

## Research article

**Assessment of the coping strategies among cervical cancer patients in Sangli, Miraj and Kupwad area and also to develop a self-instruction module****Soniya Bhore and Aparna Kale**

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**Abstract**

Cancer is a stressful journey. Feelings of sadness, fear, and anger are normal. A patient's feelings might change from moment to moment and day to day. Practicing ways to cope with stress keep feelings more level and hopeful. The main aim of the present study was to assess the coping strategies among cervical cancer clients in Sangli, Miraj and Kupwad area. The setting for the study was in Shri Siddhivinayk Ganpati Cancer hospital Miraj and Civil hospital, Sangli. The scope of study was limited to chronically ill patients with cancer of cervix. Administration check list and open ended questions were used as an appropriate and effective method to identify coping strategies adopted by clients having cancer of cervix undergoing therapies. In the present study, it was observed that there was no significant association between selected demographic variables and coping strategies of cervical cancer clients in relation to variables age, education, number of family members, marital status, receiving treatment and duration of treatment, the chi-square value obtained was 0.287, 0.109, 1, 0.734, 1, and 0.736 respectively. In relation to variables occupation and monthly family income, chi-square and fresher's exact test value obtained was 0.006 and 0.021 respectively, which showed significance at  $P < 0.05$  level. Majority of the patients' coping strategies were in emotional problems followed by physical problems. None of the patients' coping strategies based on problems was up to 100% in regards to this the investigator prefer to make self-instructional module while highlighting the problems observed.

**Keywords:** Breast feeding, nursing, education programme.

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**1. Introduction**

You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face. You must do the thing which you think you cannot do-Eleanor Roosevelt [1]. Cancer is the biggest threat of the world. Apart from threatening the life of the patient, cancer also causes psychological damage during treatment. It induces severe stress, loss of self-esteem and low morale of patients as well as extending its malign influences to causing social and economic problems. It costs a great deal for treatment,

estimated at more than 4-10 times that of other diseases [2].

Carcinoma of cervix continues to be the most common genital cancer encountered in clinical practice in India. (80 %). the universal application of pap smears in western countries has led to a decline in the number of invasive cancers of the cervix and a higher detection of pre invasive lesions. However, this has not happened in India and a drive against cancer must continue to keep the disease under control [3]. Living with a serious disease like cervical cancer is not easy. Cervical cancer patients and those who care about them face many problems and

challenges. Coping with these problems is often easier when people have helpful information and support services [4].

Cervical cancer patients may worry about holding their job, caring for their family, keeping up with daily activities, or starting a new relationship. Worries about tests, treatments, hospital stays, and medical bills associated with cervical cancer treatment are common. Doctors, nurses, and other members of the health care team can answer such questions and give solution. Social worker, counselor, or member of the clergy can be helpful to patients who want to talk about their feelings or discuss their concerns [5].

According to the world health organization (WHO 2002) cervical cancer is said to be the world's second deadly cancer with an estimate of about 493,243 women diagnosed with it and 273,505 dying per year. Cervical cancer is also the world's second most frequent among women between 15 and 44 years of age. In Finland about 2.23 million women aged 15 years and over are at risk of getting cervical cancer, current estimation states that out of 164 diagnosed with cervical cancer per year about 81 of them die as a result of the disease. It is the 15th most common cancer in Finland and the 4th most common cancer among the women in Finland [6].

According to reports, (Times of India, Ahmedabad, Jan 12, 2009) over 74,000 women die of cervical cancer every year in the country. This is one-fourth of the total cervical cancer deaths in the world. In other words, eight women die of cervical cancer in the country every day, making it the commonest cause of cancer deaths among Indian women [7]. According to vaccinologist Munshi et al at least two cases of cervical cancer are diagnosed every day in Bangalore alone. Almost all the cases are in tertiary stage. Seventy to 80 percent of them die due to the disease, said Dr. Munshi. (Munshi, A., Vaccinologist, 2008) Cervical cancer is the most common cancer among females in India. This account for about 28-30 per cent of all cancers in women. This startling fact was shared during a seminar on common

health organized by Maharaja Agarsen Seva Sansthan. On the alarming rise in cases, gynecologist and gynec-cancer, cervical cancer, mouth of uterus and breast cancer cases are on the rise and 80 per cent of all new cervical cancers in India are diagnosed at an advanced stage [8].

Cervical cancer is as a result of Human Papilloma Virus which is transmitted through sexual intercourse, in most cases the male is a carrier of the papilloma virus that infects and generates in females. Despite the risks of the HPV virus both males and females are hardly aware of the virus and the risks it carries. Treatment options for cervical cancer include surgery, radiation therapy, and chemotherapy [9]. Radiation therapy refers to the use of high-energy rays, particles, or radioactive materials to destroy cancer cells in a localized area of the body.

The goal of radiation therapy is to kill the cancer cells while minimizing the exposure of normal cell to radiation. Chemotherapy may be used in combination with radiation therapy. Chemotherapy refers to the use of one or more anticancer medications that prevent the cancer cells from growing and reproducing. It can be used to treat metastatic (spreading to other organs) cancer and recurrent tumors.

Chemotherapy and radiation can create difficult side effects. They may be severe or very mild, depending on the type and duration of treatment, as well as on individual body chemistry [10]. Facing a cervical cancer diagnosis can be overwhelming. Stressors related to the cancer disease may include the uncertainty of one's future, the unpredictability of the disease, disability and financial difficulties. Common stress signals can include disturbed sleep, fatigue, body aches, pain, anxiety, irritability, tension and headaches.

Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce or minimize depression events. Two general coping strategies have been distinguished: problem-solving strategies and emotional-focused coping strategies. People use both

type of strategies to combat most depressive events [11].

A variety of coping skills are required to adjust to and live successfully with cancer. One's ability to cope affects how one perceives or appraises the situation, how well one relates to other and how one can manage side effects of treatment, including pain. Weisman (1979) describes patients who cope effectively are being able to accept a diagnosis, seek more information, talk with others to relieve stress and undertake some positive, constructive action [12].

Friends and relatives can be very supportive. Also, it helps many patients to discuss their cervical cancer concerns with others who have cancer. Cervical cancer patients often get together in support groups, where they can share what they have learned about coping with cervical cancer and the effects of treatment. It is important to keep in mind, however, that each cervical cancer patient is different. Treatments and ways of dealing with cervical cancer that work for one person may not be right for another- even if they both have the same kind of cancer. It is always a good idea to discuss the advice of friends and family members with the doctor. Often, a social worker at the hospital or clinic can suggest groups that can help with rehabilitation, emotional support, financial aid, transportation, or home care [13].

In present study, investigators assessed coping strategies adopted by the patients undergoing therapies for cancer of cervix in selected hospitals of Sangli Miraj and Kupwad corporation area in a view to develop self-instructional module.

## **2. Patients and methods**

This is a non-experimental descriptive research design, enrolled patients receiving therapies for cervix cancer in Shri Sidhivinayk Ganpati hospital and civil hospital, Sangli, Maharashtra, India. Sixty patients receiving cervix cancer therapy in selected hospitals of Sangli Miraj and Kupwad corporation area were selected by non-probability purposive sampling technique between 26th August 2013 and 4th September 2013. The study

was approved by institutional ethics committee. Consent was taken from the subjects before data collection. The subjects were informed that the confidentiality of data will be maintained. All the patients were screened after they followed inclusion criteria including willingness to participate in study, can read and write English or Marathi and receiving therapies since 4 months from diagnosis. Chronically ill patients with cervix cancer were excluded from study.

## **Selection and development of tool**

The present study was aimed to identify coping strategies adopted by patients having cancer of cervix undergoing therapies. Administration of structured check list and open ended questions was used as an appropriate and effective method to identify coping strategies adopted by patients having cancer of cervix undergoing therapies.

The main strengths behind development of the tool were: Review of research and non-research materials; Experts' opinion and suggestions; Discussion with colleagues and personal experience in clinical settings; and Books.

## **Description of tool**

Data collection tool contain 3 following sections: Section I: Includes items related to demographic variables - Age (in years), Education, Occupation, Monthly family income, Religion, Number of family members, Marital status, which treatment do they receive and since when they were on treatment (therapies); Section-II: Includes checklist to assess coping strategies adopted by patients receiving therapies for cancer of cervix; and Section -III: Includes Open ended questions to assess coping strategies adopted by the patients receiving therapies for cancer of cervix.

## **Content validity and reliability of the tool**

The constructed tool along with objectives and criterion checklist was submitted to twelve experts in the field of obstetric nursing and medicine for content validity. The selection of experts was done based on their experience and clinical expertise. The

experts were requested to give their opinions regarding relevancy, accuracy and appropriateness of the items for further modifications. The method adopted for the present study was split-half method to measure the homogeneity of the tool. The checklist was first divided into two equivalent halves and the reliability 'r' of the checklist was found 0.97 hence it is found to be statistically reliable for the main study.

**Pilot study**

A pilot study was conducted from 19th August 2013 to 23rd August 2013, on 10 cancers of cervix patients, to assess the feasibility of the study and decide the plan for data analysis. Prior permission has taken to collect the Samples from Wanless Hospital, Miraj Joshi Hospital, Miraj and Mahatma Gandhi Hospital, Miraj. The investigator approached the subjects, informed them regarding the objectives of the study and obtained consent after assuring the subjects about the confidentiality of the data. After conducting the pilot study, it was found that the study was feasible. The concerned authority and the sample were found to be cooperative, the checklist and open ended questions were found to be relevant and the time and cost of the study was within the limit (Unpublished data).

**Statistical analysis**

The data obtained were analyzed on the basis of the objectives of the study using descriptive and inferential statistics. Description of the subjects with respect to demographic variables was presented in terms of frequency and percentage. Both descriptive and inferential statistics used to analyze the data collected. Proportion, percentage for demographic variables, mean and standard deviation to assess coping strategies, chi-square test and fisher's exact test was applied for checking association with demographic variables. Results were represented in tables and graphs.

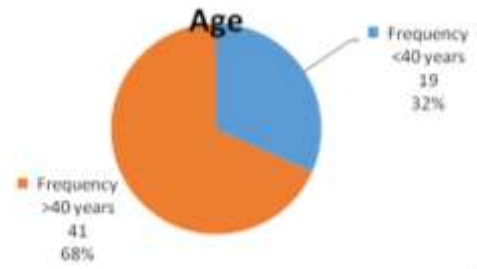


Fig.1 Age category of screened patients

Table 1: Frequency and percentage distribution of demographic characteristic

SN	Demographic characteristic	Frequency	Percentage
1	Age		
	<40 years	19	31.67%
	>40 years	41	68.33%
2	Education		
	Primary	50	83.3%
	Secondary	10	16.7%
3	Occupation		
	Housewife	28	48.67%
	Service	32	53.3%

**3. Results**

Out of 60 screened patients, 68% were older than 40 years. Fifty patients (83%) completed their primary education. Approximate 53% patients were in service. Detailed information has been presented in table 1 and figure 1-3. Table 2 shows that most of the patients' (76.66%) monthly income was above than Rs.5000/-. Most of the patients (93.3%) were Hindu, and about 61.7% patients had less than five members in home (figure 4-6).

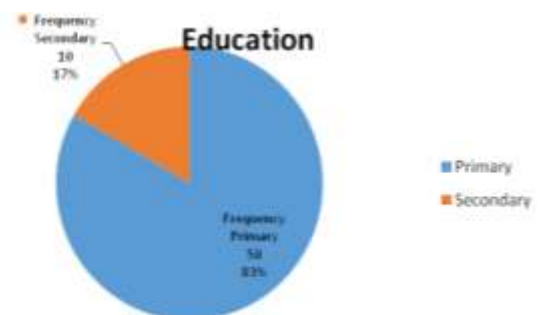


Fig.2 Percentage distribution of patients by education



Fig.3 Percentage distribution of patients by occupation

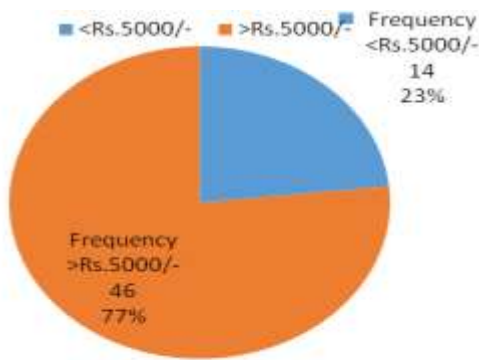


Fig 4. Percentage distribution of cancer of cervix patients according to Monthly income

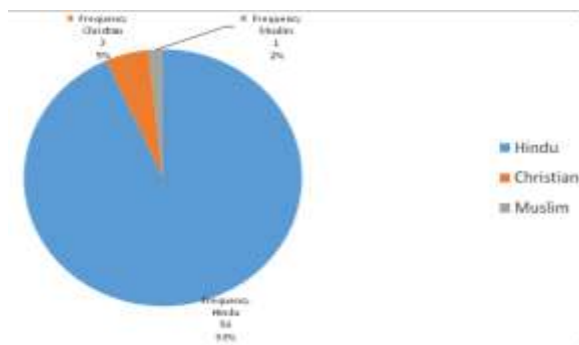


Fig 5. Percentage distribution of cancer of cervix patients according to religion

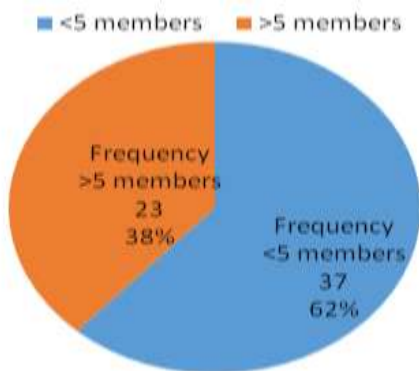


Fig 6. Percentage distribution of cancer of cervix clients according to family members

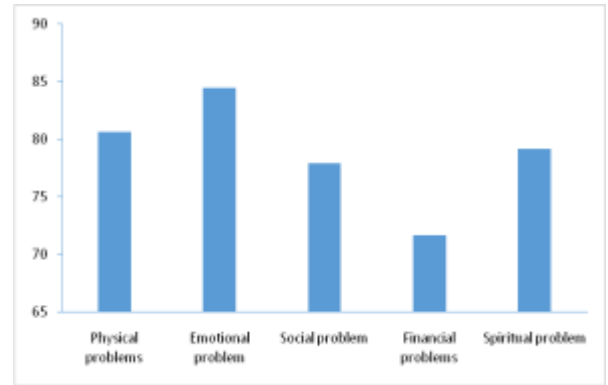


Fig.7 Percentage distribution of coping strategies adopted by the patients receiving therapies for cancer of cervix

Table 2: Frequency and percentage distribution of demographic Characteristic

SN	Demographic characteristic	Frequency	Percentage
1	Monthly Family Income		
	< Rs.5000	14	23.33%
	> Rs.5000	46	76.66%
2	Religion		
	Hindu	56	93.3%
	Christian	3	5%
	Muslim	1	1.7%
3	Number of Family Members		
	<5 members	37	61.7%
	>5 members	23	38.3%

Table 3. Frequency and percentage distribution of demographic characteristic

SN	Demographic characteristic	Frequency	Percentage
1	Marital status		
	Unmarried	2	3.3%
	Married	51	85%
	Widow	7	11.7%
2	Receiving treatment		
	Radiation therapy	53	88.3%
	Chemo-radiation therapy	7	11.7%
3	Duration of treatment		
	<4 months	20	33.3%
	>4 months	40	66.7%

**Coping strategies**

It was identified that patients had coping strategies in physical problem mean of 80.67%, 84.50% in emotional problem, 77.92% in social problem and 79.17% mean in spiritual problem (table 4 and fig 7).

Table 4: Mean, standard deviation and mean percentage of coping strategies for selected problems adopted by the patients receiving therapies for cancer of cervix

Problems	Mean	SD	Mean %
Physical problems	8.06	0.48	80.67
Emotional problem	8.45	0.46	84.50
Social problem	6.23	0.49	77.92
Financial problems	2.8	0.49	71.67
Spiritual problem	6.3	0.49	79.17

**Level of coping strategies**

The present study observed that majority of patients (81.7%) had excellent coping and 18.3% patients had good coping (table 5 and fig 8).

Table 5. Level of overall coping strategies adopted by the patients receiving therapies for cancer of cervix

Coping mechanism	Frequency	Percentage
Good coping (20-30)	11	18.3%
Excellent coping (30-40%)	49	81.7%
Total	60	100%

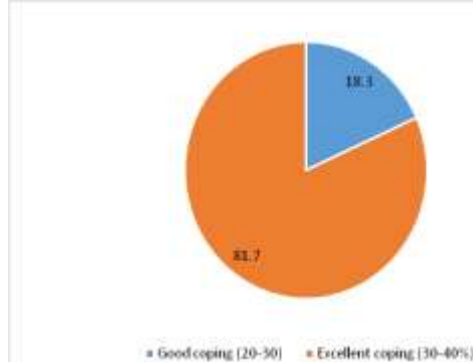


Fig. 8 Percentage distribution of overall coping strategies adopted by the patients receiving therapies for cancer of cervix

**Association between demographic variables and coping strategies**

Table 6 showed that there was association between coping strategies and demographic variables in relation to occupation and monthly family income and there was no association between coping strategies with age, education, number of family members, marital status, receiving treatment and duration of treatment.

Table 6. Association between demographic variables and coping strategies adopted by the patients receiving therapies for cancer of cervix

S N	Demographic variables	Chi square	Fishers exact test	Association
1	Age	0.287		No
2	Education		0.109	No
3	Occupation	0.006		Yes
4	Monthly Family Income	0.021		Yes
5	Number of Family Members	0.734		No
6	Marital status		1	No
7	Receiving which treatment		1	No
8	Duration of treatment		0.736	No

**4. Discussion**

The present identified that majority of the patients with cancer of cervix 15% were above the age of 40 years and 83.3% were educated up to primary standard. It was also observed that majority of the patients with cancer of cervix 65% were housewives and monthly family income were below Rs.5000/- for 67% of patients. It was observed that

most of the patients with cancer of cervix were receiving radiation therapy with 66.7% were on treatment more than 4 months. Majority (81.7 %) of cervical cancer patients were having excellent coping strategies were 11(18.3%) having good coping strategies among cancer of cervix patients.

The present study, the investigator found that there was no significant association between selected demographic variables and coping strategies of cervical cancer clients in relation to variables age, education, number of family members, marital status, receiving treatment and duration of treatment, the chi-square value obtained was 0.287, 0.109, 1, 0.734, 1, and 0.736 respectively. In relation to variables occupation and monthly family income, chi-square and fresher's exact test value obtained was 0.006 and 0.021 respectively, which showed significance at  $P < 0.05$  level. This denotes there was a significant association.

### **Conclusion**

The present study observed that majority of the clients coping strategies i.e. about 84.50% was in emotional problems and 80.67% clients coping strategies was in physical problems were as 71.67% clients coping strategies was in financial problems none of the clients coping strategies based on problems was up to 100% in this regard, investigators prefer to make self-instructional module while highlighting the observed problems.

### **Implications**

The findings of the study will help nurses in the following aspects:

#### **Nursing education**

Nurse has a crucial role in providing health information to her patients which is possible after the assessment findings of every individual. Various coping strategies regarding cancer of cervix clients receiving therapies can be added in nursing education to train the nursing students.

#### **Nursing practice**

Nursing education is developing rapidly in India and nurses from our country can be found all over the world providing care and education. The education curriculum must include imparting knowledge about the use of various teaching strategies for health education. Nowadays much importance is given to awareness and promotion of health than curative aspect. As the need of the society are continuously changing, newer components must be incorporated in the nursing curriculum. Nursing education must emphasize on preventive aspect of health.

The nursing teacher can use the result of the study as an informative illustration for the students, to make the students aware of the changing trends in the society with increase demand of knowledge regarding cervical cancer therapies and its coping strategy as nurses we should be able to provide knowledge and care to the women undergoing therapies. Nurses can encourage the women to verbalize their feelings and doubts, with guidance and counseling and this should be introduced in the curriculum.

#### **Nursing administration**

As part of administration, nurse administrator plays a vital role in the education of all the nurses. The findings of the study should be used as a basis of in-service education programs for nurses so as to make them aware of the problems of cervical cancer women undergoing therapies and communicate the findings to guidance and counseling centers so that they can take an appropriate step to prepare the women for cervical cancer treatment. Health education can be arranged in wards and community settings to adopt coping among cancer of cervix clients undergoing therapies.

#### **Nursing research**

Nursing research is an essential aspect of nursing education as it uplifts the profession, develops new nursing norms and enhances the body of nursing knowledge. It also improves the image and perception of

nursing in society, which is urgently for the future of nursing. The study suggests that similar study can be conducted on large scale and in more time duration.

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### Limitations

Women were not comfortable in answering question; limited period of time for study and limitedness to the experience level of the investigator.

### Recommendations

The study provided following recommendations: A similar study can be conducted on a large population for better generalization of findings; a similar study can be done in different setting; a similar study can be implemented by using planned health teaching programme.

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