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COPING STRATEGIES: A DETERMINING FACTOR FOR PSYCHOLOGICAL WELL-BEING IN CANCER PATIENTS

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# ABSTRACT



**OBJECTIVE**

To examine coping strategies and psychological well-being among cancer patients.

# STUDY DESIGN

Co-relational design

# PLACE AND DURATION OF STUDY

Data was collected over a span of 03 months from MINAAR Nishtar hospital Multan, Oncology ward no 25-B Nishtar hospital Multan, BINUcancer hospital Bahawalpur and Shaikh Zaid hospital Rahim Yar Khan.

# SUBJECTS AND METHODS

A purposive sample of 150 cancer patients from different hospitals of Multan, Bahawalpur and Rahim Yar Khan was selected. Sample of 150 cancer patients was consisted of 85 females and 65 male cancer patients whose age was ranged between 25 to 65. Cancer patients were assessed by researcher using Brief cope Inventory and Psychological well-being Questionnaires.

# RESULTS

Significant correlation was found between psychological-well-being and different coping strategies. It was also found that coping strategies predict psychological wellbeing, Gender differences were also observed.

# CONCLUSION

Coping strategies have positive relationship with psychological well-being and coping has an effect on psychological well-being of cancer patients.Psychological well-being was more in femalesand joint family systems.

# KEYWORDS

BCI, Coping strategies, Psychological well­ being,Cancer Patients.

# INTRODUCTION

Cancer influences the physical wellbeing of the patients, as well as their emotions, just after the diagnosis has been made for the individual. Disease can have numerous unfavorable mental results for example; trouble, anxiety, tension and sadness which evoke an enduring transformation in the patient'smental, emotional and psychological processing. Coping is a critical mental process that includes a person's intellectual and behavioral endeavors to decrease or deal with a stressor '.One vital element is the way an individual has coped to different things in life and how they built up their coping strategies.There are two broad strategies of coping:to ease the situation stressing and to act actively are attempts of strategies of problem solving, on the other side, emotion­ focused coping strategies try to manage sentimental chain reaction of stress'. Another distinction is made between active and avoidant coping styles. Active adapting methodologies are either behavioral or mental reactionsintended to change the idea of the stressor itself or how one contemplates it, while Avoidant adapting systems lead individualsinto exercises, (for example,alcoholuse) or mental states that keep them from straightforwardly tending to distressing occasions' Since each patient is an interesting individual, an enthusiastic, intellectual and behavioral reaction can fluctuate a great deal and can usually be very changeable in a similar patient'. Although diverse coping skillsin cancer patients are overwhelmingly planned with a specific end goal to decrease the misery and to enhance their personal satisfaction, No study has demonstrate persuading proof that some psychological coping skills like acknowledgment, submission to the inevitable, dissent, vulnerability, sadness can have a clinically imperative impact in the survival or repeat of cancer'·'.

"Well-being is something other than joy. And also feeling fulfilled and cheerful, well­ being implies creating as a man, being satisfied, and making a commitment to the group"'. There are distinctive sorts of well-being; mental, subjective, otherworldly and social. This study concentrates just on the psychological well-being since the effect of coping with cancer is more reflected in psychological well-being'. As per Ryff psychological well-being is an intricate build of mental improvement and emotional wellness.Ryff'sscale of psychological well-being distinguishes diverse attributes as parts of psychological well-being which incorporates freedom, control over one's condition, constructive relational connections,a significance in life, finding the possibility of the self and tolerating the way oneself is'. Psychological well-being of the patients is badly affected due to cancer resulting in depression and anxiety'.

According to Sprangers and Schwartz cancer can lead to what the changes in patient functional skills, physical functions, the aspect, activity status, the family and social role and identity; all these changes affect their livesand their internal standards".Literature is heavily focusing on disease and treatment while psychological aspects of illness also need attention. After reviewing the literature extensively, It is realized that many appraisal and coping systems are related with bring downfrequency of mental reactions, for example, stress and trouble11•12·"·"·". In any case, thinking about the relationship between adapting techniques and mental reaction does not empower clinicians to see how individualsoperationalise these coping systems or how to help their advancement.

Distinctive cancer related stressors are adapted to in altogether different ways. There is not really a specific example of coping that is best to relieve psychological distress".Research proves that the path in which the patient copes to Cancer the Crab directly affects different psycho - social components, for example, their nature of movement, psychological well-being, social principal cooperation, how they coordinate the ailment into their life etc."·" These coping strategies can hold on in the patient's life post treatment."·"·'° Therefore, the part of and requirement for coping to cancer is a region that keeps on being of stake in oncology.

Cancer is a life threatening disease which is most prevalent these days that disrupts daily routine life including health, education, job and relationships. Existing literature explored disease and different treatment proposals for cancer patients. Psycho-oncology is a relatively new trend in this field so main motive of this study was to investigate the coping strategies and psychological well-being among cancer patients. The study aimed to assess the correlation between psychological well-being and coping strategies in cancer patients.Further,the impact coping strategies on psychological well­ being will also be assessed in cancer patients. Gender,age and family system differencesin psychological well-being andcoping strategies will also beassessed in cancer patients.

## SUBJECTS AND METHODS

##### Participants

This correlational study was carried out in Oncology departments of four hospitals of Multan, Bahawalpur and Rahim Var khan (i.e. MINAAR Multan,Nishtar Hospital Multan,BINU Hospital Bahawalpur, Shaikh Zaid Hospital Rahim Var Khan) after the consent of patients for participation. The purposive sampling procedure was used to select the sample.The criterion group (n=l50;M=65,F=85) hadage ranged between 25 to 65 years old men and women. The researcher read each statement and response categories for the patients who were not literate.

**Instruments**

### *Brief Cope Inventory.*

Brief Cope Inventory developed by Carver21 measures coping capacity of the respondents was used to see coping strategies. Inventory is comprised of 28 items with 4 point likert scale ranging from I haven't been doing this at all (1) to I've been doing thisa lot (4).

There is no reverse scoring in thisscale. It measures four main coping styles: problem focused, emotion focused, less useful and recently developed.All categories/coping styleshave further subscales".

### *Psychological wellbeing scale:*

Psychological wellbeing questionnaire developed by Gough," Consisting of a sequence of 38 items was used to measure psychological well being. Dichotomousscoring procedure wasused which has 0-1 answers group wherever '1'is allocate for 'true' response category and 'O' isassigned for "false" responses.The scale has7 true items(6, 9, 10, 12, 19, 33, and 37) and remaining itemswere false.Cronbach's alpha is.87 forthisscale.

##### Procedure

The questionnaire booklets consisted of Brief cope inventory and Psychological well-being scale along with consent form and demographic information. Researcher got permission from the author of the questionnaire through electronic mail and patients were briefed about the purpose of the research and consent was taken for participation and they were assured about anonymity of the data. Scales were administered to cancer patients of different hospitals of Multan, Rahim Var Khan and Bahawalpur and data was collected through purposive sampling.Patients were educated how to fill thequestionnairesand they were advised to respond each item truthfully.SPSS 20 version (Statistical Package for Social Sciences) has been used in favor of the descriptive and inferential statistical analysis of the figurescollected from the cancer patients.

## RESULTS

Cronbach's Alpha Reliability of psychological well being is 0.79 and brief cope inventory has 0.86. it depicts that they posses high consistent values. Hence researcher can use this data for further analysis

###### Table I

Coefficient Alpha for the scale of Psychological Wellbeing and Brief Cope Inventory

###### Cronbach's Alpha No of Items

Psychological Wellbeing 0.79

**Brief Cope Inventory** 0.86

###### Table 2

Correlation between Psychological Wellbeing and sub scales of Brief Cope Inventory (n=l50)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **3** | **4** | **s** | **6** | **7** | **8** | **9** | **10** | II | **12** | **13** | **14** | **IS** |
| Pw | .00 | .14 | .03 | .13 |  | .00 | .22 | .03 | .12 | .05 | .15 | .00 | .00 | .00 |
| Sb |  | .18 | .23 | .20 |  | .34 | .05 | .06 | .35\* | .24\* | .04 | .21\* | .20\* | .05 |
| Ac |  |  | .52\* | .41 |  | .29 | .15 | .43\* | .30\* | .38\* | .21 | **.21**\* | **.29\*\*** | .20\* |
| D |  |  |  | .60\* |  | .52 | .32 | .58\* | .57\* | **.52\*** | .05 | .35\* | **.37\*\*** | **.31**\*\* |
| Sd |  |  |  |  |  | .51 | .26 | .52\* | .65\* | **.44\*** | .05 | .29\* | **.31\*\*** | **.32\*\*** |
| Sa |  |  |  |  |  | .78 | .21 | **.51**\* | **.29\*** | **.58\*** | .02 | .38\* | **.21**\*\* | **.42\*\*** |

**Table 2** (Continue)

**4 5 6**

Es

Is

**7 8**

.21

**9 10** II **12 13 14 15**

.so• .44\* .56\* .04 .36\* .30\*\* .55\*\*

.59\* .38\* .32\* .04 .06 .02 .37\*\*

Bd .49\*

V

Pr

.54\* .03

.so• .06

.00

.31•

.35\*

.49\*

.17 .49\*\*

.23\*\* .43\*\*

.32\*\* .56\*\*

H .08 .II .02

A .II .47\*\*

R .05

df=J48 P<0.05 Pw = psychological well-being; Sb =self-blame; Ac= active coping; D = denial; Sd = self distraction; Sa= substance abuse; Es= emotional support; Is= instrumental support; Bd = behavioral disengagement; V = venting; Pr= positive refonning; H = humor; A= acceptance; R = religion and P = planning

Above table shows the association between Psychological well­ being and sub scale of brief cope inventory. Table indicates psychological well-being is positively correlated with sub scales of SB(Self blame), D(Denial), ES(Emotional support),BD(Behavioral disengagement),PR(Positive reforming).

**Table 3**

Liner regression analysis explaining impact of Brief cope inventory on Psychological well being (n= 150)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Variables |  |  | **8** | **SE** |  |  | **p** |
| Constant | .031 | .00 I | 22.492 | 1.65 |  |  |  |
| Brief cope inventory |  |  | .0 IO | .026 | .031 | .379 | .042 |

*d/=148*

Table 3 presents linear regression analysis for brief cope inventory and psychological wellbeing. Results showed that coping styles predicted the psychological well-being of cancer patient (/3=.031, t=.379, p<0.05). It shows only 3 percent variance in psychological wellbeing could be attributed to coping styles of the patients which isvery minor.

**Table 4**

Mean, Standard deviation, t- value, p value and Cohen's d of gender on psychological well-being (N= 150)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Scales** | **Gender** | **n** | Mean | **S.D** |  | **p** | Cohen's d |
| Psychological | Female | 85 | 25.51 | 3.676 | 1.571 | 0.01 | 0.033 |
| wellbeing | Male | 65 | 22.58 | 3.468 |  |  |  |

Above table shows difference of gender in the scores of psychological wellbeing. There was significant difference in male (M= 22.5, SD= 3.46) and female (M= 25.5, SD= 3.67) p<0.05 scoresof Psychological well-being in cancer patient. Value of Cohen's d showed small effect on psychological well-being while collected valueofCohen'sd is(0.033).

**Table 5**

Mean, Standard deviation, t- value, p value and Cohen's d of gender on

Brief coping inventory (n= 150)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Scales | **Gender** | **n** | **M** | **SD** |  | p | Cohen's d |
| Self blame | Male  Female | 65  85 | 4.38  4.36 | 1.195  I .04 | . I 09 | .9 I 4 | 1.605 |
| Active coping | Male Female | 65  85 | 5.45  4.32 | 1.132  I.42 | .597 | .045 | 4.816 |
| Denial | Male  Female | 65  8S | 5.00  6.78 | 1.54  1.28 | .918 | .036 | 0.01I |
| Self distraction | Male Female | 65  85 | 4.61  4.81 | 1.37  1.58 | -.795 | .428 | -8.540 |
| Substance abuse | Male Female | 65  85 | 5.29  4.67 | 1.25  1.63 | 2.541 | .012 | 0.087 |
| Brief cope inventory |  |  |  |  |  |  |  |
| Emotional support | Male Female | 65  85 | 5.30  5.08 | 1.37  1.43 | .970 | .334 | 0.012 |
| Instrumental support | Male Female | 65  85 | 4.10  3.65 | 1.40  I.IS | 2.15 | .033 | 4.220 |
| Behavioral disengagement | Male Female | 65  85 | 5.23  4.94 | 1.49  1.30 | 1.26 | .208 | 0.021 |
| Venting | Male  Female | 65  85 | 4.69  4.63 | 1.34  1.16 | .278 | .782 | 1.044 |
| Positive reforming | Male Female | 65  85 | 5.06  4.68 | 1.61  I .27 | 1.60 | .111 | 2.337 |
| Humor Male  Female |  | 65  85 | I.IS 1.36 | 1.79  .66 | -1.76 | .040 | -2.828 |
| Acceptance | Male Female | 65  85 | 4.92  4.81 | 1.65  1.30 | .461 | .645 | 2.871 |
| Religion | Male Female | 65  85 | 4.36  4.43 | 1.30  1.00 | -.350 | .727 | -1.118 |
| Planning | Male Female | 65  85 | 6.30  4.90 | 1.39  I .20 | 1.89 | .030 | 0.048 |

*df=/48 p<0.05. P>0.05*

Table 5 indicated the mean differences of gender for subscales of brief cope inventory: Humor, Active coping, substance abuse, Instrumental support,planning p<0.05 were significantly different in male and female cancer patients. Humor, Active coping, substance

abuse, Instrumental support, planning were more in male cancer patients and Denial was more in females. Value of Cohen'sd showed small effect on sub scale of Brief cope inventory which is self blame whereas collected value of Cohen's d is (1.605), large effect of Cohen's d was on Active coping (4.816),small effect on Denial (0.011), small effect on self-distraction, substance abuse, emotional support, behavioral disengagement, humor religion and planning has also small effect of Cohen's d and their values are respectively given (- 8.540, 0.087, 0.012, 0.021, -2.828, -1.118 and 0.048) larger effect of

Cohen's d was on instrumental supports which is (4.220) and also larger effect wasfound on venting (1.044), positive reforming (2.337) and Acceptance (2.871).

**Table 6**

Mean, Standard deviation, t- value, p value and Cohen's d of Family System on Psychological Well-being(n=l50)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Scales | Groups | **n** | **Mean** | **S.D** |  | P | Cohen's d |
| Psychological | Joint | 83 | 26.75 | 3.39 | -1.364 | 0.02 | 0.025 |
| wellbeing | nuclear | 67 | 23.55 | 3.28 |  |  |  |

*Note: df=148 p<0.05*

Table 6 indicated that psychological well-being differed with respect to family system. Psychological well-being was more in joint family system (M= 26.75, SD= 3.39) as compare with nuclear family system (M= 23.55, SD= 3.28) p<0.05. Small effect of Cohen's d of psychological well-being on family system was observed (0.025).

**Table7**

Mean, Standard deviation, t- value, p value and Cohen's d of family system on Brief coping inventory.(n= 150)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Scales | F.sys | **n** | **M** | **SD** |  | **p** | Cohen's d |
| Self blame | Joint  Nuclear | 83  67 | 4.4  8  4.2  4 | 1.05  1.16 | .133 | .018 | 2.390 |
| Active coping | Joint  Nuclear | 83  67 | 4.3  6  4.3  9 | 1.29  1.32 | -0.12 | 0.90 | -1.314 |
|  | Joint | 83 | 4.8  5 | 1.41 | -0.23 | 0.81 | -4.830 |
| Denial | Nuclear | 67 | 4.9 | 1.38 |  |  |  |
|  |  |  | 1 |  |  |  |  |
| Brief cope inventory | | | | | | |  |
| Self distraction | Joint  Nuclear | 83  67 | 3.5  5  4.9  4 | 1.49  1.48 | -1.57 | 0.01 | 0.033 |
| Substance abuse | Joint  Nuclear | 83  67 | 4.9  1  5.9  7 | 1.50  1.52 | -0.21 | 0.03 | -4.026 |
| Emotional support | Joint  Nuclear | 83  67 | 6.1  6  5.1  9 | 1.51  1.28 | -0.109 | 0.04 | -1.605 |
| l.nstrumcntal support | Joint  Nuclear | 83  67 | 3.8  9  3.8  0 | 1.32  1.23 | 0.405 | 0.68 | 2.216 |
| Behavioral  disengagement | Joint  Nuclear | 83  67 | 5.1  8  4.9  2 | 1.48  1.27 | 1.117 | 0.26 | 0.016 |
| Venting | Joint  Nuclear | 83  67 | 4.6  2  4.7  0 | 1.29  I. 18 | -0.367 | 0.71 | -1.820 |
| Positive reforming | Joint  Nuclear | 83  67 | 6.6  8  5.0  4 | 1.36  1.52 | -1.519 | 0.01 | -0.031 |
| Humor | Joint  Nuclear | 83  67 | 2.2  4  1.3  1 | 0.70  0.76 | -0.602 | 0.04 | -4.897 |

*df=/48 p<0.05, P>0.05*

The results showed that subscales of brief cope inventory differ in family system among cancer patients such as planning, Humor, Acceptance, positive reforming, Emotional support, self is more in joint family system as compared with nuclear family system and substance abuse and self-distractionismore in nuclear family system than joint families. Value of Cohen's d showed large effect on self­ blame where collected value of Cohen's d is (2.390), small effect on active coping, Denial, self-distraction ,substance abuse, emotional support, behavioral disengagement, venting, positive reforming, humor, acceptance, religion and planning; collected values are presented in table 7; larger effect of Cohen's d is on instrumental support was observed (2.216).

#### DISCUSSION

Current study was directed to analyzetheimpact of coping strategies on psychological well-being among cancer patients.Resultsshowed that there was positive association between psychological well­ being and the sub scales of brief cope inventory. Current study demonstrates that subscale of brief cope inventory differs in family systems among cancer patients such as planning, Humor, Acceptance, Positive reforming, Emotional support and self is more in joint family system than nuclear and substance abuse and self­ distraction is more in nuclear family system than joint. As per previous literature, avoidant formsof coping, such as self-distraction, have been significantly related to negative effects during treatment."

Psychological well-being was more in joint family system than nuclear family system, illness of the person is an important event in the life that should be taken into consideration when assessing the risks for the processes of coping of streamer cancer. A study done in India showed that living inajoint family system was associated with a favorable outcome in sufferersof depression".

Current study showed that testing of mean decision of gender orientation for subscale of brief cope inventory Humor, Active adapting, substance abuse, Instrumental support and Planning is different in male and females cancer patients. This study revealed psychological well-being was more in femalesas compare with male cancer patients. Past investigations recommended that females discovered meaning and reason in their lives uniquely in contrast to men. They got quality and control through their relational connections and confidence. Higher scores for women on instruments which measured spiritual well-being had additionally been accounted for by different analysts"·".

#### CONCLUSION

It isconcluded that there is positive link between psychological well­ being and coping strategies among cancer patients and coping strategies also predict the psychological well-being of cancer patients.Psychological well-being is more in femalesand joint family systems as compared with males and nuclear family system. Depending upon the visualization of the patient, it may not be feasible to just energize an uplifting state of mind and it may be not feasible to remind the patient that it will in the end improve.Mental health conditions are accepted to be under diagnosed in cancer

patients; it is shrewd to take a proactive way to recognize these conditions.

# LIMITATIONS AND SUGGESTIONS

Some patients refused to fill questionnaire due to pain, fatigue and some refused due to their chemo session so it reduced the no of participants so future research can enhancesample size. This Study was conducted only in the major hospitals of south Punjab, other parts of the country may also reveal different picture.

Future research may also focus on otherpsycho-social factors of oncology.Mediating role of religion and social support should beconsidered in cancer patients.

Future studies should be conducted to reduce their negative thoughts that arise in cancer disease and strategies to enhance coping must be introduced.

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