

COPING, PERCEIVED SOCIAL SUPPORT AND HOPE AMONG ADOLESCENT CANCER PATIENTS

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Abstract: *Cancer is spreading like an epidemic affecting all the age groups. In adolescents, it can create a sense of isolation from their friends and family members. It can cause significant psychological distress among them associated with anxiety, stress and can even lead to depression. The objective of the study was to find out coping, perceived social support and hope among adolescent cancer patients and also to determine the relationship between these variables. A descriptive, correlational research design was adopted. 100 adolescents attending the OPD of three hospitals in Bhubaneswar were selected conveniently. Modified cancer coping questionnaire, the multidimensional scale of perceived social support and Herth hope scale was used to assess coping, perceived social support and hope respectively. Mean level of coping was 97.33 ± 12.28 . Perceived support from family members was higher than friends. There was a significant positive relationship between coping, perceived social support and hope among adolescents.*

Keywords: *Cancer; Adolescents; Coping; Hope; Perceived Social Support; Family Support*

INTRODUCTION:

According to WHO, cancer is the second leading cause of death claiming 9.6 million deaths in 2018.(1) Cancer is widely seen as a disease affecting adults. Contrary to this belief, the morbidity of cancer is increasing among children and adolescents. It was estimated that in 2018, in US 10,590 children (up to 14 years) will be affected with cancer.(2) Adolescence is a challenging developmental stage with the onset of physical maturation and associated psychological, behavioural and social changes. Adolescence is the confusing and stressful phase of transition from childhood to adulthood. During this time, they strive to develop a self-concept and a sense of identity and they try to be independent of the adults. Growth in personal, moral and spiritual values can also be manifested. (3)

However, diagnosis and treatment of cancer during adolescence can create an additional array of physical and psychosocial problems. Adolescents will have to deal with pain, changes in body image, fatigue, and inability to perform daily activities. Premature mortality, changes in family dynamics and peer relationships, stasis of future decisions on education and career. This ensues in struggles to identify oneself.(4)

Perceived social support is a measure of the perception of the support a person is receiving from their families and friends. Support from parents, other family members and peers helps in inculcating motivational thoughts, and positive emotions.(5) Family members, especially parents are regarded as a source of support by cancer survivors. (6) Increased social support from their loved ones can help them to cope during the illness.(4) Apart from social support, adolescents use cognitive and behavioural strategies to cope with cancer. A qualitative study to explore coping strategies among Jordanian adolescents revealed coping by strengthening their spirituality, developing a positive outlook toward

life, enhancing their body image, and finding their true self by engaging in social or personal activities. (7)

Maintaining hope act as a coping mechanism for adolescents. It helps them in preparing for the future and provides a meaning to life. (8) High social support can enhance hope, which in turn improves the general well-being. (9)

This study was done to assess the relationship between perceived social support, hope and coping among adolescents affected by cancer.

MATERIAL AND METHODS:

This cross-sectional study was conducted among adolescents who were diagnosed with cancer at least before 6 months. 100 adolescents in the age group of 13 – 19 years attending the out-patient departments of three hospitals in Bhubaneswar, Odisha from November to December 2017 were selected conveniently. Those who were diagnosed with psychiatric conditions or under palliative care were excluded. Approval for conducting the study was previously taken from the authorities of the hospitals involved. The selected participants and their parents who accompanied them were informed about the objectives and purposes of the research. Consent and assent were taken subsequently from the parents and adolescents respectively.

The socio-demographic questionnaire included age, gender, religion, educational status, type of family, family income, family member currently living with patient, siblings, history of cancer, stage of cancer, duration of diagnosis, types of therapy currently undergoing. Cancer Coping Questionnaire (10) is a 21 item self-rating scale which was modified by the researchers for the adolescent age group. After modification, the consisted of 35 items as per expert suggestions. Internal consistency of the rating scale was checked using Cronbach's alpha formula and it was found to be 0.899. Perceived Social Support and Hope were measured using The Multidimensional Scale of Perceived Social Support (MSPSS) (11) and Herth Hope Scale (12) respectively.

RESULTS

The analysis was done using SPSS version 20. Among the adolescents, 40% were in the age group of 13 – 15 years, 59% were males, 89% had secondary education, 41% were living in a joint family setup, and 42% had a history of cancer among their family members.

Coping among adolescents

Mean coping level of the adolescents was 97.33 ± 12.28 with a minimum score of 73 and maximum coping score of 125. The coping strategies or responses with the highest mean are given in table 1. In the modified coping questionnaire, the responses “make definite plans for the future” (3.15 ± 0.77), “try to make new friends or maintain friendship” (3.09 ± 0.753), “remind themselves that aches are caused by things other than cancer” (3.01 ± 0.916), were “often” or “very often” practised.

Table 1: Mean and standard deviation of the different methods of coping among adolescent cancer patients

Coping techniques	Mean± Std. Deviation
Make definite plans for future	3.15±.770
Remind aches could also be caused by things other than cancer	3.01±.916
Make a list of priorities for the week	3.00±.816
Look for own strengths to cope with cancer	2.75±.947
Channel frustration into other things	2.97±.846
Cry when facing difficulties	3.06±.919
Make sure thought of positive aspects of life	3.04±.864
Talk to a counsellor regarding difficulties	2.94±.886
Make new friends or maintain friendships	3.09±.753
Tell oneself problem is not important	2.79±.913
See the good things in a difficult situation	2.78±.927
Practise relaxation	2.82±.881

N=100

Keep a sense of humour	2.83±.922
Distract oneself from worrying thoughts	2.94±.839
Get angry and yell at people	2.79±.844
Pray during difficulties	3.09±.793
Ask with family/ friends rather than making assumptions	2.78±.848
Complain to family/ friends regarding disease	2.76±.965

Hope among adolescents

The 30 items in Herth Hope Scale was divided into three subscales: temporality and future, positive readiness and expectancy, and interconnectedness. In relation to these subscales, mean and standard deviation of hope is given in table 2.

Table 2: Mean and standard deviation of hope subscales among adolescent cancer patients

N=100	
Hope subscales	Mean ± SD
Temporality and future	19.10±4.27
Positive readiness and expectancy	18.38±3.86
Interconnectedness	19.01±4.26

Perceived social support among adolescents

Mean values of perceived social support from family and friends were 5.76±0.98 and 5.33±1.32 respectively. Majority of the adolescents experienced high support from the family members rather than from friends. Percentage of social support from family and friends are given in table 3.

Table 3: Percentage of social support (low, moderate and high) from family and friends as perceived by adolescents with cancer

N=100				
	Low support (%)	Moderate support (%)	High support (%)	Mean ± S.D.
Family	-	19	81	5.76±0.98
Friends	5	29	66	5.33±1.32

Correlation between perceived social support, coping and hope

Table 4: Relationship between perceived social support, coping and hope among adolescent cancer patients

N=100		
Items	Correlation (r)	p-value
Perceived social support and coping	0.515	0.0001
Perceived social support and hope	0.483	0.0001
Coping and hope	0.972	0.0001

Bivariate correlations between perceived social support, coping and hope was tested using Pearson's correlation at 0.05 level of significance. There is a significant moderate positive relationship (r-0.515, p-0.0001) between perceived social support and coping, significant weak positive relationship (r-0.483, p-0.0001) between perceived social support and hope and significant strong positive relationship (r-0.972, p-0.0001) between coping and hope as given in table 4.

DISCUSSION:

While analysing the self-reported coping strategies adopted by the adolescents, most of them often made definite plans for the future and maintain friendships. This reflects their positivity and optimism towards their prospects. Yet, some of them resorted to crying when faced with any difficult situation or

channelizing their frustrations during the cancer phase. Both adaptive and maladaptive coping strategies were adopted by the adolescents when faced with a cancer diagnosis and its treatment. Previous studies show that adolescent cancer survivors often use a problem-solving approach to cope with the disease. (13)

As perceived by the adolescents, social support was highly from their family members rather than their peer group. This was not unexpected because of the significant role played by family members as caregivers in an Indian setting. Family members contributed by extending emotional support and they helped in making decisions. Still, peer group support was also seen in providing support for their friends with cancer. Most of them agreed that they could turn to their friends when things went wrong as a part of cancer diagnosis. Similar findings with high parental support were elucidated in other research studies among adolescent cancer survivors. (14,15) In the present study, the researchers did not explore the extent of support provided by different family members. In a family, mothers are perceived to be more supportive for the adolescents than other family members. (16,17)

In the present study, the adolescents were more hopeful regarding their future with the majority of them looking forward to a positive future. Studies show that a heightened level of hopefulness is seen during the first 6 months of diagnosis. (16) But, in the present study, the researchers included adolescents diagnosed with cancer 6 months before. The reason for increased hope might be attributed to weak support from parents and peers or the special care received from the hospital. (8)

Level of hopefulness increases coping among adolescent cancer patients. Increased hope is also closely associated with self-esteem, compliance, a sense of well-being and quality of life. (16,18) In a qualitative study conducted in Texas, the adolescents taking part in the study highlighted the importance of family support in coping through the disease condition and its treatment. Family support was perceived in a general sense and it also extended to other spheres such as day-to-day tasks, helping in keep up a positive attitude, and acting as an advocate before health professionals. (17)

This study emphasises the importance of maintaining hopefulness among adolescents in helping them to cope with the cancer diagnosis and treatment. It also posits the key role played by the family in retaining hope and a positive attitude. Any healthcare worker closely working with adolescent cancer patients should examine their family dynamics and extend counselling services for the family and primary caregivers of the patient. Nurse-led hope intervention studies (19) can be implemented to foster among adolescent cancer survivors. Thus, cancer coping strategies can also be strengthened to improve their quality of life.

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