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Research article

Challenges, Coping Strategies and Social Support among Cancer Patients in a Tertiary Institution, South-East, Nigeria

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ABSTRACT

Cancer ranks as the second largest cause of death globally. However, little is known about the challenges, coping mechanisms, and social support among this vulnerable group in Nigeria. This study identified the challenges, coping mechanisms, and social support among cancer patients attending the oncology clinic at the University of Nigeria Teaching Hospital Ituku-Ozalla, Enugu State. This was a descriptive cross-sectional study on 124 conveniently selected cancer patients. A researcher-developed questionnaire about the patients' challenges, coping mechanisms, and social support was used to gather data. Data was analyzed using frequency, percentages, mean and standard deviation and presented in tables. The result showed that the major challenges of the respondents were severe pains and altered body image (92.7%), long waiting hours to be seen by the doctors (91.9%), and lack of finance to keep up with the treatment regimen (86.3). Coping strategies adopted by respondents were fervent prayers and religious activities (3.61±0.68), dieting and maintaining a healthy lifestyle (3.57±0.70), and having a fighting spirit (3.14±1.14). The major sources of social support were family (3.70±0.60), and spouse (3.36±1.03). The highest forms of support were emotional (3.66±0.60), physical (3.65±0.57) and financial (3.02±0.82) support. The majority of the patients face considerable challenges, adopted fervent prayers and religious activities, dieting and maintaining a healthy lifestyle as a coping strategy. Also the major social support identify among this group is from their family. It is therefore recommended the health care provider should increase family involvement in patients care and also enhance spiritual care.

Keywords: *Challenges, Coping strategies, social support, Cancer patients, Oncology*

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INTRODUCTION

Cancer is often regarded as a "death sentence," in Nigeria, and it is the second greatest cause of death worldwide (Sung *et al.*, 2021). The World Health Organization projects that between 2020 and 2040, there will be between 29 and 37 million additional cases of cancer worldwide. Cancer is the unchecked proliferation of aberrant cells everywhere in the body that invade healthy body tissues and cause abnormal cell growth and development (Ferlay *et al.*, 2020). Many cancers tissues are further identified by the name of the tissue from which the abnormal cells originated. Examples include breast cancer, lung cancer, and colorectal cancer. Every type of cancer is associated with a number of challenges that call for effective coping and social support to help patients adjust and improve their quality of life (Chabowski *et al.*, 2018; Esan *et al.*, 2020)

Cancer presents a variety of challenges, including physical, mental and emotional challenges (Esan *et al.*, 2020). These challenges include but not limited to severe pains, lack of finance, high cost of prescribed drugs, lack of adequate

health information, anxiety, depression, side effects of chemotherapy, fear of death and low self-esteem (Benson *et al.*, 2020; Chabowski *et al.*, 2018; Fong *et al.*, 2017; Manasij & Maitraye, 2020; Nakaganda *et al.*, 2020). According to Esan *et al.*, (2020), these challenges experienced by cancer patients significantly impacts their quality life and necessitate that the patients to acquire or adopt a variety of coping mechanisms. Lazarus (1999) distinguished between two main categories of coping mechanisms which are (i) problem-focused coping, which aims to resolve the issue or issues, and (ii) emotion-focused coping, which aims to control the emotions associated with stress by reappraising it without altering the realities of stressful situations or avoiding thinking about the threat. Coping based on seeking support and emphasizing the positive is associated with less pain and distress and fewer comorbid health conditions. Conversely, coping based on avoidance strategies is associated with greater distress, poor outcomes, and reduced quality of life (Benson *et al.*, 2020; Kelkil *et al.*, 2022; Sajadian *et al.*, 2017).

Women with advanced breast cancer in Ghana have been found to use acceptance of the disease and submission to God

as coping mechanisms (Fong *et al.*, 2017). Esan *et al.*'s (2020) study on coping mechanisms and their perceived impact on cancer patients' quality of life in Nigeria found that attending social events, participating in physical activities, spending time with family, and attending religious activities were the most common coping mechanisms used by respondents, solitude and cancer support groups. Previous studies have shown that various coping strategies can affect perceived social support since the patients' resources would influence their capability to use social support for improving their own well-being (Costa-Requena *et al.*, 2015; Ozdemir & Tas Arslan 2018).

Kim *et al.*, (2010) defined social support as assistance received in the form of knowledge, material good, or/and emotional assistance. It can also refer to sources of assistance (such as family or friends) that boost the receivers' self-esteem and offer stress-related interpersonal assistance. Tomai *et al.*, (2019) emphasize that social support greatly lessens the stress associated with receiving a cancer diagnosis and enhances mental wellness in patients (Kim *et al.*, 2010; Ozdemir & Tas Arslan 2018). The social support network consists of friends, family, neighbors, and medical professionals, with family frequently regarded as the most valuable resource (Ozdemir & Tas Arslan, 2018; Yamur & Duman, 2016). Empirical evidence have shown the patients who perceive higher levels of social support are likely to use more fighting spirit strategy, whether it comes from family, friends, or significant others (Mishra & Saranath, 2019; Yağmur & Duman, 2016).

Previous studies attest to the strong link between social support and cancer patients' successful treatment outcomes. For instance, a study by Faraci *et al.*, (2021) on coping mechanisms and perceived social support among cancer patients in Italy revealed a favorable correlation between a resilient attitude and the perception of social support from friends. Similar to this, Adam *et al.*, (2020) study of young women with breast cancer, having more social support increases the likelihood of survival. Additionally, social support in the form of mutual experience sharing among women in a breast cancer group led to lower stress levels and also increased knowledge about breast cancer, which decreased women's negative thoughts and anxiety about breast cancer treatment options (Spatuzzi *et al.*, 2016). However, after receiving a breast cancer diagnosis, socially isolated women who do not have access to care, particularly from social networks like family and friends, may experience an increased risk of mortality, likely because of pain, depression, and poor emotional and mental wellbeing (Lin, 2016).

Cancer management may be extremely taxing and demanding, especially in developing nations like Nigeria where many systems are inadequate. Furthermore, the University of Nigeria Teaching Hospital Ituku-Ozalla, Enugu State's oncology clinic lacks information on the challenges, coping mechanisms, and social support experienced by cancer patients; this study aimed to fill that informational gap.

MATERIALS AND METHODS

Area of Study: The study was carried out at the oncology clinic, University of Nigeria Teaching Hospital (UNTH) Ituku-Ozalla, Enugu State.

Study population and sampling: The target population of the study was 180 out –patients that attended the oncology clinic, University of Nigeria Teaching Hospital Ituku-Ozalla, Enugu State in the month of February, 2022 (Record Department, February 2022). There was no sample size calculation, since the population was small.

Instrument for Data Collection: The instrument used for data collection was a researcher developed questionnaire. The questionnaire was grouped into four sections, section A comprised of 6 question items on the demographic data, section B comprised of 10 question items on challenges faced by the respondents, section C comprised of 9 question items on the coping strategies adopted by the respondents, and lastly section D comprised of 10 question items on the sources and forms of support available to the respondents. The questionnaire was in a close ended format which enabled the respondents choose from the available options. Altogether, there were 35 items in the questionnaire.

Validation of the Instruments: Face and content validity were ensured by submitting the questionnaire to two experts and senior lecturers in the department. Their corrections were effected in the final draft.

Reliability of the instrument: For the reliability of the instrument, a pilot testing was conducted on 10% of the sample size. Twelve (12) copies of questionnaire were distributed at Enugu state Teaching Hospital Parklane among cancer patients attending the hospital who are not part of the study. The Cronbach's alpha reliability coefficient score of 0.8 was obtained, thus the instrument was considered reliable.

Procedure for of data Collection: The distribution of questionnaire was done in the oncology clinic of the University of Nigeria Teaching Hospital Ituku-Ozalla Enugu, State. Two research assistants (student nurses) were trained on the purpose of the study, selection of the respondents and interpretation of the questionnaire to help in collection of data. The copies of questionnaire were distributed to the respondents individually in the clinic and the ward. They filled the questionnaire immediately and were collected by the researcher and the trained assistants.

Ethical Consideration: The ethical approval was gotten from Health and ethics research Committee of the University of Nigeria Teaching Hospital Ituku-Ozalla, Enugu. Administrative approval was obtained from the nurse managers to carry out this study. Oral consent was also obtained from the respondents before the administration of the questionnaire.

Method of Data Analysis: Data was analyzed by means of Statistical package for Social Studies (IBM Statistics for Windows, version 25). The same was subjected to a simple descriptive statistical method of proportion which includes frequency and percentages and was presented in tables in line with the study objectives. Items on coping strategies and social support table were numerically coded on a four-point scale.

The mean of 2.50 and above were accepted (Good coping strategy and social support system), while mean response below 2.50 were rejected (Bad coping strategy and support system).

RESULTS

One hundred and twenty-four (124) copies of questionnaire were administered to the respondents. All were correctly filled and retrieved, giving a return rate of 100%. The results were presented on tables.

Table 1 presents the demographic characteristics of the cancer patients. Their age ranged from 17-80 years with mean and standard deviation of 43.54±15.53 and modal age group of 51 years and above (31.5%). Majority of them were females (57.3%). Virtually all were Igbos (92.7%) and Christians (98.4%). The married were more (54.0%). Majority of them were in business/trading (32.3%) and civil service/professional (26.6%).

Table 1:
Demographic Characteristics of the Cancer Patients; n = 124

		Frequency	Percent
Age	< 30	33	26.6
	31-40	24	19.4
	41-50	24	19.4
	51 +	39	31.5
	No response	4	3.2
Range = 17-80; Mean±SD = 43.54±15.53			
Gender	Male	51	41.1
	Female	71	57.3
	No response	2	1.6
Ethnicity	Igbo	115	92.7
	Hausa	1	0.8
	Yoruba	5	4.0
	Others- Ijaw, Idoma, Akwa-Ibom	3	2.4
	Religion	Christian	122
	Islam	1	0.8
	Traditionalist	1	0.8
Marital status	Single	33	26.6
	Married	67	54.0
	Separated/divorced	7	5.6
	Widowed	15	12.1
	No response	2	1.6
Occupation	Civil servants/professional	33	26.6
	Business/Trading	40	32.3
	Artisans	22	17.7
	Unemployed	17	13.7
	Students	8	6.5
	Others- retired, farmer	2	1.6
	No response	2	1.6

Table 2 showed that the major challenges of the respondents were severe pains and altered body image (92.7%), long

waiting hours to be seen by the doctors (91.9%), high cost of prescribed drugs (87.9%), lack of finance to keep up with the treatment regimen (86.3%), high transportation cost to the hospital (78.2%), depression and anxiety (75.8%) and side effects of chemotherapy (71.0%).

From Table 3, the main coping strategies adopted were: fervent prayers and other religious activities (3.61±0.68), dieting and maintaining a healthy lifestyle (3.57±0.70), having a fighting spirit (3.14±1.14) and acceptance of the illness and its consequences (3.11±0.96).

Table 4 showed the sources and forms of support of the respondents. The main source of support was family support (3.70±0.60), followed by spouse (3.36±1.03), friends (3.18±0.85) and health workers' support (2.77±1.13). Forms of support were mainly these: emotional support (3.66±0.60), physical support (3.65±0.57) and financial support (3.02±0.82). Information was also available as a form of support (2.69±1.05).

Table 2:
Challenges faced in present condition ; n = 124

	Frequency	Percent
Lack of adequate health information	63	50.8
High transportation cost to the hospital	97	78.2
Long waiting hours to be seen by the doctors	114	91.9
High cost of prescribed drugs	109	87.9
Side effects of chemotherapy	88	71.0
Lack of finance to keep up with the treatment regimen	107	86.3
Isolation from others and reduced self esteem	67	54.0
Acceptance of the inevitability of death in advanced stages	83	66.9
Severe pains and altered body image	115	92.7
Depression and anxiety	94	75.8

DISCUSSION

The current study assessed the challenges, coping strategies and social support among cancer patients in the oncology clinic of tertiary institution in South-eastern Nigeria. The finding from the study revealed that the major challenges faced by the respondents were severe pain and altered body image, long waiting hours to be seen by the doctors, high cost of prescribed drugs and lack of finance to cope with the treatment regimen.

These challenges may be due to: 1) hormonal changes brought on by chemotherapy and radiotherapy, or physiological and functional problems due to disease condition, 2) the short staffing of the health institutions or the reduced functionality of the hospitals making it difficult to attend to the patient on time, 3) the general economic recession in the country, making less financial support available (Benson *et al.*, 2020), and the patients have to pay out of pocket for their treatment as the National Health Insurance Scheme did not make provision for cancer treatment. Additionally, many of the respondents were mainly traders and civil servants which could either have a bad turn in business or be due to owed salaries.

Table 3:

Coping strategies adopted in present condition ; n = 124

	Never	Rarely	Often	Always	M±SD
Having a fighting spirit	22	7	27	68	3.14±1.14*
Feeling of hopelessness/helplessness	67	31	19	7	1.73±0.92
Living in denial of the current state of health	46	37	36	5	2.00±0.91
Consumption of alcohol	98	19	5	2	1.28±0.62
Intake of hard drugs and other substance	116	3	-	5	1.15±0.61
Fervent prayers and other religious activities	3	5	29	87	3.61±0.68*
Acceptance of the illness and its consequences	11	17	43	53	3.11±0.96*
Making fun of your present condition	83	19	11	11	1.60±0.98
Dieting and maintaining a healthy lifestyle	4	3	34	83	3.57±0.70*

* indicates item with $M > 2.5$;

Table 4:

Sources and forms of support are available to you in your present condition n = 124

Sources of support	Never	Rarely	Often	Always	M±SD
Support from family	-	9	19	96	3.70±0.60*
Support from friends	4	23	44	53	3.18±0.85*
Support from spouse	15	6	22	81	3.36±1.03*
Support from religious bodies	39	29	26	30	2.38±1.17
Support from neighbors	45	43	17	19	2.08±1.06
Support from health workers	26	19	37	42	2.77±1.13*
Forms of support					
Physical support e.g. visitation, calls from family and friends etc	-	6	31	87	3.65±0.57*
Emotional support eg. Words of encouragement, smile, hugs etc	-	8	26	90	3.66±0.60*
Financial support eg. Payment of bills, money for upkeep, purchase or prescribed drugs etc	4	28	53	39	3.02±0.82*
Informational support eg. New treatment regimen, lifestyle and feeding tips etc.	19	37	32	36	2.69±1.05*

* indicates item with $M > 2.5$;

This finding is consistent with a study conducted by Nakaganda *et al.*, (2020) on the challenges faced by cancer patients in Uganda, which found that 35% of appointments were missed and 41% of them were delayed due to a lack of funds for cancer medications, transportation, and hospital lodging, and that 55% of patients had little knowledge of their condition and its treatments. It also concurs with a study by Benson *et al.* (2020) on the challenges, coping mechanisms, and social support experienced by cancer patients in Ghana, which revealed that the majority of patients had exhaustion, difficulty sleeping, pain, intrusive thoughts, despair, and anxiety. These findings have important implications for public health as the challenges tend to militate against screening, early diagnosis, coping behaviour, social support and treatment seeking for the affected persons (Akuoko *et al.*, 2017).

Furthermore, the results of this study showed that the main coping strategies adopted by the respondents were fervent prayers and other religious activities, dieting and maintaining a healthy lifestyle, having a fighting spirit and acceptance of the illness and consequences, with the highest percentage (87%) of the respondent using fervent prayers and other religious activities as a coping strategy. The respondents may have practiced fervent prayer and other religious practices, believed that God was in complete control of their

circumstances, that the cancer was God's will, and that turning to him for comfort was the only way to find it. More importantly, these approaches are adaptable, advantageous, and problem-focused; they aid people in accepting and making an effort to deal with their circumstances.

The cause of this result may not be surprising, as it in African and Nigerian societies, most people seek divine intervention for ailments in the hope that a supernatural being will intervene and provide a cure. According to researchers from various contexts, cancer patients primarily use religion and spiritual warfare as active coping mechanisms (Benson *et al.*, 2020; Bonsu *et al.*, 2014; Kelkil *et al.*, 2022)., as a personal relationship with God offers a dependable and constant source of consolation and support, as well as aids in helping patients identify and manage their challenges. The study by Faraci *et al.* (2021) on coping strategies and perceived social support among cancer patients in Italy contradicts our findings by showing that the adoption of negative coping methods was high.

Furthermore, the study's findings indicated that the main sources of support were friends, family, spouses, and medical personnel. Family support was the strongest. This is not surprising because families typically support, reassure, listen to, and support the patients in the decision-making process regarding their treatment (Arora *et al.*, 2007; Benson *et al.*,

2020; Parikh *et al.*, 2014). The three basic sorts of support were material, practical, and emotional. According to a systematic study by Fernandes *et al.* (2014), spouses, family members, and friends were the primary sources of support for women with breast cancer, although medical professionals also offered counseling and emotional support to these patients.

The results are consistent with those of Benson *et al.* (2020), who examined the challenges, coping mechanisms, and social support experienced by breast cancer patients and discovered that husbands and children provided the greatest support to women with the disease. In a similar vein, Esan *et al.*'s (2019) study on coping techniques and their perceived impact on cancer patients' quality of life in Nigeria found that participating in religious activities and spending time with family members were crucial for living with the disease. According to Parikh *et al.*, (2014), the lack of these supports could prevent patients from effectively accessing healthcare, which is crucial for their psychological well-being. These findings imply that multidisciplinary team approach should be employed in care and support of cancer patients as the challenges experience by cancer patients are multifactorial. Evidence has recognized multidisciplinary team approach in cancer care as the gold standard practice (Taylor *et al.*, 2021; Warner *et al.*, 2021; Winter *et al.*, 2021). According to Benson *et al.*, (2020), it is important to support cancer patients as they adjust and develop coping mechanisms to deal with these challenges.

In contrast to this study, Adam *et al.*, (2020) study in Ghana on the availability, accessibility, and effects of social support for breast cancer patients, revealed that informational assistance from medical experts was the most popular type of support obtained by respondents. Additionally, the study by Benson *et al.* (2020) revealed that financial support was the most common type of assistance (78.7%), while emotional assistance came in second (57.4%). According to studies by Almuhtaseb *et al.*, Faraci *et al.*, and Spatuzzi *et al.*, (2016), effective social support for cancer patients can help lessen the negative effects of diagnosis and treatment, increase psychological wellbeing, and encourage patients to choose healthy coping mechanisms. Yamur and Duman (2016) also support that social support could potentially hasten patients' recoveries, increase their ability to adapt to medical care, enhance their quality of life, and even lengthen their lives.

In conclusion, although cancer patients face a variety of challenges and employ a range of coping mechanisms, this study's primary coping mechanism is the use of religious practices. They equally benefit from many sorts of social support. Positive coping mechanisms and social support are very helpful for patients' coping with the effects of cancer, treatment compliance, distress management, and overall patient care. The small sample size may limit the study's findings generalization to all cancer patients in Nigeria and beyond. Moreover, cross-sectional employed in this study do not explain the causal relationship between the main variables of the study. However, this study has shown the multifaceted challenge encountered by cancer patients thus effective coping and various social supports should be provided for these patients in a multi-disciplinary approach.

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