Moderating Effect of Coping Strategies on the Relationship Between the Type of Treatment Styles and Quality of Life Among Cancer Patients Receiving Standard Oncology and Palliative Care in Kerala

Prema Naittee George and Ganesh M P

Introduction

Cancer is a major cause of morbidity and mortality in developing and developed countries alike (Ferlay, Foucher, Tieulent, Rosso, Coebergh, Comber & Bray, 2013). The Indian Council of Medical Research (ICMR) has estimated more than 17.3 lakh new cancer cases and more than 8.8 lakh deaths due to cancer by 2020. As upsetting as the rates, are the effects of the disease on the psycho-social functioning and Quality of life of the patients. Quality of life is different for different individuals and it has to be analysed based on the type of cancer, its stage and treatment prognosis (H. Singh, Kaur, B. Singh, S. Singh &Bala R, 2014). Adapting to the illness and achieving quality of life (QoL) is also the result of the proper choice of coping strategies and its effective use. The strategies that patients employ to cope with their life situation may in turn, have an effect on their treatment, disease prognosis and their overall wellbeing (Greer, Morris &Pettingale, 1979).

Choice of coping strategies is also an important factor that affects Quality of life and it significantly affects medical and other treatment-related outcomes (Chabowski, Jankowska-Pola□ska, Lomper&Janczak, 2018). It is also of greater importance being an important promoter of mental and physical health, as well as for subjective well-being in the long run (Lehto, Ojanen, Dyba, Aromaa&Kellokumpu-Lehtinen, 2005; Ben-Zur, 2009). Minimisation of stress is defined as Coping. It is a dynamic process where the individual appraises life-threatening situations and comes up with cognitive and behavioural efforts to manage their demands, both internal and external. (Folkman& Lazarus, 1988). When an individual does not have faith in their ability to cope with the situation or make changes in them they experience stress, this stress can lead to bad prognosis of cancer. Coping strategies such as problem focussed and emotion focussed; and treatment styles such as standard oncology and palliative care have an effect on the quality of life of cancer patients. Here, we report the outcomes of the study analysing the effect of coping strategies on the quality of life and explores its mediating effect on the relationship between treatment style and quality of life.

Methodology

Eighty seven patients who were diagnosed with cancer and receiving standard oncology care or palliative care were selected through purposive sampling from cancer patients enrolled in different hospitals in Kerala. Standardised and validated Malayalam versions of Brief COPE and Functional Assessment of Cancer-General (FACT-G) were used to assess the coping style and Quality of life of cancer patients.

Results and discussion

Palliative care (m= 2.237, sd= .550) patients experience significantly higher Quality of life when compared to their peers receiving standard oncology care (m= 1.938, sd= .404); t (85) = 2.913, p< 0.05.Problem focussed coping strategies were preferred mostly by palliative care patients. Quality of life showed significant positive correlation with the emotion focussed coping styles, self-distraction and religion, the regression analysis indicated that while the factors coping strategies and treatment style would individually predict quality of life the interaction of these factors could not have significant effect. Problem focussed coping strategies were identified beneficial in improving quality of life and cure, it can help Palliative care patients to improve their quality of life.

Conclusion

Palliative care model that has been practiced in Kerala holds a three tier structure with community and primary health centres at its base providing the primary necessities to the patients and their caregivers, followed by the team of medical and non-medical staff including specialist palliative care doctors and nursed at the district level hospitals offering their service upon reference from the primary health centres (PHC's). Finally, the third layer is formed by researchers and trainers in the area who offer workshops and training sessions for doctors, nurses and volunteers. This section is also operational at policy making and development. Palliative care centres provides medication, treatment methods and procedures such as surgery, chemotherapy, radiation which is in par standard oncology treatment protocol. The difference is only found in terms of the community care, psychological and social support and the place of treatment which is either done either at home or at the palliative care department, decided upon the wish of the patients or the type and stage of the illness. Palliative care aims for the holistic care of patients and their caregivers, hence physical, social, psychological, emotional and spiritual needs of the patients are taken care of. It believes and respects the autonomy of the patients, thereby providing the patients with opportunity to choose their coping strategies or styles. Hence this study encourages palliative care professionals to train their patients to adopt problem focussed coping strategies.

References

1. Ferlay, J., Steliarova-Foucher, E., Lortet-Tieulent, J., Rosso, S., Coebergh, J. W. W.,

Comber, H., Bray, F. (2013). Cancer incidence and mortality patterns in Europe: Estimates for 40 countries in 2012. European Journal of Cancer, 49(6), 1374–1403. doi:10.1016/j.ejca.2012.12.027

2. Singh H, Kaur K, Singh Banipal RP, Singh S, Bala R(2014)

Quality of life in cancer patients undergoing chemotherapy in a tertiary care center in Malwa region of Punjab. Indian J Palliat Care;20:116-22.http://www.jpalliativecare.com/text.asp?2014/20/2/116/132627

3. Greer, S., Morris, T., &Pettingale, K. W. (1979). Psychological Response to Breast Cancer: Effect on Outcome. The Lancet, 314(8146), 785–787. doi:10.1016/s0140-6736(79)92127-5

4. Chabowski, M., Jankowska-Pola□ska, B., Lomper, K., &Janczak, D. (2018).

The effect of coping strategy on quality of life in patients with NSCLC.Cancer management and research, 10, 4085–4093. doi:10.2147/CMAR.S175210

5. Lehto, U. S., Ojanen, M., Dyba, T., Aromaa, A., &Kellokumpu-Lehtinen, P. (2005).

Baseline psychosocial predictors of survival in localised breast cancer.British journal of cancer, 94(9), 1245–1252. doi:10.1038/sj.bjc.6603091

6. Ben-Zur, H. (2009). Coping styles and affect. International Journal of Stress Management, 16(2), 87-101.http://dx.doi.org/10.1037/a0015731

7. Folkman, S., & Lazarus, R. S. (1988). Coping as a mediator of emotion. Journal of Personality and Social Psychology, 54(3), 466-475.http://dx.doi.org/10.1037/0022-3514.54.3.466

Name: Prema Naittee George

Afiliation: Department of Liberal Arts, Indian Institute of Technology, India, Email: la19resch01001@iith.ac.in