

Coping Styles with Anxiety in Patients with Cancer Receiving Chemotherapy

Safavi M, Yahyavi SH, Fatehi Narab H*, Yahyavi ST

Abstract—Cancer is among the most common chronic disease creating challenges in physical, mental and spiritual aspects of life. The aim of this study was to investigate coping with anxiety in patients with cancer receiving chemotherapy in university hospitals of Tehran University of Medical Sciences. This correlation-descriptive study was carried out on 276 patients with cancer receiving chemotherapy in university hospitals of Tehran University of Medical Sciences during 2013-2014. The subjects were selected using cluster sampling. Pearson correlation and multiple regression analyses were conducted to analyze the data. Differences were considered significant at the $p < 0.05$ level. The mean total score for anxiety was 30.16 ± 49.90 . Problem focused coping style was used significantly higher than emotional focused coping styles by patients with cancer. Problem focused coping style is important in adjusting to cancer in patients with cancer.

Keywords— Anxiety, Coping styles, Cancer.

I. INTRODUCTION

CANCER is the second leading cause of death in developing countries following cardiovascular diseases and the third leading cause of death in developing countries. Cancer is also the third most common cause of death in Iran. Each year, an estimated 3000 Iranians die of cancer [1]. Anxiety is an adaptive human experience that may occur at all ages and serves to help draw attention to, avoid or cope with imminent threat and danger. Anxiety has been described as a common currency for psychopathology, indicating that it is a first line and universal way for us to respond to stress and threat [2]. It is more prominent in patients with cancer. However, those patients who feel what has happened to them and who are capable to overcome their condition, can adjust to cancer [3]. Cancer diagnosis which is followed by treatments such as chemotherapy and radiotherapy causes feeling of apprehension and anxiety in patients [4]. The present study was carried out to determine the coping style used in patients with cancer receiving chemotherapy in university hospitals of Tehran University of Medical Science to cope with anxiety.

Hamideh Fatehi Narab *(corresponding author) is with Department of Nursing, Islamic Azad University of Tehran Medical Sciences, Tehran, Iran.

Mahboubeh Safavi (PhD) is with Islamic Azad University of Tehran Medical Sciences, Tehran, Iran.

Seyyed Hossein Yahyavi (MD) is with Islamic Azad University of Tehran Medical Sciences, Tehran, Iran.

Seyyed Taha Yahyavi (PhD) is with Department of Psychiatry, Medical School, Tehran University of Medical Sciences and Health Services, Tehran, IR Iran.

II. MATERIAL AND METHODS

This correlation-descriptive study was carried out on 276 patients with cancer receiving chemotherapy in university hospitals of *Tehran University of Medical Sciences* during 2013-2014. The subjects were selected using cluster sampling. Data collection tools included demographic questionnaire developed by researchers and ways of coping questionnaire (WOCQ), and depression, anxiety and stress scales (DASS-42). Coping styles were evaluated using standard questionnaire and the Lazarus "Ways of Coping" questionnaire (Folkman & Lazarus, 1980) [5]. Pearson correlation and multiple regression analyses were conducted to analyze the data using SPSS 20.

III. RESULTS

A total of 267 (126 female and 151 male) cancer patients on chemotherapy with mean age of 52 (age range 18-84) years old participated in the study. 57 (20.7%), 22 (8%), 47 (17%), 45 (16.3%) and 105 (38%) of patients had mean anxiety scores of 0-7, 8-9, 10-14, 15-19 and ≥ 20 , respectively; according to which, mean scores ≥ 20 were observed in higher proportion and mean scores 8-9 were observed in lower proportion of patients. Of coping styles, positive reappraisal ($20/21 \pm 4/56$), escape-avoidance ($19/97 \pm 4/14$), self-controlling ($19/26 \pm 4/23$), seeking social support ($18/36 \pm 4/16$) and planful problem solving ($16/24 \pm 3/93$) had the higher scores.

IV. DISCUSSION

In our study anxiety was observed in considerable proportion of patients with cancer. Studies show that survivors of cancer are mainly prone to experiencing a high incidence of psychological problems following their diagnosis. Prevalence rates for depression and anxiety symptoms have been documented to be as high as 62% [6],[7].

On the other hand, the research literature has typically emphasized the potential for depression and anxiety in patients with cancer. However, the prevalence of depression and anxiety disorders among cancer patients is still subject to much debate[8],[9], partly due to the use of self-reported scales rather than structured diagnostic interviews in most prior studies [10].

Our study results showed that patients with cancer used positive reappraisal, escape-avoidance, self-controlling, seeking social support and planful problem solving coping styles more than other coping styles. There are other reports indicating that the above copying styles are frequently used

in patients with cancer to cope with mental health disorders [11], [12].

V. CONCLUSION

We have shown that problem focused coping style was used significantly higher than emotional focused coping styles by patients with cancer.

ACKNOWLEDGMENT

We appreciate all who helped us to exert the present study.

REFERENCES

- [1] [http://. www.ircancer](http://www.ircancer)
- [2] Late-life anxiety is coming of age. Beekman AT, Oude Voshaar R, Pachana NA. *Int Psychogeriatr*. 2015 Jul;27(7):1053-1056. <http://dx.doi.org/10.1017/S1041610215000605>
- [3] World Health Organization. National Cancer Control Programmes: Policies and managerial guidelines, 2nd;2002.
- [4] Taghdisi MH, Abdi N, Shahsavari S, Khazaeipool M. Performance assessment of Baznef model in health promotion of patients with cancer. *Iran Journal Nursing*, 2011; 24 (6): 52-61.
- [5] Folkman's. & Lazarus R. An analysis of coping in a middle-aged community sample. *Journal of health and social behavior*2000; 21: 219-239.
- [6] Arnold SD, Forman LM, Brigidi BD, Carter KE, Schweitzer HA, Quinn HE, et al. Evaluation and characterization of generalized anxiety and depression in patients with primary brain tumors. *Neuro Oncol* (2008) 10:171–81. <http://dx.doi.org/10.1215/15228517-2007-057>
- [7] D'Angelo C, Mirijello A, Leggio L, Ferrulli A, Carotenuto V, Icolaro N, et al. State and trait anxiety and depression in patients with primary brain tumors before and after surgery: 1-year longitudinal study. *J Neurosurg* (2008) 108:281–6. <http://dx.doi.org/10.3171/JNS/2008/108/2/0281>
- [8] Andrykowski MA, Lykins E, Floyd A. Psychological Health in Cancer Survivors. *Semin Oncol Nurs*. 2008; 24(3): 193–201. <http://dx.doi.org/10.1016/j.soncn.2008.05.007>
- [9] Massie MJ. Prevalence of Depression in Patients With Cancer. *J Natl Cancer Inst Monogr*. 2004; 57–71. <http://dx.doi.org/10.1093/jncimonographs/lgh014>
- [10] Kangas M. DSM-5 Trauma and Stress-Related Disorders: Implications for Screening for Cancer-Related Stress. *Front Psychiatry*.2013; 4: 122. <http://dx.doi.org/10.3389/fpsy.2013.00122>
- [11] Jafari E, Najafi M, Sohrabi F, Dehdhiri GR, Soleymanie, Heshmati R. life satisfaction, spirituality well-being and hope in cancer patients. *Procedia-social and behavioral sciences*2010; 5: 1362-1366. <http://dx.doi.org/10.1016/j.sbspro.2010.07.288>
- [12] Shoaab Kazemi M. Relation between family social support & coping strategies in recovery breast cancer Iranian journal of breast disease2014; 6 (4): 35-40.