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Original research article

Styles of coping with stress of cancer in patients treated with radiotherapy and expectations towards medical staff – Practical implications

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ABSTRACT

Background: It is essential to adjust oncological treatment to medical procedures but also to the expectations of patients themselves. Expectations of patients may depend on the way of coping with the stress of cancer. Many researchers have dealt with this issue. However, it is difficult to find studies concerning relations between the styles of coping and expectations of patients towards medical staff.

Aim: To demonstrate the relationship between the style of coping with stress of cancer shown by patients undergoing radiotherapy at the Greater Poland Cancer Centre and the nature of their expectations towards the medical staff, and to present work of the Clinical Psychology Unit in response to the expectations of patients.

Materials and methods: Questionnaire survey. The respondents filled in a questionnaire consisting of a patient request form (PRF), the mini-mental adjustment to cancer scale (Mini-MAC), and personal data. Obtained results were subjected to statistical analysis.

Results: Significant associations: the expectation to have the disease explained is associated with anxious preoccupation, fighting spirit, helplessness–hopelessness; the expectation of emotional support is associated with anxious preoccupation and helplessness–hopelessness; and the expectation of information on examinations and treatment is associated with anxious preoccupation and helplessness–hopelessness.

Conclusions: Expectations of patients undergoing radiotherapy in the Greater Poland Cancer Centre towards the medical staff depend on their styles of coping with the stress of cancer.

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1. Background

Cancers in the developed countries are the second most common cause of mortality following heart diseases. This means

that diagnosis and oncological treatment¹ are often interpreted by patients and their families as a *sentence*. Cancer is an uncontrollable event.² This uncontrollability and the treatment process are factors triggering a severe psychological stress. This stress derives from: the sense of health or life threat, patient's helplessness, uncertainty of the future, difficulties to achieve life aims, and negative physical and psychological changes.³ On the other hand, all these determinants have an influence on the life quality of oncological

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patients lowered by hard and long-lasting treatment.^{4–6} That is why, a human being experiencing stress and emotions connected with disease begins an adaptive process (*coping, dealing, battling process, preventive activities, overcoming stress*) which is made up of a cognitive and behavioural processes.⁷ Through this, he/she tries to change the situation (instrumental function, concentration on the problem) as well as adjust his/her emotions (relief function, concentration on emotions).^{7,8} The adaptive process comprises all forms of activities undertaken by a person in a situation of stress. This process is dependent on situational and individual factors. Styles and strategies of coping in difficult situations are made up of individual factors.⁷ Just as situational factors are an essential context of the choice of a coping strategy, the style of coping is a relatively permanent predisposition of an individual – a set of strategies and ways of overcoming stress in life characteristic for a given person. Even if cancer is a person's most difficult experience to encounter, his/her style of coping in this specific stress situation does not differ from the pattern of reacting in difficult situations characteristic for him/her. The patient needs to use the resources of beloved ones and medical staff accompanying him/her in the recovery process in order to be able to choose among strategies available to him/her to achieve expected results of his/her efforts. It is important that the employees of the health services, thanks to their knowledge on the processes of battling against disease and stress connected with the disease, identify appropriately the needs of patients and respond to them with their actions. That is why, the studies that have been conducted for several years^{9–27} concerning patterns of patients' reacting to disease and expectations towards professionals accompanying them in this disease⁷ are so essential. Based on them, aid, prophylaxis and prevention programmes as well as specific actions directed towards specific expectations of patients who are in the care of oncological institutions are built. The greatest expectations – mainly concerning the explanation of the process of oncological disease – are directed at the specialist doctors. Unfortunately, modern medicine – despite rapid development – still has limited capabilities. So, parallel to studies within medicine, studies in other fields of science are conducted, including social and psychological aspects of aid to patients in the situation of disease.³ This is the case because the patients' questions, their expectations concerning disease and its treatment, and emotional support are also directed at other employees of medical services.

2. Aim

The aim of the study is to determine the relationship between the style of coping with stress of cancer and the kind of expectations towards medical staff.

3. Materials and methods

3.1. Research tools

The respondents filled in a questionnaire consisting of a patient request form (PRF), Mini-MAC,^{28–30} and personal data.

The Polish version of the PRF consists of 18 statements concerning different reasons for the current visit to a GP. PRF – patient request form is a modification of the questionnaire elaborated by Good and collaborators, which is intended for patients of basic medical care. The tool has been developed by Salomon and Quin from the Department of Psychology, the University of Liverpool. The number of the questions in translation was limited to the most diagnostic ones, in comparison to the original version. The respondent indicates to what extent the content of the statement expresses his/her reasons to see the physician. Statements included in the PRF are composed of three factors concerning expectations connected with: explanation of the disease, looking for support, and obtaining information on examinations and treatment. The PRF results concerning the explanation of disease are connected with the expectation of aid from the specialist doctors, while results concerning the obtaining of information on examinations and treatment are connected with the expectation of aid from medical services. On the other hand, the expectation of emotional support is connected with attaching significance to counselling and psychiatric or psychological aid.

The Polish version of the Mini-MAC scale comprises 29 statements and measures four strategies of coping:

1. anxious preoccupation – expressing anxiety caused by the disease mainly seen as a threat triggering fear which cannot be controlled and which means that every change is interpreted as a signal of health deterioration;
2. fighting spirit – making the ill person treat the disease as a personal challenge and undertaking actions to eliminate the disease;
3. helplessness–hopelessness – showing a sense of helplessness, of being lost and passively giving in to the disease;
4. positive redefinition – expressing a reorganization of the problem of the disease such that one finds hope and satisfaction from the years already survived while having full awareness of the disease.

The author of Polish adaptation of Mini-MAC scale used in the research is Z. Juczyński.

There were also questions about personal data. They concerned such variables as:

- gender;
- age;
- type of treated disease;
- treatment duration;
- current form of treatment;
- marital status of respondents.

While conducting the research, the following research issues were considered:

- a. is there a dominant style of coping with stress of disease?
- b. are there dominant expectations of respondents towards medical staff?
- c. is there a difference in respondents' expectations depending on the style of their coping with stress of disease, i.e.

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