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Priyadarshini Waikhom
M.Sc. Nursing (MSN),
Symbiosis College of Nursing
Constituent of Symbiosis
International University,
Pune, Maharashtra, India

Corresponding Author:
Priyadarshini Waikhom
M.Sc. Nursing (MSN),
Symbiosis College of Nursing
Constituent of Symbiosis
International University,
Pune, Maharashtra, India

Assessing the level of depression and coping strategy adopted by cancer patients

Priyadarshini Waikhom

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Abstract

Introduction: World Health Organization defines health as an state of complete physical mental and social well being and not merely an absence of disease or infirmity. A healthy person is an asset to the society. An unhealthy lifestyle and practices among an individual will lead to a disease.

Material and Method: A Quantitative research approach and descriptive research design was used. Cancer patients admitted in Yashwantrao Chavan Memorial Hospital, Pune, were used to collect the data. A total sample of 40 cancer patient was selected by convenience non probability sampling technique. Data was collected using modified Beck Depression Inventory assessing the level of depression and cope scale to assess the coping strategy.

Results: 42.5% of the cancer patients had moderate depression (score 21-30), 20% of them had borderline clinical disturbance (17-20), 17.5% of them had mild depression (score 11-16), 17.5% of them had normal depression (score 1-10) and 2.5% of them had severe depression (Score 31-40). Majority of 97.5% of the cancer patients had average coping (score 73-114) and 2.5% of them had good coping strategy (Score 115-155).

Conclusion: The correlation between depression and coping found negative is statistically significant. More the depressed is the cancer patients, poor is his coping. There was no significant association between depression of cancer patients and their demographic variables.

Keywords: depression, coping strategy, cancer patients

1. Introduction

Cancer is both a physical disease and a condition that has predominant psychosocial effects, contains uncertainties and threatens life leading to severe psychological problems in an individual. Patients with cancer face most of the stressors associated with diagnosis, illness and treatment. These stressors may generate coping strategy, which may affect the mental health. Cancer affects patients' lives and those of their families in different aspects. Cancer diagnosis and treatment brings changes in patients' personal paths of life, in their daily activities, work, relationships, and family roles, and it is associated with a high level of patient psychological stress. This stress shows up as anxiety and/or depression^[1].

Anxiety and depression is the most common psychological problem encountered in patients with cancer. Anxiety can be defined as an unpleasant subjective experience associated with the perception of real or imagined threat and is a common symptom in connection with cancer^[2].

Human beings are motivated to find meaning in their lives. At no time is this more evident than in the aftermath of a traumatic event. Events that pose physical harm or death can shatter one's schemas of a just, purposeful world and an invulnerable self. A cancer diagnosis is one such event. The diagnosis brings acute emotional distress, and individuals struggle with questions about why the disease struck them, its significance for their future, and the changes that may follow^[3].

Different individuals use different strategies for coping with negative affective state and associated life problems. Strategies are developed to identify means to reduce stress. Such coping mechanisms are important both in periods of acute stress/emergencies (such as hurricane disasters) as well as in patients suffering from chronic illnesses such as depression, breast cancer, and HIV/AIDS^[4].

The use of some of these coping styles may prove beneficial for the person. For example, in a study on the coping mechanisms and depression in elderly medically ill men, a high proportion of the respondents sought comfort in religious beliefs and practices. This in turn was inversely related to their severity of depression [5].

Coping has been identified as a critical factor in the mediation of effects of stressful life events on the individual's physical and psychological adaptation. Lazarus & Folkman have defined coping as 'constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person'. The concept has been extended from research on stressful events to psychosocial adaptation to chronic disease. Coping is seen to have three main functions: elimination or modification of the problem causing the distress, alteration of the meaning of the experience, and regulation of emotional distress. These functions are often termed problem-focused coping, appraisal-focused coping and emotion-focused coping [6].

2. Methodology

The objectives of the study were to assess the level of depression adopted by cancer patients and to assess the coping strategy adopted by cancer patients.

A descriptive survey approach was adopted using descriptive survey design. The study was conducted from April 2013 to April 2014, among cancer patients associated hospital at Pune. The study population comprised of patients suffering from cancer. The sample size was 40 cancer patients. Purposive sampling technique was adopted to select the samples. Modified Beck Depression Inventory and Modified Cope Scale was used to assess the level of depression and coping strategy adopted by cancer patients. The depression score was classified as normal, mild, borderline clinical depression, moderate and severe. And cope scale was classified as good, average and poor. The questionnaire was administered to all the cancer patients for the study and who were willing to participate in the study.

3. Results

42.5% of the cancer patients had moderate depression (score 21-30), 20% of them had borderline clinical disturbance (17-20), 17.5% of them had mild depression (score 11-16), 17.5% of them had normal depression (score 1-10) and 2.5% of them had severe depression (Score 31-40).

Majority of 97.5% of the cancer patients had average coping (score 73-114) and 2.5% of them had good coping strategy (Score 115-155)

Table 1: Level of depression adopted by cancer patients

Depression	Frequency	%
Normal (Score 1-10)	7	17.5%
Mild (Score 11-16)	7	17.5%
Borderline clinical disturbance (Score 17-20)	8	20.0%
Moderate (Score 21-30)	17	42.5%
Severe (Score 31-40)	1	2.5%

Table 2: Level of coping strategy adopted by cancer patients

Coping	Frequency	%
Poor (Score 31-72)	0	0.0%
Average (Score 73-114)	39	97.5%
Good (Score 115-155)	1	2.5%

The correlation between depression and coping scores was assessed using Pearson's correlation coefficient. The value of Pearson's correlation coefficient was found to be -0.383, which is negative indicating that there is negative correlation between depression score and coping score. The significance of this correlation was tested using t-test with (n-2=38) degrees of freedom. T-value for this test was found to be -2.55 with 38 degrees of freedom. Corresponding p-value was 0.007. This p-value is small (less than 0.05), the null hypothesis is rejected. The correlation between depression and coping found negative is statistically significant. More the depressed is the cancer patients, poor is his coping.

4. Discussion

The present study was undertaken to assess the level of depression and coping strategy adopted by cancer patients. Depression is said to be the least noticed symptom in people with cancer but it is also the hardest to cope with. In the present study it was found that majority of the patients (42.5%) who had cancer were moderately depressed.

A study conducted by Andrykowski, Lykins and Floyd (2008) documented a great variability of depression ranging from 0% to 58% in patients with neoplasm. With the

findings in the present study supported, it can be said that cancer patients are depressed with varying levels of depression. But at the same time with the present study having less number of samples it is not conclusive of the level of depression cancer patients usually have [7].

Results from the Roesch et al¹⁴ meta-analyses indicated that men who used an avoidant coping strategy in response to their prostate cancer diagnosis tended to have poorer physical and psychological health. In contrast, those men who adopted an active or approach-oriented coping strategy (involving either problem- or emotion-focused coping) had improved physical and psychological well-being [8].

5. Conclusion

The study concluded that 42.5% of the cancer patients had moderate depression (score 21-30), 20% of them had borderline clinical disturbance (17-20), 17.5% of them had mild depression (score 11-16), 17.5% of them had normal depression (score 1-10) and 2.5% of them had severe depression (Score 31-40).

Majority of 97.5% of the cancer patients had average coping (score 73-114) and 2.5% of them had good coping strategy (Score 115-155).

6. Recommendations

Keeping in view the findings of the present study, the following recommendations were made.

- A similar study can be replicated in different setting to strengthen the findings.

- The same study could be replicated on a large sample size.
- Same study can be replicated on diabetic

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