deaths from cancer are projected to occur in the United States in 2012. As per Indian population census data, the rate of mortality due to cancer in India is alarmingly high this was 819354 in (2004) which drastically increases to 979786 in (2010). According to the Health department officials based the calculation on the basis of a report on cancer patients prepared by Pt Bhagwat Dayal P.G.I.M.S. Rohtak, Haryana in October 2012 stated that there are 27,827 cancer patients in Haryana and a survey conducted in Punjab, the Punjab Health Minister Madan Mohan Mittal said that 23,874 cases of people suffering from cancer have been detected, the number of persons complaining of cancer symptoms were 84,453. According to the survey, 33,318 cancer deaths have occurred during last five years, out of which 14,682 were in the Malwa region alone. As many as 4,000 of these happened in Ludhiana.

1.2 Objectives:

1. To explore the ways of coping among cancer patients.
2. To determine the association of the levels of ways of coping with selected variables among cancer patients.

2. MATERIAL AND METHOD

2.1 Participants

The study used a cross-sectional exploratory design⁵ and it was carried out between 13th December 2012 to 12th January 2013. The study sample consisted of 100 patients diagnosed with a variety cancer (62 male and 38 female) in who were consecutively admitted in the In-patient unit, Radiotherapy department of Post graduate institute of Medical Sciences (P.G.I.M.S) Rohtak, Haryana. They entered the study based on their acceptance to the questionnaire and willing to participate. 2.2 Data Collection The data collection tools comprised an record sheet on Demographic and clinical characteristics of cancer patients and Ways of coping. The data were collected face to-face interviews conducted by researchers in the in-patient unit of radiotherapy department. The researchers introduced the questionnaire to the participants and explained the material covered. The average time for completing the questionnaires was 30-

45 minutes.

2.3 Data Collection Instrument

The tools which were used in present study comprised of 2 sections: Demographic and clinical variables, ways of coping.

Section 1: Demographic and clinical variables

Part A- It consisted of the record sheet which was constructed to collect data regarding patients characteristics (age, gender, residence, education, occupation, annual household income, marital status, present position in the family, importance of religious activities.

Part B- consists of diagnosis of cancer, duration of diagnosis, stage of disease and ongoing treatment.

Section 2: Ways of coping

The Ways of Coping is a 66-item self-report measure of how individuals cope with a self-selected specific recent stressful event. Each item was rated on a scale from 0 (“does not apply or not used”) to 3 (“used quite a bit”). Reliability scores for the subscales of Hindi version of ways of coping was .74. The WAYS assesses eight coping factors including Confrontive Coping, Distancing, Self-Controlling, Seeking Social Support, Accepting Responsibility, Escape-Avoidance, Planful Problem Solving, and Positive Reappraisal.

2.4 Ethical Consideration

Regarding ethical considerations, the ethical approval was obtained from the Institutional Ethical Committee Maharishi Markendshwar University and formal approval was obtained from the H.O.D of Radiotherapy department. Written information was given to the participants and their oral consent was obtained. The patients were informed about the purpose of the research and assured of their right to refuse to participate in or to withdraw from the study at any stage. Anonymity and confidentiality of subjects' data were guaranteed.

2.5 Statistical analysis

Data was analyzed and interpreted by employing descriptive and inferential statistics. SPSS version 16.0 was used to analyze the data. P value ≤ 0.05 was considered as significant.

3. Results

About (51%) of the cancer patients were belonged to age group of 48-62 years, (62%) of the patients were male most of them (78%) of the were residing in rural area, (45%) of the patients were illiterate. Majority of (91%) were self employed. Most of the patients (63%) belong to income group of 50001-100000/- .The majorities (93%) of the patients were married and (67%) were adults. Most of (58%) of the patients were those who does religious activities once in a day and (51%) of the patients had a great importance of religious activities. most of the patients (29%) were diagnosed were Ca Cervix and only (3%) were diagnosed with breast cancer. Most of cancer patients (57%) had duration of diagnosis between 6months-1year, Most (50%)

of cancer patients were in III stage of the disease. With regard to the type of treatment received (51%) received chemotherapy as the treatment.

The total score for ways of coping was 71.34 ± 15.28

TABLE 1 Frequency and Percentage Distribution of Cancer Patients on Ways of Coping Subscales

N=100

Subscale of ways of coping	Frequency (%)
Confrontive coping	00
Distancing	06
Self controlling	10
Seeking social support	60
Accepting Responsibility	17
Escape Avoidance	08
Plan Problem Solving	09
Positive Reappraisal	05

The data presented in the table 1 indicated that majority (60%) of cancer patients were seeking social support as a ways of coping with cancer diagnosis and only (05%) of them were using positive reappraisal for coping with cancer.

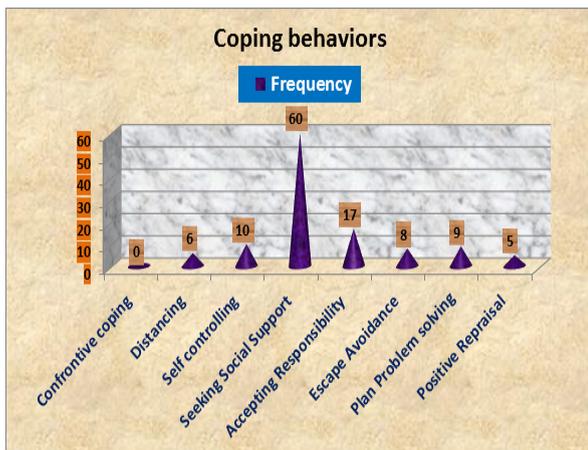


Figure 1: Bar graph showing distribution of cancer patients on ways of coping subscales

TABLE 2 Frequency and Percentage Distribution of Cancer patients Coping Behavior on Ways of Coping

N=100

Coping Behavior	Frequency (%)
Single coping Behavior	85
Two coping Behaviors	14
Three coping Behaviors	01

The data presented in the table 2 indicates that majority (85%) of cancer patients were using single coping behavior and only (1%) of the cancer patients used three coping behaviors as a coping mechanism during their journey through cancer diagnosis and treatment.

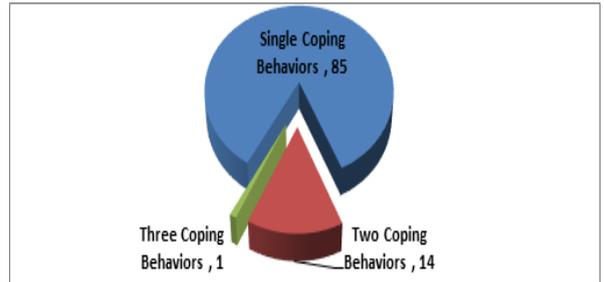


Figure 2: Pie chart showing the coping behaviors used by the cancer patients on ways of coping subscale

TABLE 3 Mean, Mean Percentage, Standard Deviation and Ranking of Ways of Coping Subscales of Cancer Patients

N=100

Subscales	Possible scores	Obtain		Mean %	Ranking
		Range	d score		
Accepting Responsibility	12	01 - 11	5.05 ± 2.21	42.08	VII
Confrontive coping	18	01 - 13	7.61 ± 2.43	42.28	VI
Distancing	18	02 - 15	7.95 ± 3.61	44.17	V
Escape Avoidance	24	03 - 17	9.35 ± 3.55	38.96	VIII
Positive Reappraisal	21	01 - 17	3.55	45.48	IV
Plan Problem solving	18	00 - 15	9.55 ± 4.59	48.06	III
Seeking social support	18	03 - 17	8.65 ± 3.57	63.89	I
Self controlling	21	04 - 17	11.50 ± 2.94	55.62	II
Total	150	26 - 104	47.56		
			11.68 ± 2.60		
			71.34 ± 15.28		

From the findings it has been concluded seeking social support was the most frequently used coping behavior used by the patients to cope with cancer diagnosis and only few patients were using escape avoidance as a coping behavior.

FINDINGS REGARDING ASSOCIATION OF WAYS OF COPING WITH SELECTED VARIABLES

The association of ways of coping with demographic variables suggests that ways of coping was associated with occupation (6.63) at 0.05 level of significance and association of ways of coping with clinical variable suggest that ways of coping was associated with duration of diagnosis (14.35).

4. DISCUSSION

It was observed that (51%) of the subjects belonged to the age group of 48 years and above. The findings were similar to findings reported in literature by Mc Pherson, Steel and Dixon (2000) i.e. the incidence

of breast cancer increases with age and it is common among the age group of above 40 years.

In ways of coping the most commonly used coping behavior was relating to others (11.50 2.94) which are consistent with the findings of Phyllis D. Handerson, Joshua Fogel, Quattennetta T.Edwards that seeking social support was most commonly used coping behavior (0.20 0.06).

5. CONCLUSION

Majority of cancer patients spoke about supportive relationships as being a key contributor to growth as well as a fruition of their experience. These relationships included the cancer support including community (including service providers), family, and friends. Through their experience with cancer their relationship and trust in others had deepened as they were finding a greater interest in connecting with people and experiencing deeper connections. Support results in the lived understanding of interdependence of the helper and the helped.

6. REFERENCES

1. Damayanti Datta. When lifestyle spells disaster. India today. 2010 August 13 available from: <http://indiatoday.intoday.in/story/when-lifestyle-spells-disaster/1/108803.html>
2. Siegel R, Naishadham D, Jemal A. Cancer statistics, 2012. 62(1):10-29.
3. Das B.P Cancer pattern in Haryana: twenty one year experience, Health Administrator (17), 1: (29-49). Available from: <http://medind.nic.in/haa/t05/i1/haat05i1p29.pdf>
4. Kavitha kuruganti. Punjab in grip of cancer, over 33000 died in last five years: Door to Door Census results. 2013, Jan; 29. Available from: <http://www.indianexpress.com/news/punjab-in-grip-of-cancer>
5. Peggy Reynolds, Susan Hurley, Myriam Torres, James Jackson, Peggy Boyd and Vivien W.Chen. Use of Coping Strategies and Breast Cancer Survival: Results from the Black/White Cancer Survival Study. American journal of Epidemiology. 2000 Feb; 152(10):940-949. doi: 10.1093/aje/152.10.940.
6. Heather S. Jim, Susan A. Richardson, Deanna M. Golden-Kreutz et al. Strategies Used in Coping With a Cancer Diagnosis Predict Meaning in Life for Survivors. Health psychology. 2006 Nov; 25(6):753-761.
7. Mc. Pherson K, Steel C M, Dixon JM. ABC of breast diseases. Breast cancer epidemiology, risk factor and genetics. British Medical Journal, 2007 321(9), 624-628.
8. Phyllis D. Handerson, Joshua Fogel, Quattennetta T.Edwards coping strategies among African American women with breast cancer southern online journal of nursing research 2003;4(3).