

CHAPTER 4

FINDINGS AND DISCUSSION

The objectives of this study were to describe the coping of Chinese women with gynecologic cancer, to determine the effectiveness of coping used by Chinese women with gynecologic cancer, and to compare the use and effectiveness of coping of Chinese women with gynecologic cancer of different age groups. To meet these objectives, a comparative descriptive design was used. Fifty subjects were selected by purposive sampling.

The results of data analysis are presented in this chapter. The presentation is divided into three parts. The first part presents the demographic characteristics of the subjects. The second part presents data on coping including the use and effectiveness of the coping strategies and coping styles. The third part presents the comparison of the use and effectiveness of coping of the subjects with different age.

Findings

Part one: Demographic Characteristics of the Subjects

Fifty gynecologic cancer patients participated in this study. The majority of the subjects were from the southern part of China. All of them had known their diagnoses. Other demographic data of the subjects are presented in Table 1.

Table 1

Frequencies and Percentages of Demographic and Personal Characteristics of the Subjects

Demographic characteristic	Frequency (N=50)	Percentage (%)
Age (years)		
21-40	11	22
41-60	33	66
> 60	6	12
Education background		
college level	6	12
high school diploma	19	38
less than high school	21	42
no education	4	8
Employment		
employed	13	26
unemployed	37	74

Table 1 (continued)

Demographic characteristic	Frequency (N=50)	Percentage (%)
Family income (Yuans) (per person/month)		
<250	17	34
250-500	19	38
501-750	12	24
>750	2	4
Marital status		
married	48	96
single	2	4
Type of cancer		
ovarian cancer	32	64
cervical cancer	10	20
uterine/vaginal cancer	5	10
endometrial cancer	3	6
Type of treatment		
chemotherapy	32	64
radiation	10	20
surgery	8	16
Time since knowing of cancer diagnosis		
1 month	16	32
2-3 months	6	12
4-6 months	9	18
7-12 months	19	38

Age of the subjects ranged from 24 to 67 years old (Mean=47.38, SD=10.74). Sixty-six percent of the subjects were 41-60 years old, 12% of the subjects were more than 60 years old and 22% of them were below 40 years old. Most of the subjects were married (96%). Educational background of the subjects ranged from no education to college level. Forty-two percent of the subjects had education less than high school. Thirty-eight percent had high school diploma and 12% of them had college level and 8% had no education. Seventy-two percent of the subjects had average income for each family member less than 500 yuan. Most of them (74%) were unemployed. Most of the subjects (64%) were diagnosed with ovarian cancer and 64% were receiving chemotherapy. Thirty-eight percent had known their diagnosis for 7-12 months and 32% had known it for only one month.

Part two: The Use and Effectiveness of Coping Used

The findings on the use of coping of the subjects are presented in Tables 2-4 and Tables 8-9. The results on effectiveness of coping used are presented in Tables 5-9.

Table 2

Means, Standard Deviations, and Maximum, and Minimum Scores of the Use Component of the Coping Styles Used by the Subjects

Coping Style	Mean	S. D	Maximum	Minimum
Overall	1.50	.35	2.08	0.67
Optimistic	2.10	.36	2.67	1.00
Supportant	1.65	.53	3.00	0.20
Self-reliant	1.56	.61	2.57	0.00
Palliative	1.54	.53	2.57	0.29
Confrontive	1.44	.59	2.40	0.30
Evasive	1.30	.43	2.23	0.38
Fatalistic	1.11	.60	2.25	0.00
Emotive	1.04	.65	2.40	0.00

Table 2 shows that the highest mean score was found for the optimistic coping style. This finding indicated that among eight coping styles, the optimistic coping style was used most frequently by the subjects. Supportant coping style was also used frequently. According to the lower mean scores, evasive, fatalistic and emotive coping styles were relatively less used (least three in rank).

Table 3

Coping Strategies Rated by Subjects as Often Used

Coping Strategy	Coping style	Percentage
Hoped that things would get better	optimistic	68
Tried to keep your life as normal as possible & not let the problem interfere	optimistic	62
Tried to think positively	optimistic	50
Tried to see the good side of the situation	optimistic	46
Took medication	palliative	46
Daydreamed about a better life	evasive	42
Told yourself not to worry because everything would probably work out fine	optimistic	42
Tried to find out more about the problem	confrontive	40

Table 3 lists eight specific coping strategies rated by at least 40% of the subjects as often used in descending order of percentage. Coping styles which the coping strategies belong to are also listed. "Hoped that things would get better", "tried to keep your life as normal as possible and not let the problem interfere" and "tried to think positively" were most frequently used by this group. These three coping strategies were categorized as optimistic coping style. Among these eight strategies, 5 strategies were optimistic coping style.

Table 4

Coping Strategies Rated by Subjects as Never Used

Coping strategy	Coping style	Percentage
Had a drink	palliative	90
Did something impulsive or risky	emotive	66
Took out your tension on something else	emotive	60
Avoided being with people	evasive	58
Resigned yourself to the situation because things look hopeless	fatalistic	56
Set up a specific plan of action	confrontive	54
Blamed yourself for getting into such a situation	emotive	52
Tried to work out a compromise	confrontive	48
Told yourself that the problem was someone else's fault	evasive	46
Accepted the situation because very little could be done	fatalistic	40

Ten specific coping strategies rated by at least 40% of the subjects as never used are presented in Table 4 in descending order of percentage. "Had a drink" which was a coping strategy of palliative coping style was never used by the majority (90%) of the subjects. Two strategies belonging to emotive coping style, "did something impulsive or risky" and "took out your tension on something else" were never used by 66% and 60% of the subjects respectively. Among these 10 strategies, 3 were emotive coping style, 2 were evasive, 2 were fatalistic, 2 were confrontive, and 1 was palliative coping style.

Table 5

Means, Standard Deviations and Maximum and Minimum Scores of the Effectiveness Component of the Coping Styles Used by the Subjects

Coping style	Mean	S. D	Maximum	Minimum
Overall	1.27	0.40	1.92	0.40
Optimistic	1.84	0.50	2.67	0.78
Supportant	1.49	0.53	2.60	0.40
Palliative	1.43	0.61	2.57	0.14
Self-reliant	1.28	0.68	2.71	0.00
Confrontive	1.19	0.60	2.30	0.00
Evasive	1.13	0.44	2.38	0.31
Fatalistic	0.83	0.65	2.25	0.00
Emotive	0.65	0.46	1.18	0.00

Table 5 shows the mean effectiveness scores of coping styles. Among eight coping styles, the optimistic coping style was rated with the highest mean score, followed by supportant and palliative coping styles. These results indicated that optimistic coping style was viewed by the subjects as the most effective. Fatalistic and emotive coping styles were reported as the least effective.

Table 6

Coping Strategies Rated by Subjects as Very Helpful

Coping strategy	Coping style	Percentage
Tried to think positively	optimistic	48
Took medications	palliative	44
Daydreamed about a better life	evasive	42
Told yourself not to worry because everything would probably work out fine	optimistic	42
Tried to keep a sense of humor	optimistic	42
Tried to see the good side of the situation	optimistic	42
Hoped that things would get better	optimistic	40
Used relaxation techniques	palliative	40

Table 6 shows the percentage of coping strategies rated by the subjects as being very helpful and coping styles which the coping strategies belong to in descending order of percentage. There were eight coping strategies which were reported as being very helpful by at least 40% of the subjects. "Tried to think positively" and "took medication" were reported as being very helpful. However, percentages of the subjects who rated these two strategies as most effective were less than 50%. Of the eight effective strategies, 5 of them were optimistic coping style.

Table 7

Coping Strategies Rated by Subjects as Not Helpful

Coping strategy	Coping style	Percentage
Had a drink	palliative	80
Did something impulsive or risky	emotive	72
Resigned yourself to the situation because things looked hopeless	fatalistic	68
Told yourself that the problem was someone else's fault	evasive	66
Told yourself that things could be worse	optimistic	64
Took out your tension on someone else	emotive	64
Avoided being with people	evasive	64
Blamed yourself for getting into such a situation	emotive	62
Tried to work out a compromise	confrontive	58
Worried about the problem	emotive	56
Put off facing up to the problem	evasive	56
Told yourself that you were just having some bad luck	fatalistic	56
Kept your feelings to yourself	self-reliant	54
Set up a specific plan of action	confrontive	54

Table 7 lists 14 coping strategies and corresponding coping styles rated by more than half of the subjects as not helpful. Eighty percent of them reported that "had a drink" was not helpful. Of those 14 strategies, 4 were emotive coping style, 3 were evasive, 2 were fatalistic, and 2 were confrontive. One palliative, one optimistic, and one self-reliant strategies were also identified as not helpful by more than half of the subjects.

Table 8

Means and Standard Deviations of the Use and Effectiveness Scores

Coping style	Use		Effectiveness	
	Mean	S.D	Mean	S.D
Overall	1.50	.35	1.27	.40
Optimistic	2.10	.36	1.84	.50
Supportant	1.65	.53	1.49	.53
Self-reliant	1.56	.61	1.28	.68
Palliative	1.54	.53	1.43	.61
Confrontive	1.44	.59	1.19	.60
Evasive	1.30	.43	1.13	.44
Fatalistic	1.11	.60	.83	.65
Emotive	1.04	.65	.65	.46

Table 8 shows mean scores of the use and effectiveness of the coping styles. Among eight coping styles, the optimistic coping style was reported as the most frequently used and being very helpful, followed by supportant style. Fatalistic and emotive styles were least frequently used and least effective.

Table 9

Coping Strategies and Coping Styles Rated by Subjects as Often Used and Very Helpful

Coping strategy	Coping style	Percentage
Tried to think positively	optimistic	38
Hoped that things would get better	optimistic	32
Tried to keep your life as normal as possible and not let the problem interfere	optimistic	32
Tried to see the good side of the situation	optimistic	32
Daydreamed about a better life	evasive	28
Tried to keep a sense of humor	optimistic	28
Thought about the good things in you life	optimistic	28
Took medication	palliative	28
Talked the problem over with a professional person	supportant	26
Used relaxation techniques	palliative	26
Told yourself not to worry because everything would probably work out fine	optimistic	26

Eleven specific coping strategies and coping styles rated by the subjects as both often used and very helpful are listed in Table 9 in descending order of percentage. "Tried to think positively" was reported as often used and very helpful by 38% of the subjects. Of these coping strategies, 7 were optimistic coping style.

Part three: Comparison of the Use and Effectiveness of Coping Styles Used by the Subjects of Different Age Groups

The subjects were divided into three groups: 21-40 years, 41-60 years, and older than 60 years. Comparisons of the use and effectiveness of coping styles used by the subjects of these three age groups are presented in Table 10-13

Table 10

Comparison of the Use of Coping Styles among Women With Different Age Groups

Age	Total Mean Rank	Optimi- stic Mean Rank	Support- ant Mean Rank	Confron- tive Mean Rank	Self- reliant Mean Rank	Pallia- tive Mean Rank	Fatali- stic Mean Rank	Emotive Mean Rank	Evasive Mean Rank
21-40	33.50	28.73	31.14	30.73	29.50	22.73	29.23	35.00	36.73
41-60	23.45	26.33	25.33	24.35	23.52	25.52	25.70	22.03	22.39
> 60	22.08	15.00	16.08	22.25	29.08	30.50	17.58	27.17	22.00
H	4.29	3.76	4.15	1.92	1.80	1.10	2.49	6.62	8.37
P	0.12	0.15	0.13	0.38	0.41	0.58	0.29	0.037*	0.02*

Table 10 shows that there were significant differences in the use of emotive and evasive coping styles among three age groups ($H=6.62$, $P<0.05$; $H=8.37$, $P<0.05$). The uses of total coping style and other six coping styles among three age groups were not significantly different.

Table 11

Comparison of the Use of Emotive Coping Style

Pair Group a and b	N		$\bar{R}_a - \bar{R}_b$	t	P
	Na	Nb			
21-40 and 41-60	11	33	12.97	3.23	<0.005
21-40 and >60	11	6	7.87	1.14	>0.05
41-60 and >60	33	6	-5.14	0.83	>0.05

Table 11 showed the significant difference in the use of emotive coping style between groups of 21-40 years, and 41-60 years ($P < .005$). No significant differences were found between the elderly group (>60 years) and each of the other two groups.

Table 12

Comparison of the Use of Evasive Coping Style

Pair Group a and b	N		$\bar{R}_a - \bar{R}_b$	t	P
	Na	Nb			
21-40 and 41-60	11	33	14.34	3.41	<0.001
21-40 and > 60	11	6	14.73	2.14	<0.05
41-60 and > 60	33	6	-0.39	0.073	>0.05

Table 12 shows that there were significant differences in the use of evasive coping style between the younger subjects (21-40 years) and the middle-aged group (41-60 years) ($P < .001$) and between the younger group and the elderly group (>60 years) ($P < .05$). No significant difference was found between the middle-aged group and the elderly group.

Table 13

Comparison of the Effectiveness of Coping Styles among Women With Different Age Group

Age	Total	Optimistic	Supportant	Confrontative	Self-reliant	Palliative	Fatalistic	Emotive	Evasive
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
24-40	21.45	20.68	28.50	21.36	20.77	18.18	20.41	24.95	24.59
41-60	26.73	28.37	25.06	27.41	25.95	26.92	27.14	24.70	25.50
> 60	26.17	20.75	22.42	22.58	31.67	31.08	25.85	30.92	27.17
H	1.09	2.79	0.73	1.69	2.26	3.97	1.76	0.94	0.12
P	0.58	0.24	0.68	0.43	0.32	0.13	0.41	0.62	0.94

Table 13 shows that there was not statistically significant in effectiveness of coping styles used by the women with different age. Therefore, the second hypothesis "there is a difference in effectiveness of coping styles used by Chinese women with gynecologic cancer at different age groups" was not supported.

Discussion

Demographic data

Fifty patients with gynecologic cancer participated in this study. All of the subjects had known cancer diagnosis over one month and most of them had known cancer diagnosis over six months. Age of the subjects ranged from 24 to 67 years old with mean age of 47.38. More than three fourth of the subjects were over 40 years old. These findings correspond with the evidence that this developmental stage is peak incidence of gynecologic cancers (Ling, 1982). Eighty percent of the subjects had education background at high school level and lower and 8% of them had no education. These findings are similar to the general educational level of the country population. Most of the subjects (74%) were unemployed. The majority of them (96%) were married. Almost three fourth of the subjects (72%) had average monthly income for each family member less than 501 yuans which could be categorized as middle-low economic status and this result fits with income per month per one person of the population in China. Most of the subjects (64%) were diagnosed with ovarian cancer and receiving chemotherapy.

The Use of Coping of Chinese Women with Gynecologic Cancer

In this study, many coping strategies of eight coping styles were used by the women with gynecologic cancer. The women tended to use multiple coping strategies of coping styles in dealing with stressful encounter. This finding is consistent with other studies of women with gynecologic cancer and cancer in other sites (Guo, 1996; Halstead & Fernsler, 1994; Sheila & Payne, 1990; Sodestron & Martinson, 1987). Sheila and Payne (1990) indicated that women with palliative chemotherapy used a complex range of coping strategies which varied from active problem-solving techniques to maintain equilibrium.

Among the eight coping styles, optimistic coping style was found most frequently used by this group of Chinese women. Other coping style which was also more frequently used was supportant. These results are consistent with several studies in the United States and China. Halstead and Fernsler (1994) concluded that optimistic coping style was used most frequently by long-term cancer survivors followed by supportant, confrontive, self-reliant and palliative coping styles. Fredette (1995) found that optimistic coping style was most frequently used by breast cancer survivors in the United

States. Guo (1996) found that Chinese postmastectomy patients most frequently used optimistic coping style. However, the findings do not support Perry's' (1990) study which found confrontive and palliative coping styles were most favored by adult cancer patients in America.

In this study, three optimistic coping strategies, "hoped that things would get better", "tried to keep your life as normal as possible and not let the problem interfere" and "tried to think positively", were identified as often used by over half of the subjects. Among these three coping strategies, "hoped that things would get better" was most frequently used by 68% of the subjects. These results are partly consistent with following studies. Sheila and Payne (1990) found positive thinking was major adoptable by American women with breast cancer and ovarian cancer who received chemotherapy. Mishel and Sorenson (1991) reported that gynecologic cancer patients favored selected wishful thinking, focusing on positive aspects to reduce the sense of danger. Zacharias, Gilg and Foxall (1994) reported that gynecologic cancer patients were more inclined to think about the positive aspects of their illness. However, there were some differences between findings in which aspects of this study and American studies. Sodestorn and Martinson (1987) and Halstead and

Fernsler (1994) found that American cancer patients most often used religious to cope with their stress. This discrepancy may be due to different social culture of the two populations. Whereas American people have religious belief, most Chinese people currently have no religious belief. Although few older Chinese women might believe in religion, their belief may not strongly influence their use of coping style.

From findings above, Chinese women with gynecologic cancer used different and multiple coping strategies. According to Lazarus and Folkman's (1984) theory, outcome of the cognitive appraisal of cancer by the diagnosis, treatment and prognosis leads to psychological responses. Thus, the women with gynecologic cancer might make different appraisals and engage in a variety of cognitive and behavioral attempts to master the demands of this stressful encounter. The subjects in this study reported that optimistic coping strategies were most frequently used by them. Because of advanced treatments for cancer, and an increasing survival rate of the gynecologic cancer, the women have changed perception about cancer risk. They may appraise their problems and resources realistically and positively. Those may cause them to face up to the problems, use positive thinking and take positive actions to meet psychological demands. Because

of optimistic attitude of women with gynecologic cancer, "hoped that things will get better", they would like to choose optimistic coping strategies to reduce distress. In addition, supportant style was reported more frequently used. The possible reason may be related to the marital status of the women. Almost all of the subjects (96%) got married and they may receive support from their family which is the most natural source of support and understanding. (Mc Nett, 1987)

Conversely, emotive coping style was least used followed by fatalistic and evasive coping styles. These results are similar to Parry's (1990) study. Parry (1990) reported that the least favored coping style of the adult cancer patients in America was emotive coping. Halstead and Fernsler (1994) also reported that fatalistic, emotive and evasive coping styles were least frequently used by long-term cancer survivors. Guo (1996) reported emotive, evasive and palliative coping styles were relatively least often used by Chinese women with postmastectomy. In this study, one specific palliative coping strategy, "had a drink", was reported as never used by 90% of subjects. This was expected finding because drinking is not traditional practice of Chinese women. Among other six coping strategies which were never used by more than half of the women, there were three emotive coping strategies. Another reason is that three of five emotive

strategies, "got mad and let off steam", "took out your tensions on some one else" and "did something impulsive or risky", are aggressive behaviors. In China, women tend to deal with problems passively. This traditional behavior might lead them to seldom choose those coping strategies.

The Effectiveness of Coping of Chinese Women with Gynecologic Cancer

The subjects in this study had relatively low score of the effectiveness of coping (Mean=1.27, SD=0.40) with the possible score ranging from 0 to 3. This finding indicated that the coping strategies in general were not very helpful to the women when compared with Halstead and Fernsler's (1994) findings in American cancer patients. This result may be explained by duration of knowing the cancer and the effects of treatment. All subjects had known their diagnosis less than 12 months and they were receiving any types of treatments. Receiving treatment may increase their stress. Therefore, coping strategies they used may not be effective enough to reduce their stress.

In this study, optimistic coping style was reported as very helpful coping followed by supportant and palliative coping styles. These results are partly similar to Halstead and Fersler's (1994) findings. They reported that supportant

coping style was a very helpful coping followed by confrontive, optimistic and palliative. Additionally, an optimistic coping strategy, "tried to think positively", was identified as very helpful by 48% of subjects, followed by "took medications". This finding is consistent with Weismnen and Worden's (1977) findings. They found that good copers used the positive strategies, redefining the problems and compliance with authority. The result of this study is also consistent with Halstead and Fernsler's (1994) findings. They found that "tried to think positive" and "though about good things in life", were very helpful coping strategies rated by more than half of subjects. Fredettee (1995) indicated that positive thinking was the positive direction of good copers. Good thing in life may help person forget problems temporary and be very helpful for emotional distress.

On the contrary, emotive coping style was reported as least helpful coping, followed by fatalistic. This result is similar to Halstead and Fernsler's (1994) finding which showed that fatalistic, emotive and evasive coping styles were least effective for long-term survivors with cancer. In this study, one palliative coping strategy, "had a drink", was reported as not helpful by 80% of the subjects. "Did something impulsive or risky", one emotive coping, was reported as not helpful by 72% of the subjects. The least effectiveness of

"had a drink" may be explained by duration of stress. Drinking is a simple activity which can reduce emotional distress temporary. Another unhelpful coping strategy, "did something impulsive or risky" was reported in this study. This result supports the study of Weismnen and Worden (1977). They found that poor copers used harmful tension-reducing strategies which lead to high total mood disturbance.

In summary, the optimistic and supportant coping styles were most frequently used and very helpful also. For specific coping strategies, "tried to think positively", "hoped that things will get better", "tried to keep your life as normal as possible and not let the problem interfere" and "tried to see the good side of the situation" were reported most frequently used and very helpful. All of these were optimistic coping. Emotive coping style and specific coping strategy which was "had a drink" were reported the least used and the least helpful.

Comparison of the Use and Effectiveness of Coping of Chinese Women with Gynecologic Cancer of Different Age Groups.

In this study, there was no significant difference in the use of total coping but statistically significant differences were found in the use of some coping styles among different age groups. These findings support the following studies. Frishenschlager, Hohenberg and Handle-Zeller (1990) reported that age was significantly correlated with coping behaviors. Halstead and Fernsler (1994) found significant differences for coping use between age groups in optimistic, emotive and palliative coping styles. Guo (1996) reported that age correlated with coping use in supportant coping style. In this study, the significant differences were found among age groups in the use of emotive and evasive coping styles. The results of Nemenyi-test showed that the significant difference existed between the younger group (age=21-40) and middle-aged group (age=41-60) for use of emotive coping style. For evasive coping style, significant differences were found between the younger group (age=21-40) and the middle-aged group (age=41-60) and between the younger group and the elderly group (age >60). These findings are partly consistent with Halstead and Fernsler's (1994) study. They found that the middle-aged group (41-60) more frequently used emotive coping strategies than

the younger and elderly groups. The possible reason is that different demands of social roles facing younger and older persons with cancer may be different. The younger women with cancer displayed higher stress than the older women and they had more consideration (Mor, Allen, & Mallin, 1994). Thus, they used different coping strategies to reduce the distress. Another possible reason would be personality and experience of the different age groups. In emotive coping style, most of the coping strategies were aggressive. The older women may have more experiences, social skills and positive beliefs. Therefore, they may less frequently used emotive coping strategies. In evasive coping style, the specific coping strategies, "day dreamed about a better life", "wished that the problem would go away" may be used more frequently by the younger than the older persons.

In this study, effectiveness of coping styles used by the subjects of different age groups was not significant difference. The finding is consistent with Dodd and the colleagues' (1992) findings. They found that older adult cancer patients undergoing chemotherapy did not perform less effective coping than the younger patients.

Summary of the Results

In this study, the subjects used multiple coping strategies of eight coping styles. Lazarus and Folkman (1984) delineated two types of coping: problem-focused and emotion-focused. Thus, both types of coping were used by the Chinese women with gynecologic cancer. Among eight coping styles, the most frequently used and very helpful coping style for the subjects was the optimistic coping style, followed by supportant coping. "Tried to think positively" was reported by the subjects as the most frequently used and very helpful coping strategy. When compared with the previous study in American subjects, the effectiveness score in this study was low. The comparison of the use and effectiveness of coping among subjects in different age groups showed the significant differences in the use of emotive and evasive coping styles. There was no significant difference in effectiveness of coping style used by subjects in different age groups.