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The Relationship between Psychosocial Stress and Coping Strategies for Breast Cancer Patients

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ABSTRACT

Breast cancer becomes a traumatic event for a woman's life due to various influencing factors such as physical condition, self-image, sexuality, and social condition. One of the efforts that can be conducted to overcome these problems is by the coping strategies. The purpose of this study was to analyze the relationship between psychosocial stress and the coping strategies for breast cancer patients. The design of this study was cross-sectional research. The population in this study was 158 people, and the number of samples was 121 respondents selected using the consecutive sampling technique. The independent variable was psychosocial stress, while the dependent variable was the coping strategy. The instruments in this study were The Psychosocial Distress Questionnaire-Breast Cancer (PDQ-BC), and the Cancer Coping Questionnaire. Furthermore, data were analyzed using Spearman's rho. Psychosocial stress experienced by most of the breast cancer patients was categorized as moderate stress, namely 75 (60.3%). The coping strategy applied mostly by breast cancer patients, was the maladaptive coping strategy, namely 71 (58.7%). There was a relationship between psychosocial stress and coping strategies for breast cancer patients (p = 0,000, r = -582). There is a moderate relationship between psychosocial stress and the maladaptive coping strategy. Therefore, nurses can convey to patients' family members to continue and keep motivating the patients, and to help reduce anxiety, depression, physical condition, social condition, and sexual problems of the breast cancer patients.

Keywords: breast cancer, coping, psychosocial, stress

INTRODUCTION

Breast cancer is still one of the most common chronic diseases for women and becomes the leading cause of death in women aged < 55 years old [1]. Various kinds of treatment can be conducted to overcome breast cancer, such as surgery, radiotherapy, chemotherapy, and hormone therapy [2]. Having this disease will be a traumatic event in a woman's life and have an impact on the psychosocial aspect [3]. Psychosocial stress can be caused by many factors, such as physical condition, self-image, social problems, and sexuality problems [4]. One of the efforts that breast cancer patients can do to overcome this problem is by coping strategies [5]. The coping strategies applied by certain individuals were categorized being adaptive if being able to support the integration functions, growth, learning, and achieving goals, and were categorized as being maladaptive if preventing the integration functions, inhibiting growth, reducing autonomy, and occasionally dominating the surroundings [6].

In 2013, the World Health Organization (WHO) stated that there were 3.7 million breast cancer patients in which the mortality rate reached 1.3 million [7]. In 2016, Surabaya was in the highest position for the number of cases of breast cancer in the last five years, in which from all non-communicable disease cases, there were 181 cases of breast cancer or around 8.6% [8]. In March 2019, in the Hematology Poly of RSU Haji Surabaya, there were 200 breast cancer patients.

The cancer treatment process, drug side effects, the length of treatment, and the lack of support from the surroundings will cause cancer patients to experience psychological stress [9]. This may potentially disrupt medication adherence and reduce the quality of their lives so that the good emotional stress management for cancer patients is very important [10]. Strategies for adaptive coping mechanisms are by the emotional-focused coping and the problem-focused coping [11]. The emotional-focused coping is a coping strategy that is used to overcome the negative emotions that occurs while the problem-focused coping is a coping strategy used to overcome stressful situations for cancer patients, such as stress due to side effects of treatment [12].

A good coping strategy can be conducted by newly diagnosed cancer patients by controlling the emotional stress to avoid anxiety and depression [13]. Coping strategies for cancer patients from 80 respondents showed that the average coping score was still low [14], and by controlling the stressors, it could improve the adaptive coping strategy [15]. The coping strategy is an individual adaptation mechanism that is conducted consciously and directedly to overcome pain or to deal with the emerged stressor [16]. The selection of coping strategies can be conducted by paying attention to the responses that affect the coping itself. Responses that influence coping strategies are wealth, physical appearance,

psychological condition, social condition, and spiritual condition [17]. The importance of studying the responses that affect individual coping strategies is that it can help in the process of adaptation to psychological and social stress so that individuals can adapt to their health and environmental condition. The aims of this study were to analyze the relationship between psychosocial stress and coping strategies of breast cancer sufferers.

METHODS

This research applied a quantitative design using the correlation method. This correlational research aimed to analyze the relationship between psychosocial stress and coping strategies for breast cancer patients. This study applied a cross-sectional approach and emphasized the research time in which the assessment of dependent and independent variables was conducted only on one time and not having a follow-up [18].

The population of this study was breast cancer patients who were undergoing treatment. This study applied the consecutive sampling technique. This study was conducted in 3 weeks. The number of respondents was 121 people selected using inclusion criteria, namely breast cancer patients who were women, aged 16-80 years old, underwent outpatient care and were being cooperative, and exclusion criteria, namely breast cancer patients who were being not cooperative during this study.

The dependent variable of this study was the coping strategies while the independent variable was the psychosocial stress. Data collection instruments in this study were the Psychosocial Distress Questionnaire-Breast Cancer (PDQ-BC) consisted of 71 questions related to factors that caused psychosocial stress in breast cancer patients and the Cancer Coping Questionnaire (CCQ) consisted of 21 questions related to positive focus, coping, diversion, and plan. Furthermore, the collected data were analyzed using Spearman's rank test.

The procedure of this study was started by explaining the purpose of this study and discussing the research time, which would be taken to the respondents. This study was conducted when the patients arrived or waited for the check-up queue. The respondents were selected by directly asking the respondents' permission, conducting self-introduction, explaining the purpose of the study, and clarifying inclusion criteria. Respondents who did not meet the criteria did not continue to the next session. If they met the criteria, the researcher would explain how to fill out the questionnaire, the benefits of this study, the rights of quitting from this study, research ethics, and the available information center. Respondents were given the right to refuse or to accept to be the subject of this study. After the respondents accepted it, the researcher gave an informed consent sheet. Some patients asked for help to be read aloud to the questionnaire items. The researcher assisted the respondents directly in filling out the questionnaire so that if there were unclear items, the respondent could ask the researcher directly. There were three sets of questionnaires given to respondents, namely, demographic data questionnaire, the Psychosocial Distress Questionnaire-Breast Cancer (PDQ-BC) questionnaire, and the Cancer Coping Questionnaire (CCQ) questionnaire. The type of collected data was the primary data, meaning that the data were directly obtained from respondents.

The applied data analysis in this study was the statistical test of Spearman's rank correlation in which the selected significance level was $\alpha < 0.005$. If the result indicated $\alpha < 0.005$, H1 would be accepted, meaning that there was a significant relationship, in other words, the higher the psychosocial stress experienced by respondents, the more evident the coping strategies used were maladaptive. All of the statistical data calculations were conducted using SPSS software.

This research was conducted in accordance with the ethical clearance in which the researcher had requested permission from relevant parties before beginning this study. All procedures related to ethical clearance consisted of informed consent sheet, autonomy, anonymity, and confidentiality. This research had passed the ethical test at the Health Research Ethics Commission, Faculty of Nursing, Airlangga University, with the decree number of 1394-KEPK on 9 May 2019.

RESULTS

Table 1 showed of the demographic data, the majority of respondents' age was 46-55 years old, namely 48 respondents (39.7%). The majority of respondents' latest education level was elementary schools, namely 45 respondents (37.2%). The majority of respondents did not work, namely 74 respondents (61.2%). The majority of respondents' income was below the regional minimum wage, namely 97 respondents (80.2%). Most of the respondents had ≤ two children, namely 83 respondents (68.6%). The length of the respondent suffered from breast cancer was mostly for six months, namely 121 respondents (100%). The treatments given to respondents were mostly surgery and chemotherapy, namely 68 respondents (56.2%). The stage of cancer experienced by the respondents was mostly in stage III cancer, namely 49 respondents (40.5%).

Table 2 showed results of the Psychosocial Distress Questionnaire Breast Cancer (PDQ-BC) questionnaire, most of the respondents experienced moderate psychosocial stress, namely 75 respondents (60.3%). It indicated that most of the respondents experienced stress on physical, social, and depression factors.

Table 3 showed the results of the Cancer Coping Questionnaire (CCQ) questionnaire, most of the respondents applied the maladaptive coping strategy, namely 71 respondents (58.7%). It indicated that most of the respondents experienced poor diversion concerning the pain they felt and the lack of effort in dealing with the pain.

Table 1. Distribution of respondents by demographic characteristics

Characteristics	n	%
Age		
(36-45 years old)	31	25.6
(46-55 years old)	48	39.7
(56-65 years old)	42	34.7
Total	121	100
Level of Education		
Elementary School	45	37.2
Middle School	24	19
High School	20	16.5
College	32	26.4
Total	121	100
Profession		
Work	47	38.8
Does Not Work	74	61.2
Total	121	100
Number of Children		
≤ 2 Children	83	68.6
> 2 Children	38	31.4
Total	121	100

Long Been Sick		
> 6 Months	121	100
Total	121	100
Income		
< Rp. 3.800.000	97	80.2
≥ Rp. 3.800.000	24	19.8
Total	121	100
Treatment Has Been Done		
Surgery	4	3.3
Chemotherapy	10	8.3
Surgery and Chemotherapy	68	56.2
Chemotherapy and Radiation	10	8.3
Surgery, Chemotherapy, and Radiation	29	24
Total	121	100
Stage		
Stage I	14	11.6
Stage II	44	36.4
Stage III	49	40.5
Stage IV	14	11.6
Total	121	100

Table 2. Distribution of respondents based on psychosocial stress sufferers of breast cancer

Psychosocial Stress	n	%
Mild Stress	46	38
Moderate Stress	75	60.3
Severe Stress	2	1.7
Total	121	100

Table 3. Distribution of respondents based on coping strategies for breast cancer sufferers

Coping Strategy	n	%
Maladaptive Coping	71	58.7
Adaptive Coping	50	41.3
Total	121	100

Table 4. Relationship of psychosocial stress with coping strategies of breast cancer sufferers

Psychosocial Stress	Coping Strategy				Total	
	Maladaptive		Adaptive			
	n	%	n	%	n	%
Mild	10	14.1	36	72	46	38
Moderate	59	83.1	14	28	73	60.3
Severe	2	2.8	0	0	2	1.7
∑	71	100	50	100	121	100
Spearman's Rho (p): 0,000; *Correlation Coefficient* (r): -0,588						

Table 4 showed the result of the statistical test concerning the relationship between psychosocial stress and coping strategies for breast cancer patients using Spearman's rho test showed p = 0.000 and r = -0.588, meaning that there was a relationship between those two variables with a moderate correlation coefficient value. This result indicated that the majority of respondents experienced moderate psychosocial stress and applied the maladaptive coping strategies, namely 59 respondents (83.1%).

DISCUSSION

Results showed that there was a relationship between psychosocial stress and coping strategies for breast cancer patients with a moderate correlation coefficient value. The correlation coefficient value was negative, meaning that the higher the psychosocial stress experienced by breast cancers, the more evident the coping strategies used were maladaptive. On the contrary, the lower the psychosocial stress experienced by breast cancers, the more evident the coping strategies used were adaptive.

This was in line with a study conducted by Siegel and Lane that stress was anything that could pose a threat [19]. Furthermore, Siegel and Lane divided individuals into two categories, namely those who considered stress as a challenge and those who considered stress as a threat. Individuals who considered stress as a challenge felt that they were able to cope with the stress they felt so that stress tended to be low due to stress management (coping strategies) that was good (adaptive). Meanwhile, individuals who considered stress as a threat felt that they were unable to cope with the stress they feel so that stress tended to be high due to stress management (coping strategies) that was not good (maladaptive). From Siegel and Lane's statements, it could be concluded that stress and coping strategies had a negative relationship; however, it also depended on those individuals in dealing with their stress.

The researcher argued that psychosocial stress for breast cancer patients was the stress caused by several factors such as psychology, physical condition, self-image, social condition, sexuality, and socio-economy condition. Meanwhile, coping strategies were efforts conducted by individuals to control something that was felt threatening their lives because if breast cancer patients could not control their emotional stress well, it could affect their quality of stress. On the contrary, the better the breast cancer patients controlled their emotional stress, the better their stressor or something that was felt to threaten their lives was. Therefore, it could make breast cancer patients to adapt to their health, and to undergo the treatment process until completed.

The results showed that respondents with severe stress indicated that they felt anxious; they worried if cancer reappeared even though various treatments had been taken; their self-esteem became low due to side effects of treatment and weakened physical condition; they withdrew from their social environment because they felt they did not need to be active in their social environment; they did not get optimal family support, and the relationships with their partners were not peaceful. Meanwhile, respondents with moderate stress indicated weak physical condition, poor self-image, lack of interaction with the social surroundings, and sexuality issues. In contrast to mild stress, the patients would always be enthusiastic and optimistic concerning the treatment that they were undergoing.

Cancer diagnosis could affect patients in almost every aspect of a patients' life, including physical, psychological, interpersonal, vocational, and spiritual aspects [20]. Individuals who had been diagnosed with cancer at a younger age (> 45 years old) had a high risk of experiencing psychological problems that could remain in their developmental life [21]. One of the possible efforts that could be conducted by newly diagnosed cancer patients to control their emotional stress was by a good coping strategy [12].

The researcher believed that stress was a very normal condition for every human being. Stressors faced by some breast cancer patients had the same quality and quantity, such as age category, type of work, number of children, the treatment that had been taken, duration of treatment, and the stages of cancer. However, factors which distinguished each individual were their ways to respond, control, and suppress their emotion so that it could not disturb their quality of life.

The result showed that the coping strategies used by breast cancer patients were influenced by their condition during the data collection process. Various conditions of the respondent during data collection processes such as different age categories, work demands, length of treatment that almost all

of the respondents underwent more than six months, the responsibility to provide school fees for their children, various kinds of the treatment that had been carried out such as surgery, chemotherapy, and radiation, and different stages of cancer. This could cause the mood or coping strategies of the majority of the respondents at that time to be maladaptive. However, some respondents had adaptive coping strategies.

A cancer patient who experienced psychological response would often undergo all or some of the psychological responses, as mentioned by Elisabeth Kubler-Ross, namely Denial, Anger, Bargaining, Depression, and Acceptance (DABDA). Denial was a condition in which the patient did not want to trust the diagnosis given by the doctor; they would ask for opinions from other doctors; they did not want to tell the symptoms they were experiencing, and they kept doing their routine work. The impact at this stage was that the condition of the disease would get worse because they who did not believe in the doctors' diagnosis would ignore the treatment that could cure the disease [22]. In the next stage, the patient will feel angry. Cancer patients would feel that everything was not right, feel disappointed with the fate that God gave, become unfriendly, and show high-risk behaviors that usually occurred due to unstable emotions. This could have an impact on the personal condition, family, and surroundings because patients tended to behave rudely [23]. At the stage of bargaining, patients would make many promises to God and delay the treatment process that should be taken routinely. The impact on the patients' health was that the condition of the disease would get worse because of the late treatment [22]. At the stage of depression, patients sometimes became quiet, withdrawn, sad, daydreaming, helpless, guilty, and had changes in dietary habits and sleep patterns. In this stage, there was a change in the patients' dietary habits and sleep patterns so that it could have a major effect on the patients' physical health. Psychological disorders also potentially occurred because patients often blamed themselves, daydreamed, and withdrew from society. These changes could also cause self-concept disorder on the patients [22].

The next stage was acceptance. At this stage, cancer patients would begin to accept the reality of their situation, be less involved with sadness, be more resigned to the condition, and try to motivate themselves to fight the disease. Patients' self-acceptance was able to direct them to think positively. Furthermore, it would make the patients improve their commitment to do things that could support their recovery. The patients' optimistic attitude towards the treatment process would have a good impact on their health [22].

The researcher argued that coping strategies that had a psychological impact on breast cancer patients differed depending on the severity (stage), type of treatment undertaken, and the characteristics of each patient. Therefore, the need for breast cancer patients was not only the treatment of physical symptoms but also the support for psychological, social, and spiritual needs that should be provided by the health workers and family.

The result showed that all breast cancer patients with severe stress applied to the maladaptive coping strategy. The breast cancer patients with moderate stress also mostly applied the maladaptive coping strategy; however, some of them had applied the adaptive coping strategies. Meanwhile, breast cancer patients with moderate stress also mostly applied adaptive coping strategies; however, some of them still applied the maladaptive coping strategy.

It found that there were three coping processes used to overcome the crisis due to cancer and its treatment taken [24]. The first was negative feelings, which consisted of two aspects, namely mental distress and loss of physical control. Mental distress included feeling worried or feared, bad anticipation, shock, despair, anger, feeling unfair, and denial. Meanwhile, loss of physical control included physical discomfort experienced by cancer patients such as sleep disorders, fatigue, and loss of appetite.

The second was the self-adjustment. It was the patients' adjustment to personal beliefs and lifestyle to cope with stress because of cancer diagnosis and the undertaken treatment. Self-adjustment consisted of two aspects, namely the personal belief adjustment and lifestyle adjustment. The personal belief adjustment was adjustments conducted by cancer patients to prepare themselves for the effects of cancer. Various positive adjustments were conducted to receive a cancer diagnosis such as constructive thoughts, acceptance of facts, increasing motivation, improving self-comfort, and praying for the peace of mind. Meanwhile, lifestyle adjustment included adjustments to the changes in dietary habits, exercise patterns, work schedules, and workloads.

The third was self-reinterpretation. It was a change in the self-value system in which cancer patients had to change their old beliefs. It was important to escape from negative feelings, to be aware of the information and realistic expectations of diseases that required adjustment, and to conduct re-evaluation towards their life.

The researcher argued that respondents who applied the maladaptive coping strategy were those who did not have a positive focus such as not making definitive plans for their future, not reminding themselves about things they had in their life even though suffering from the breast cancer and lack of optimal support from their partners in helping to overcome the illness. On the contrary, respondents who applied the adaptive coping strategy were those who had plans for their future, always had reasons to continue to be enthusiastic and optimistic in every treatment that they took and got full support from their partners.

The researcher found that the most factors that caused psychosocial stress were physical conditions. The good physical condition could be related to the psychic condition and the coping strategies for breast cancer patients.

The process of treating breast cancer required quite a long time so that it needed a strong physical condition [25]. One of the treatments for breast cancer patients was chemotherapy, which was generally toxic and had a narrow safety range. Chemotherapy worked on cells that divided rapidly so that besides cancer cells, normal cells that grew quickly would be damaged by chemotherapy treatment. The chemotherapy dose was determined based on body area, body weight, kidney function, and liver function to reduce the toxic effects of chemotherapy treatment; however, several factors such as the patients' nutritional state, general state, stage of cancer, and previous management also influenced the patients' response to treatment [26].

One of the factors that influenced the coping strategies in patients undergoing treatment was social support, which included supporting the information fulfillment and the emotional needs given by parents, other family members, relatives, friends, and surrounding people [12].

The social support as a sense of belonging to someone was divided into two categories, namely self-esteem support in the form of recognition to be loved and self-esteem support in the form of recognition on the possessed ability. The first category was self-esteem support in the form of recognition to be loved. Breast cancer patients often had low self-esteem. This was because breast cancer patients often feel embarrassed and pessimistic about their healing progress. Therefore, they needed a family and a partner who could give them love sincerely [27].

The second category was self-esteem support in the form of recognition on the possessed ability. The breast cancer patients were often regarded to be unable to do anything so that the family and surrounding neighbors seemed to not provide an opportunity for these patients to carry out an activity or action. Cancer patients with healthy and fit conditions also had the hope to be treated like healthy people so that the family could consider the ability of patients in accordance with the capabilities possessed so that breast cancer patients could live productively [28].

This was confirmed by a study reporting that someone who got family support could eliminate the temptation to disobedience and often could be a support group to achieve obedience [29]. Health problems in the family were interrelated. The family was an effective and efficient intermediary to pursue health [30]. This was also in line with a study reporting that mothers who suffered from breast cancer but had the support of the family would be more eager to undergo the treatment so that it could help the healing process [31]. The statement was supported by a study conducted by Green recommending that families were expected to provide support to patients to undergo chemotherapy medication and for the inform treatment [32]. This was also confirmed by Mary's statement that support from people closest to the patient or family would reduce the discomfort felt by the patients [33].

The researcher argued that the positive self-concept of respondents undergoing treatment needed to be built so that it could lead to an adaptive coping concept. When the respondents viewed themselves, which were good in the physical condition, the emotional condition, and the success of the treatment taken, it would have a positive impact so that the respondents would continue the treatment until it was completed.

CONCLUSION

Psychosocial stress experienced by breast cancer patients was caused by several factors, namely weakened physical condition, lack of optimal family support, society and partners, and poor self-image. The coping strategies applied by respondents with breast cancer were maladaptive because of the poor diversion of pain felt and the lack of effort in dealing with the pain.

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