

## CHAPTER 1

### INTRODUCTION

#### Background and Significance of the Study

Gynecologic cancers represent one of the most common forms of cancer in women. They have been increasing in number in recent years (Otto, 1991). In the United States, reproductive organs are the fourth most common site of cancer in American women with gynecologic cancer affecting one out of 20 women (Zacharias, Gilg, & Foxall, 1994). In China, there has been higher incidence of gynecologic cancers in recent years because of life-style alteration of women such as increased smoking and early initial intercourse (Wang & Wei, 1995). The estimated number of gynecologic cancers is over 200,000 each year in China and more than 50,000 Chinese women had died of gynecologic cancers in 1994 (Wang & Wei, 1995). The cervical cancer is the first position of gynecologic cancers (Fan, & Wang, 1983; Ling, 1982). According to the survey by World Health Organization in 1980s, about one third of world annual incidence of cervical cancer were in China (Wu, 1994). Therefore, cancer of reproductive organs is considered as a public health problem in China.

Cancer is a chronically universal, highly stressful experience because of psychological concomitant of cancer diagnosis, prognosis and side effects of treatment. The impact

of cancer can be highly stressful, threats and harm to the individual as well as to the family resulting from the disease itself and treatment of the disease (Nagia, 1993).

Diagnosis of cancer means immediate, painful, and termination of life to the patients (Otto, 1991). It is often associated with increased distress for the patients manifested by feelings of anxiety, fear, depression, helplessness, powerlessness, disbelief, unreality, sorrow, and bitterness (Krause, 1991; Krouse & Krouse, 1982; Nagia, 1993). The psychological responses are further intensified by methods of treatment that often produce alteration in body state and physical disfigurement. Surgical interventions and chemotherapy or radiotherapy bring about strong emotional reaction. Loneliness, the feeling of not being meaningful related, is a phenomenon that has been universally recognized and discussed in more recent years in cancer patients (Perry, 1990). Fatigue is also a common response in cancer patients (Olley, 1991).

Women diagnosed with gynecologic cancer experience many emotional reactions in coping with the reality of cancer and consequences of its treatment. Although the surgical procedures do not always involve a visibly physical attack, as in mastectomy, their effects can be psychological and physical devastating to the patients (Krouse, 1985).

Treatment for invasive cancer ranges from a hysterectomy or oophorectomy to total pelvic exenteration and radical vulvectomy. Since the female genitalias are the organs of reproduction, endocrine secretion and menstruation and woman's prized possessions are her uterus and her ability to reproduce; the loss of a uterus, ovaries, or alteration in sexual function related to pelvic exenteration may have a different meaning to each woman involved. The woman may lose her ability to reproduce, develop menopausal symptoms, or experience compromised sexual function (Otto, 1991). A crisis for the women and their families may be marked. Women not only grieve from loss of a symbolic organ, but also suffer from loss of a functional body part. Psychosexual issues will need to be explored by both the patient and her sexual partner (Daisia & Greasman, 1989).

Therefore, diagnosis of gynecologic cancer and consequences of treatment may invoke patients with high levels of psychological distress. They have feelings of anxiety, fear, helplessness, hopelessness, depression, uncertainty, guilt, worthlessness, and shame (Baird, 1988). The patients experience a narrowing of interests and withdraw from social contact (Krouse & Krouse, 1982). Studies have shown that women with gynecologic cancer had higher scores of anxiety, depression and poorer body image than other kinds of cancers

(Cull, Cowie, Farquharson, Livingstone, Smert, & Elton, 1993; Krouse & Krouse, 1982).

In China, gynecologic cancer patients may induce more stress because of their negative attitude toward cancers. Chinese people equate cancers with death and lack of cure. The word cancer is not used by the public or health professionals, especially for women. Instead, physicians and public use the words tumor or bad disease. Health professionals believe that the word cancer will provoke feelings of helplessness, and cause gynecologic patients to fear imminent death (Wang & Wei, 1995).

When women are brought face to face with a life-threatening cancer, there are great demands of them to cope with the potential life threatening disease, the disturbance of diagnosis, prognosis and treatments. Coping was defined by Lazarus and Folkman (1984) as constantly changing cognitive behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of person. Coping is a process that serves to manage a problem and modulates the emotional response to that problem. The coping strategies that an individual uses to reduce the stress may be problem-focused coping or emotional-focused coping according to the individual's personality (Lazarus & Folkman, 1984). Coping strategies used are also

different depending on age of the individual (Ali & Khalil, 1991; Blanchard-Fields & Irion, 1988; Guo, 1996; Halstead & Fernsler, 1994).

The patients with cancer may adopt different coping strategies to adjust with the cancer they face. Most of the patients have problems in coping and lack knowledge to deal with symptoms, to manage health care regimens, to adjust to alteration in body image, to handle the uncertainty of progression of disease and to revise personal, social and occupational goals (Lambert & Lambert, 1987).

Therefore, when cancer as a stressor provokes gynecologic cancer patients, the different coping strategies and styles are required to deal with the problems which they face with. Review of the available literature found that many studies on coping have been done among cancer patients. But less research has been specifically conducted among patients with gynecologic cancer and no studies have been found in China. Although one research studied coping in gynecologic cancer patients (Zacharias, Gilg, & Foxall, 1994) and several studies compared the coping of different age groups in American society (Ali & Khalil, 1991; Blanchard-Fields & Irion, 1988; Halstead & Fernsler, 1994), the findings of these studies may not be applicable to Chinese women because of different cultures. So, Chinese nurses need information from

Chinese patients.

The second hospital of West China University of Medical Sciences is the most famous and the biggest maternal and child hospital in Southwest of China. There are 60 beds in the gynecologic ward and approximately 10 gynecologic cancer patients undergoing surgery and 10 cancer patients receiving chemotherapy each month. The patients with gynecologic cancer admitted in this hospital come from different areas. Therefore, the study of coping in this setting is necessary.

Studying coping among gynecologic cancer patients in China will provide nurses information and enable nurses to understand how Chinese women cope with gynecologic cancer. The purposes of this study are to explore knowledge on coping of Chinese gynecologic cancer patients and to help nurses know the use and effectiveness of coping in patients with gynecologic cancer of different age groups. The nurses will consequently act as an effective agent in implementing crisis interventions to enhance effectiveness of coping, to improve adaptation of gynecologic cancer patients and to decrease the incidence of psychological distress. Finally, knowledge gained from this study will be benefit for nurses in improving the quality of patient care.

### **Purpose of Study**

The purposes of this study were:

1. To describe the use of coping of Chinese women with gynecologic cancer.
2. To determine the effectiveness of coping used by Chinese women with gynecologic cancer.
3. To compare the use and effectiveness of coping of Chinese women with gynecologic cancer of different age groups.

### **Research Question**

Four research questions were addressed as follows:

1. What are coping styles and coping strategies used by Chinese women with gynecologic cancer ?
2. How effective are coping styles and strategies used by Chinese women with gynecologic cancer ?
3. Is there any difference in the use of coping between Chinese women with gynecologic cancer of different age groups ?
4. Is there any difference in effectiveness of coping between Chinese women with gynecologic cancer of different age groups ?

### **Research Hypothesis**

1. There is a difference in the use of coping between Chinese women with gynecologic cancer of different age groups.

2. There is a difference in effectiveness of coping between Chinese women with gynecologic cancer of different age groups.

### **Assumption of Study**

1. The coping of Chinese women with gynecologic cancer can be identified by self-report.

2. Diagnosis and treatment of gynecologic cancer are stressors. The patients have some level of stress to cope with.

### **Limitation and Scope of Study**

The sample was restricted to Chinese women who were patients of gynecologic ward of the university hospital, West China University of Medical Science in Chengdu. In addition, purposive sampling was used in this study. The generalizability of the findings may be limited.



### Significance of Study

For achieving the goal of patients care, nurses should understand how the patients cope with stressful situations.

For nursing practice, the findings of this study will help nurses improve clinical nursing practice by directing more attention toward the coping of gynecologic cancer patients. Nurses will instruct effective coping as nursing interventions for Chinese gynecologic cancer patients and help them better adjust.

For nursing education, the knowledge obtained from this study can be used for educational instructions of gynecologic cancer patients care. The instructors can guide students to implement effective coping strategies to nursing plan of gynecologic cancer patients.

For nursing research, the result can provide baseline information for developing intervention studies to test the effectiveness of teaching and can inspire other nurses to further explore coping in this area.

### Definition of Terms

<b>Coping</b>	The ways of constantly changing cognitive behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources
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of gynecologic cancer patients. There are eight coping styles including optimistic, supportant, confrontive, self-reliant, palliative, fatalistic, evasive and emotive. The use and the effectiveness of coping were measured using the revised Jalowiec Coping Scale (JCS) (Jalowiec, 1987).

Chinese women with gynecologic cancer Chinese women who have any type of cancer of reproductive organs including cervical cancer, ovarian cancer, endometrial cancer, vulva cancer and vaginal cancer.