

Coping Profiles Of Cancer Patients With Different Functional And Psychosocial Status: A Person-Oriented Approach

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Background

Due to medical-technical progress, cancer has become a treatable, even curable disease. Nowadays there is a high probability, that cancer patients have to deal with their disease and its consequences over many years. Given this development, coping behavior as well as psychosocial support and care of cancer patients become more and more essential (Costanzo, Ryff, & Singer, 2009; Tschuschke, 2006). To understand the need for psychosocial care of cancer patients, assessment of patients' coping behavior is crucial, and this is the starting point of the present study.

Method

The present study investigated coping profiles of cancer patients from France with different functional and psychosocial status. The study followed a **quantitative cross-sectional design**. We explored non-hospitalized cancer patients attending ambulant radio- and/or chemotherapy. The patients filled out a **questionnaire** assessing

- sociodemographic and disease-related variables,
- subjective well-being (French version of the Functional Assessment of Cancer Therapy scale, FACT-GP, Cella et al., 1993),
- illness perception (French version of the Brief Illness Perception Questionnaire, IPQ-R-Brief, Broadbent, Petrie, Main, & Weinmann, 2006),
- coping styles (French version of the Brief-COPE, Carver, 1997)

Sample

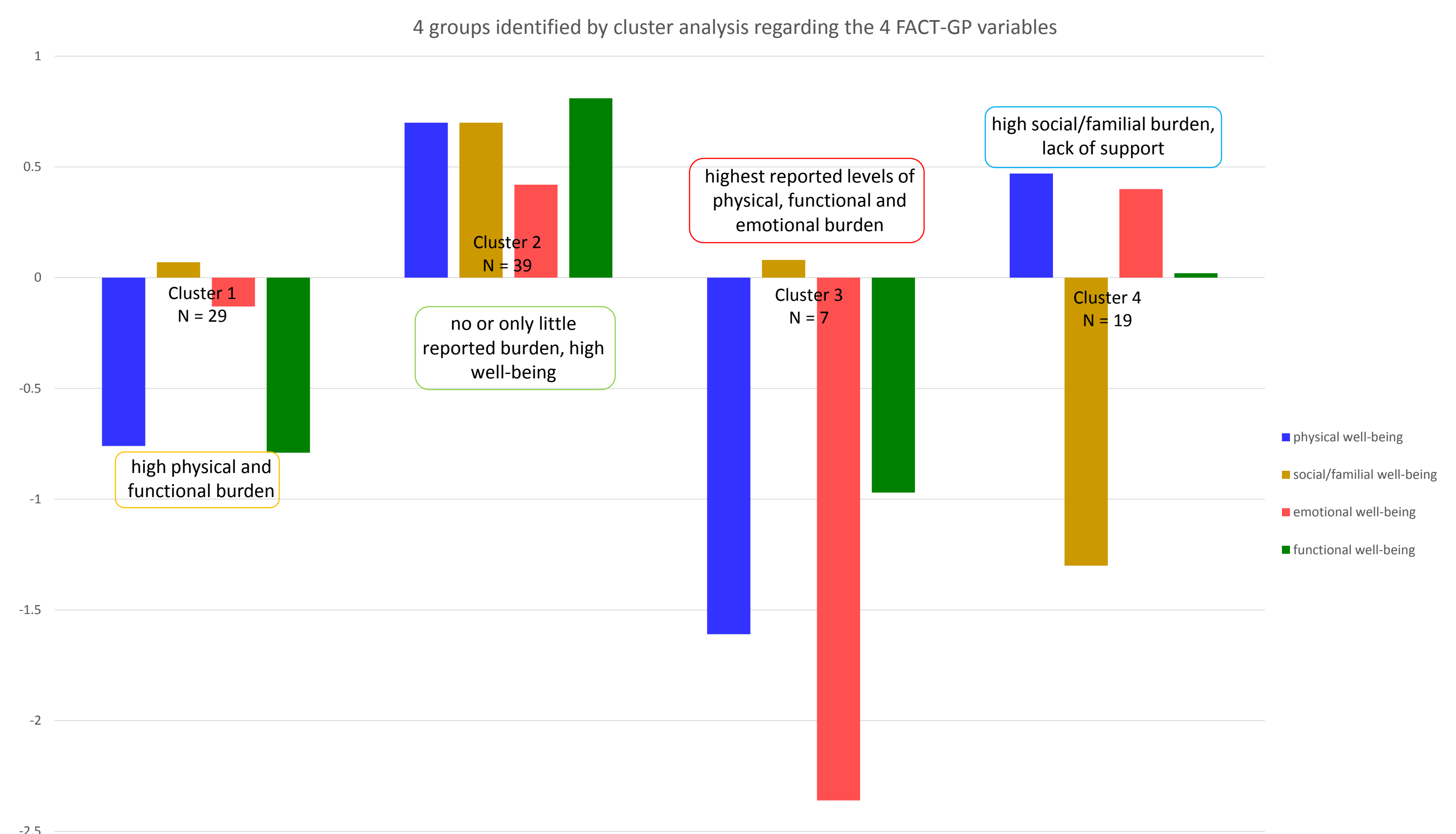
- N = 99, ♀ = 58.6 %, ♂ = 40.4 %
- different age (M = 56.15, SD = 13.95, range 15-82)
- and health status (38.4 % breast cancer, 60.6 % initial diagnosis, 62.6 % without metastases; M = 15.44, SD = 16.15 months elapsed since diagnosis)

Analysis

- hierarchical and non-hierarchical cluster analysis using the 4 variables of the FACT-GP
 - physical,
 - social/familial,
 - emotional, and
 - functional well-being
- to identify groups of patients with different functional and psychosocial status
- ANOVAs and
 - Chi-square tests
- to identify differences in coping profiles and illness representations between the clusters

Results

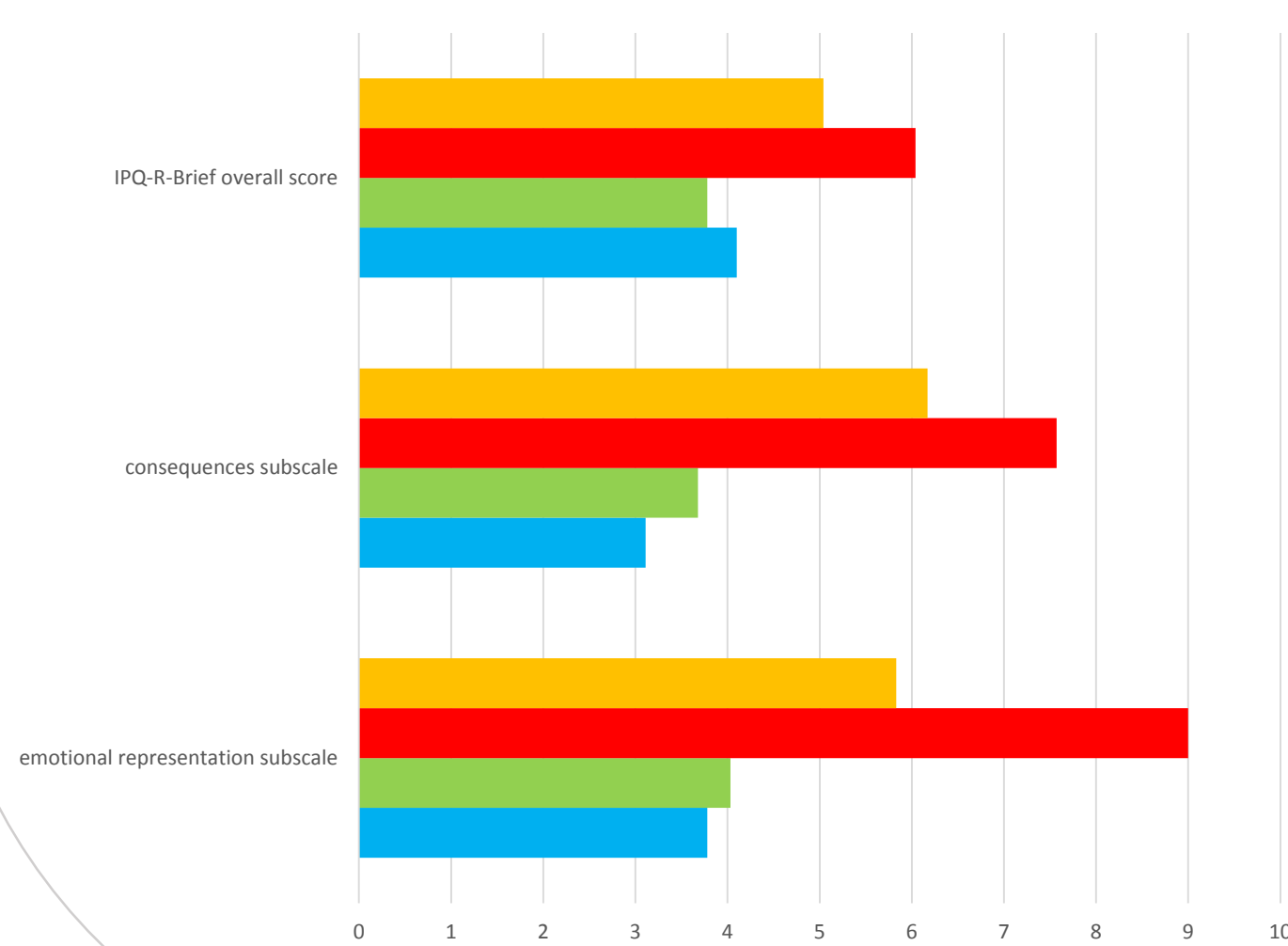
Results of the cluster analysis:



Differences between the 4 groups in Illness Perception:

Persons in cluster 1 and 3

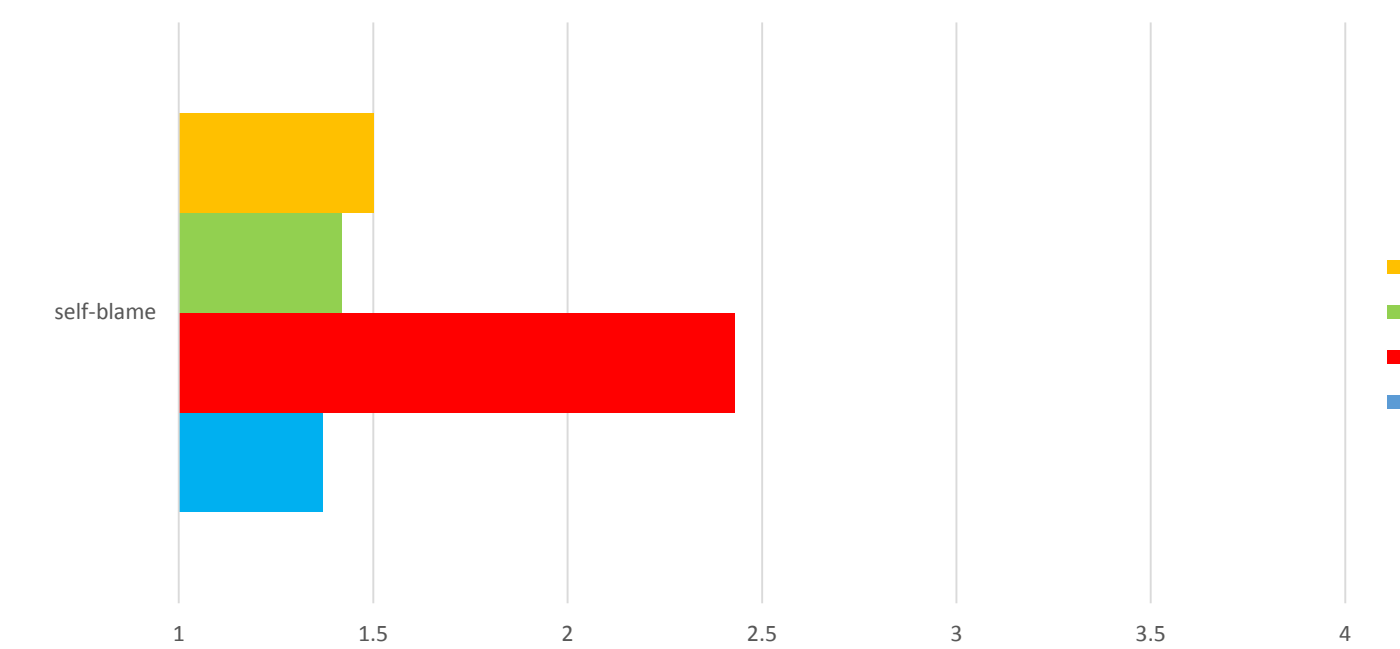
- perceived their illness significantly more as threatening (see IPQ-R-Brief overall score, $F = 8.853$, $df = 3$, $p < .01$; Hochberg $p < .05$)
- and reported significantly more that their illness affected their life in general (see consequences subscale, $F = 12.08$, $df = 3$, $p < .01$, Hochberg $p < .01$) as well as emotionally (see emotional representation subscale, $F = 9.343$, $df = 3$, $p < .01$, Hochberg $p < .05$) than persons in Cluster 2 and 4



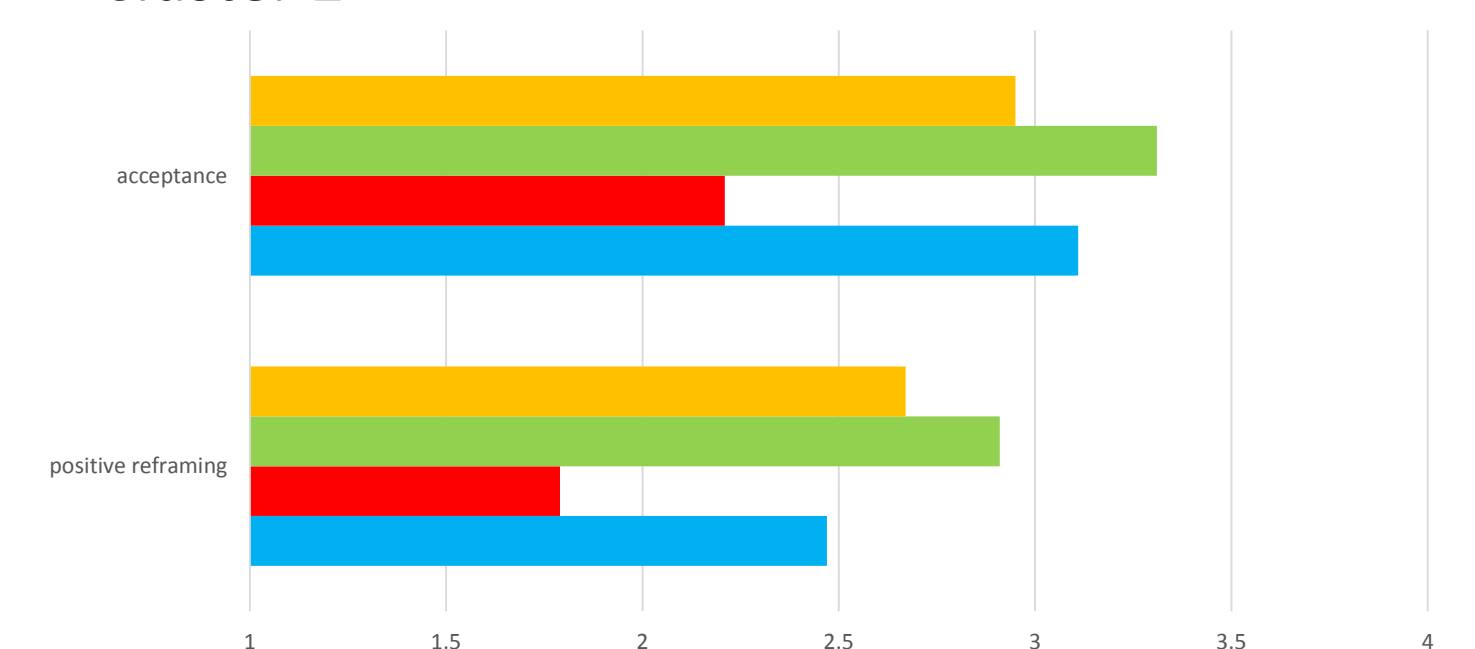
Differences in the use of coping strategies:

Persons in Cluster 3

- reported significantly more dysfunctional coping strategies such as self-blame than all the other groups ($F = 4.558$, $df = 3$, $p < .01$, Hochberg $p < .05$)



- used less “positive” coping strategies such as positive reframing ($F = 3.033$, $df = 3$, $p < .05$, Hochberg $p < .05$) and acceptance ($F = 3.033$, $df = 3$, $p < .05$, Hochberg $p < .01$) than Cluster 2



Summary

Our study identified four clusters with different profiles of physical, social/familial, functional, and emotional well-being that interestingly did not differ with respect to socio-demographics and indicators of disease progression. The groups diverged however concerning illness perception and coping behavior. Especially, persons with high scores of physical and functional impairment evaluated their illness as more threatening and emotionally affecting. Furthermore, persons reporting the highest emotional burden showed less “positive” but more self-blame coping compared to the groups without such an emotional strain.

Conclusion

The present study implemented a differential approach to well-being and coping behavior in cancer patients. Reported findings concerning the association of well-being and coping strategies are consistent with previous studies (Carver et al., 1993; Saniah & Zainal, 2010). A main conclusion of the study is that patients with specific disease burden showing different coping profiles require different psychosocial interventions. In order to provide effective interdisciplinary care and treatment, it will thus be crucial to detect patients with a high psychosocial burden by the disease. Following this, interventions could then be tuned to the different needs of patients in their specific life situation. One step in this direction clearly lies in the development and systematic use of psychosocial screening instruments in oncological settings in order to guarantee optimal care.

Literature:

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