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Coping Mechanism in Women with Breast Cancer



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Abstract

Introduction : Disturbances of coping mechanisms often occur in women with breast cancer, especially those undergoing chemotherapy and radiation. One of them is blaming yourself and avoiding problems that can have an impact on the treatment process that has an impact on the treatment process they are undergoing. The purpose of this study is to determine the description of coping mechanisms in women with breast cancer who undergo chemotherapy, radiation or both. Methods : The population in this study were women with breast cancer who underwent chemotherapy, radiation or both. Sampling was done by random sampling where the number of samples is 70. Taking data using the COPE Brief instrument. Results : Four indicators in the destructive category were acceptance (54.3%), denial (61.4%), emotional support (52.9%) and positive reframing (67.1%) while three indicators were mostly in the constructive category, namely self blame (60%), active (64.3 %), and Behavioral disengagement (72.9%). Conclusion : Four destructive indicators indicate poor avoidance and positive thinking in breast cancer patients, while 3 constructive indicators describe good problem solving. Assessment based on this indicator can be taken into consideration in the selection of appropriate interventions to improve coping mechanisms in breast cancer patients.

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INTRODUCTION

Coping strategy in breast cancer patients is very important in the process of adaptation to the disease (Lake *et al.*, 2019). This is needed for the treatment process undertaken such as the effects of chemotherapy or radiation (Gibbons and Groarke, 2018). Also needed to deal with physical problems and psychological problems both short and long term that often arise in breast cancer patients (Stefanic *et al.*, 2015). Poor coping strategies will worsen the patient's condition and increase distress (Lotfi *et al.*, 2014). So it will reduce the quality of life and even increase the risk of death (Ling *et al.*, 2019).

Breast cancer is a malignant seoplasm that is often encountered and the second leading cause of cancer death in women (Aydiner, Igci and Soran, 2019). World health organization (WHO) recorded that there were 3.7 million people with breast cancer in 2013 with 1.3 million deaths (WHO, 2013). The Cancer Epidemiology Biomarker Study (2014) states that of the 3.7 million breast cancer incidents in the world, 39% were recorded in Asia, 29% in Europe, 15% in America, 8% in Africa, and 1.1% in Australia (World Health Organization, 2017). Indonesia recorded 1.67 cases of breast cancer in 2012 with an incidence rate (IR) of 92 cases per 100,000 (Ministry of Health, 2016). The incidence of breast cancer in 2017 in the city of Surabaya occupies the highest rate in the past 5 years, there are 181 cases or around 8.6% of all incidents (Dinas Kesehatan Provinsi Jawa Timur, 2017).

The results of a preliminary study on January 10, 2019 of breast cancer patients showed a description of coping mechanisms as many as 60% of respondents have destructive coping mechanisms. As for the picture the patient shows that as many as 60% of respondents blame themselves, then 50% of clients reject the disease experienced at this time and avoid the problems experienced by as much as 50%.

Various studies on interventions have been carried out to improve coping mechanisms (Lotfi *et al.*, 2014). However, not all interventions are suitable for practicing coping strategies in breast cancer patients (Castillo, Mendiola and Tiemensma, 2019). Depending on the person, culture, duration of illness and culture of each person (Jang and Kim, 2018; Mattei *et al.*, 2018; Castillo, Mendiola and Tiemensma, 2019; Gok *et al.*, 2019). It is important to identify the sources and coping mechanisms used (Lotfi *et al.*, 2014).

This study aims to explain the coping mechanism in breast cancer patients undergoing chemotherapy or radiation.

METHODS

This study was a cross-sectional study with samples of breast cancer patients in Surabaya who underwent chemotherapy or radiation. Sampling using random sampling in several health centers in Surabaya with a total sample of 70 respondents.

Coping mechanism is measured using a COPE Brief questionnaire consisting of 14 item questions that have been translated into Indonesian (Hagan *et al.*, 2017). The COPE Brief consists of 7 indicators namely blame, acceptance, rejection, social support, positive reframing, effort made and avoidance behavior. Prior to use this instrument has been tested for validity and reliability in which the value of all t-items in question is greater than r table and the Cronbach alpha value is 0.949. Each measurement value uses a Likert scale that is strongly agree, agree, disagree and strongly disagree. The analysis in this study used SPSS 20. This study was approved by the ethics committee of the Faculty of nursing at Airlangga University with number 1770-KEPK.

RESULTS

This research was conducted in August to September 2019 on 70 respondents spread in 3 Puskesmas in Surabaya. Respondents were mostly aged 50-60 years at 62.85%, 40-49 years at 28.57% and 30-39 years at 8.57. The educational background is dominated by basic education which is as much as 52.85% followed by 34.28% high school and 10% is not in school and the rest are educated as much as 2%. Respondents mostly experienced pain for more than 5 years, namely 48.57%, 45.71% for 1-5 years and less than 1 year for 5.71%. The types of treatment mostly were 50% chemotherapy, 34.28% adjuvant and 15.7% radiation. The results of each coping mechanism indicator will be described in Table 1.

Table 1 illustrates each indicator of coping mechanisms of breast cancer patients.

1. *Self blame*. Most breast cancer patients show constructive self-blame that is as much as 60%. Breast cancer patients do not blame themselves for what has happened either the pain suffered or other problems.

Table 1 Indicators of coping mechanisms of breast cancer patients

Mekanisme koping	Constructive		Destructive	
	Σ	%	Σ	%
Self blame	42	60	28	40
acceptance	32	45,7	38	54,3
denial	27	38,6	43	61,4
Emotional support	33	47,1	37	52,9
Positive reframing	23	32,9	47	67,1
active	45	64,3	25	35,7
Behavioral disengagement	51	72,9	19	27,1

2. Acceptance. Acceptance of the disease is mostly in the destructive category that is as much as 54.3% which means that most breast cancer patients do not accept and have not been able to effect the effects of the disease.
3. Denial. The majority of patients showed rejection of the disease at 43%. The patient denies the disease being experienced, especially early diagnosed with breast cancer.
4. Emotional support. Most of the emotional support in the destructive category is 52.9%. This can be seen where patients lack the support of the environment such as the community. But most patients have received good support from the family.
5. Positive reframing. Most of the positive reframing in the destructive category is 67.1%. The patient revealed that he did not get anything positive from the disease he experienced.
6. Active. Most of the active in the constructive category that is as much as 64.3%. Patients express focus on the treatment undertaken by health checks and getting chemotherapy or radiation tubes regularly.
7. Behavioural disengagement. Most of the disengagement behavior in the constructive category is as much as 72.9%, which means the patient is not hopeless in undergoing treatment and continues to strive for health.

DISCUSSION

This study describes the coping mechanism in breast cancer patients who receive chemotherapy, radiation or both. The results of this study indicate four indicators describe a destructive coping mechanism and three indicators describe constructive.

The four indicators are acceptance, denial, emotional support and positive reframing. Uncertainty and anxiety about recurrence and side effects from treatment as well as the worst things like death increases psychological pressure on patients (Drageset, Christine and Underlid, 2016). Besides that the feeling that arises such as distrust of what happened and feeling angry about what happened to him is a bad thing for his life (Castillo, Mendiola and Tiemensma, 2019). However, although breast cancer causes psychological problems, the hope of healing triggers an effort to be made (Baniyadi, kashani and Jamshidifar, 2014; Ye *et al.*, 2018; You *et al.*, 2018)(Hernández *et al.*, 2019).

The most constructive coping frequency is behavioral management, followed by active and self blame. Reducing the pressure due to breast cancer is usually done by focusing on goals such as actively seeking information and following treatment regularly (Stefanic *et al.*, 2015). They focus more on priorities such as maintaining relationships with family and self-care (Drageset, Christine and Underlid, 2016). Hopes continue to build despite worries and fears of recurrence and uncertainty in the future (Drageset, Christine and Underlid, 2016; Hernández *et al.*, 2019). Awareness raising and pressure reduction need to be done to accelerate the adaptation process in order to achieve what is expected (Drageset, Christine and Underlid, 2016).

There are several limitations to this study. The absence of types of chemotherapy drugs and the frequency of treatment so it is difficult to determine the level of coping on the frequency of chemotherapy and types of chemotherapy drugs.

CONCLUSION

In general, the description of coping mechanisms shows negative thinking about the

disease. They experience destructive denial, acceptance, emotional support and positive reframing. But they are still making efforts to achieve healing. Assessments based on these indicators are expected to be taken into consideration in the selection of appropriate interventions. Determination of these indicators can facilitate which indicators need to be improved and maintained.

SUGGESTION

For nurses, indicators of coping mechanisms in breast cancer patients undergoing chemotherapy or radiation can be assessed so that the interventions provided are appropriate to the nursing problems experienced by the patient.

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