4.2.5.6.1 Frequent and moderately used coping styles

Table 4.18 shows the main predictors of moderate and frequent use of each coping styles. Acceptance and religion coping styles were found not to have any independent predictors.

After adjustment with other independent variables, ethnicity was significantly associated with using emotional support and self-distraction. Although there was a wide confidence interval, Chinese had 9.78(95%CI 2.26-42.20) and Indians 11.79 (95%CI2.35-59.06) times more likely to use emotional support moderately and frequently as compared to Malays. Self-distraction was significantly used more in Chinese (Adj OR 9.05 (CI 2.69-30.38) and Indians (Adj OR 4.37 (CI 1.02-18.80) compared to the Malays.

Women with family history used active coping much more than those without family history (Adj OR 2.95, CI 1.19-7.32). Those with a history of cancer in any non-family member used active coping more than those without a history of a non-family member with history of cancer (Adj OR8.65, CI 1.11 – 67.35).

Positive reframing was used more in those without a non-family member history of cancer (Adj OR 13.99, CI 1.76-111.58). The self-reported religion of the participants predicted the use of positive reframing, Taoist Confucianists were 23.77 times more likely to use positive reframing moderately and frequently (Adj OR 23.77, CI 4.11-137.51), Hindus were 8.44 times more likely to use positive reframing (Adj OR 8.44, CI 1.55 to 45.80).

Hindus , Taoist/Confucianists and Christians cope by planning (Adj OR 12.69, 95%CI 12.69.57 -45.17), (Adj OR 12.23, 95%CI 3.03-49.30) and (Adj OR 7.89, 95%CI 2.30-26.99).

4.2.5.6.2Infrequently used coping styles

After adjustment with other independent variables, ethnicity was significantly associated with using humour and denial. Humour was also used more in Indian (Adj OR 4.11 (CI 1.46-11.55) and Chinese (Adj OR 4.03 (CI 2.06-7.87) women compared to Malay women.

Denial was used more in Malay women (Adj OR 2.22 (CI 1.10-4.50), compared to Indian women. Those who had a college/university education were more likely to use denial than those who had primary education (Adj OR 3.80, 95%CI 1.31-11.04).

Women 50 years and above used denial more moderately and frequently compared to younger women (Adj OR 1.88, CI 1.02-3.47).

Women 50 years and above used venting more than younger women (Adj OR 2.20, CI 1.27-3.81). Those with family history used venting more than those without family history (Adj OR 2.03, CI 1.16-3.55).

None of the co-variates predicted the use of self-blame, behavioural disengagement and substance abuse (Table 4.17).

4.2.7Summary

This chapter was important as a descriptive account of the patients who attend and receive treatment in the oncology outpatient services, although it is a proxy to getting information from new patients recently diagnosed, due to the limited duration to collect data, a sampling of the population was done.

The median age at diagnosis was 51 years old. Majority of women receiving the treatment were Chinese, Buddhist, majority had a household income of less than RM 3500 a month and 40% had a monthly household income of less than RM 1500.00.

Majority were married. Majority of the women had been in the workforce, and 45.7% of them stopped working due to breast cancer.

Majority of the women lived with their family members and for the majority that were married; the main care giver was their spouse. A large number still had dependent children aged less than 18 years old.

Majority of the women presented with a painless breast lump and the median duration was 21 days. The only factor that predicted for longer duration of symptom was household income of less than RM 1500.

Women disclosed their breast symptoms and diagnosis to their husbands and female family members. The main support was obtained from their husbands. For single women, sisters, best friends played a major role in supporting them.

Women perceived that surgeons, oncologists, nurses provided support to women. Family doctors were found to an irrelevant source of support for majority if the women.

The important sources of information after their diagnosis were from doctors, books on breast cancer, women with breast cancer, family members, nurses and newspapers. Survivor support group was found to be an irrelevant source of information to a third of the women. Internet was an irrelevant source of information for majority of the women. Majority of the women found VCD/DVDs on breast cancer, alternative healers and food supplementary salesperson as irrelevant sources of information after the diagnosis of breast cancer.

A large proportion of women disclosed using alternative treatment. It was more used among Malays and Chinese when compared to Indians. It was not associated with age or stage of disease.

Fourteen coping styles were measured and the coping mechanism moderately and frequently used by the participants in the period after diagnosis and receiving treatment

were acceptance, followed by active coping, religion, positive reframing, self-distraction, emotional support, instrumental support, planning and humour.

There were no independent predictors for the commonly used coping mechanisms such as acceptance and religion. Active coping were used by women with no background history of family or non-family member with cancer.

Although Malay women had higher mean scores of the coping styles, they were found not to be ones used moderately or frequently. It was found that the Chinese and Indian women in the sample group used more self-distraction, emotional support and humour compared to Malay women. Although denial was infrequently used, Malay, older women and women with higher education used denial much more after adjustment with other co-variates.

The needs of women were not measured in relation to the period of diagnosis, but more so in the recent month. This was to understand needs of women currently attending the outpatient oncology services. Women had high needs in financial and hospital systems and information and very low needs in sexuality issues.

This chapter allows several research questions to be answered that would require evidence from this study, mainly to understand the population of patients that can be generalized to breast cancer patients attending services. Hence, a study of this nature allows one to plan for further interventions to prevent modifiable factors of women presenting with advanced disease. This study, through in-depth interviews, the findings of which are described in the next section, provides a more detailed understanding of the phenomenon. This is in the view to build theories for further research as well as interventions.

4.3 The advanced breast cancer patients' profile and voice

This chapter describes the study population of women with advanced breast cancer.

4.3.1 The profile of women with advanced breast cancer

The purposive sampling of women resulted in a diverse group of women in terms of age, ethnicity, occupation and socioeconomic status. The data was saturated in getting themes for why they present with advanced cancer. Table 4.19shows the socio-demographics of the 19 women interviewed for this study. The age ranged from 24 to 82 years of age. There were 10 Malays, 5 Chinese and 4 Indians. Majority was Muslim, but the whole range of faiths practiced in Malaysia were seen in the participants chosen for this study. There were married, single, separated and widowed participants. Majority were from the low socioeconomic group. Only one earned more than RM 5 000 a month. They were mainly cared for by their spouse and children. Most of them had children. Five had tertiary education. Only one had no formal education. Almost half used to work and six were still working and five left work due to the cancer.Table 4.20 shows the social and Table 4.21 shows the medical characteristics of the 19 women studied.

Table 4.19 Socio-demographics of 19 patients interviewed

		N=19	%
Age	Mean 50.7 years SD 10 years Median 53 years (24-82)years		
Ethnicity	Malay	10	52.6
	Chinese	5	26.3
	Indian	4	21.1
Religion	Islam	10	52.6
	Buddhism	4	21.1
	Taoist/Confucianism	1	5.3
	Hinduism	3	15.8
	Christianity	1	5.3
Marital status	Single	1	5.3
	Married	16	84.2
	Separated/divorced	1	5.3
	Widowed	1	5.3
Highest education level	No formal education	1	5.3
	Primary education	4	21.1
	Lower secondary education	4	21.1
	Upper secondary education	5	26.3
	University/college	5	26.3
Current occupation	Currently working	6	31.6
	Never worked	4	21.1
	Used to work	9	47.4
Left job due to breast cancer	Yes	5	
	No	1	
Monthly household income	No income	1	5.3
	<RM 500	1	5.3
	RM501-1000	3	15.8
	RM1001-1500	5	26.3
	RM1501-3500	6	31.6
	RM3501-5000	2	10.5
	>RM5000	1	5.3
Main care giver			
	Spouse	13	68.4
	Children	4	21.1
	Siblings	1	5.3
	Family	1	5.3
Children	Yes	17	89.5
	No	1	5.3
	NA	1	5.3