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The relationship between coping styles and benefit finding of Chinese cancer patients: The mediating role of distress

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ABSTRACT

Purpose: To identify the relationship of medical coping styles and benefit finding in Chinese early-stage cancer patients by preliminary pilot study.

Method: Three hundred and fifty one cancer patients were recruited from the Affiliated Jiangyin Hospital of Southeast University medical college and the Nantong Tumor Hospital in this study. Measurements were Chinese Benefit Finding Scale, Medical Coping Modes Questionnaire- Chinese version and Distress Thermometer. Regression analysis and pathway analysis were employed to identify the correlation of medical coping styles and benefit finding, and the mediating role of distress.

Results: Hierarchical regression analyses showed that confrontation coping style explained 24% of the variance in benefit finding, controlling for demographics and medical variables. While confrontation and resignation coping styles explained 10% and 6% of variance in distress separately. Pathway analyses implied that distress was found to mediate the effect of confrontation coping style on benefit finding in our study.

Conclusions: Our study suggested an indirect association between medical coping styles and benefit finding, and a negative correlation of distress to medical coping styles and benefit finding. These results indicated that medical coping styles could influence benefit finding through distress.

1. Introduction

Although cancer and its treatment were usually related to negative psychological sequela, some patients identified at least one positive and beneficial change in their cancer experience (Helgeson et al., 2006). Psychologists identified these benefit-related cognitions as benefit finding (BF) and try to locate the BF in stress and coping processes, BF had been conceptualized as both a cognitive reappraisal coping strategy belonging to the meaning-focused coping process (Park and Folkman, 1997) and also as a selective appraisal (Taylor et al., 1983).

In the past decades, researchers consistently documented a range of terminology to describe various coping styles that arose from a person's struggle to get along or live well while undergoing health-related stressful experiences. The transactional model of stress and coping identified three coping classifications: problem-, emotion- and meaning-focused coping. Problem-focused coping was defined as goal-directed, including strategies for resolving or managing problems that impeded goals and caused distress (Lazarus and Folkman, 1984). Emotion-focused coping involved trying to reduce the negative emotional responses associated with stress, including avoidance, disengagement and substance abuse. Meaning-focused coping aimed to help individuals handle with stressful situations by re-evaluating and making goals, beliefs, and stressful situations more consistent.

Empirically, the association between BF and coping styles had been addressed in emerging studies (e.g. Pascoe and Edvardsson, 2016; Rajandram et al., 2011), particularly between BF and the problem-focused and meaning-focused coping (e.g. Lee et al., 2017). One study in early-stage cancer patients revealed that benefit finding was positively related to positive reframing and religious activity as coping reactions (Kenya et al., 2005). Another study further assessed (Rinaldis et al., 2012) the role of BF in the context of the stress and coping model and deduced that BF might not be a meaning-based coping style. It was more common that studies regarded BF as a positive emotion in the primary focus of analyses. There were, however, continuing questions about the causality of this relationship for the influence of numerous other factors that are common prior causes of both benefit finding and

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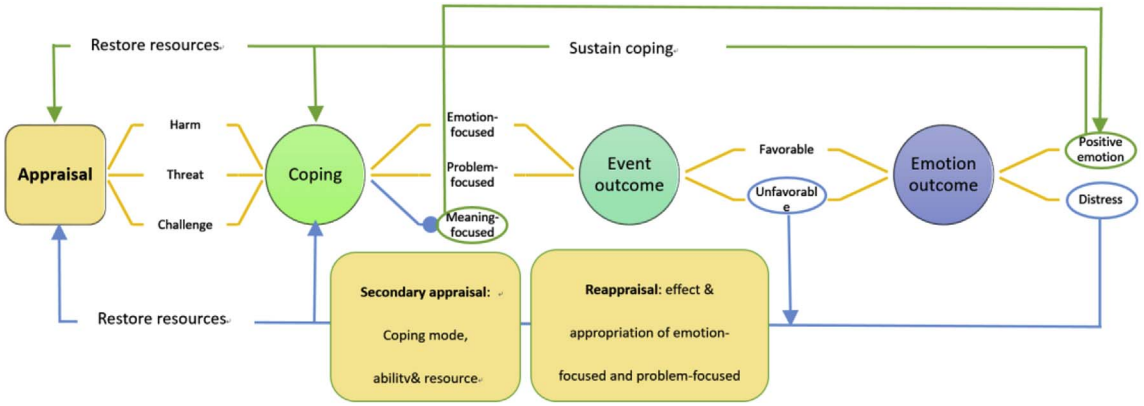

Fig. 1. Stress and coping mode generated from former literature (Lazarus and Folkman, 1984; Folkman, 1997; Park and Folkman, 1997).

coping styles (Pascoe and Edvardsson, 2013). Distress from a cancer diagnosis and treatment was cited as a factor related to coping styles and benefit finding (e.g. Kenya et al., 2005), as these negative emotions theoretically had a great tendency towards ineffective coping but could trigger the initiation of meaning-focused coping to gain positive emotions.

There was a solid theoretical foundation linking distress as the possible mechanism between coping styles and BF. The stress and coping theory indicated that coping acts as a response to the stressful events that created the distress. Furthermore, in the transactional model of stress and coping, Folkman (1997) suggested that coping was also a response to distress (see Fig. 1). To gain relief, distressed individuals were consciously or unconsciously motivated to adopt meaning-focused coping styles to create or search for the positive psychological states. This pathway was supported by studies of the co-occurrence of positive affect (benefit finding) and negative psychological states (distress) (e.g. Cordova et al., 2001; Rinaldis et al., 2012; Cassidy et al., 2014), as well as a positive relationship between coping and distress in cancer patients (e.g. Miller et al., 1996; Moreno et al., 2016).

Previous studies in Western countries, highlighted the need to consider distress as the possible cause, rather than the outcome of benefit finding in different cancer patients (e.g. Tartaro et al., 2005; Rinaldis et al., 2012). Few studies provided a detailed exposition of the implicit causal assumptions of the role of distress in analytic studies of benefit finding and coping styles. In addition to the general interest in this topic, there is a need to assess the influence of cultural differences in the associations between coping styles, benefit finding and distress. For example, motional restraint and harmony, which came from the Chinese cultural believed that strong emotions can cause cancer (Chang, 2015), had been associated with the unwillingness of Chinese patients to discuss cancer-related issues (i.e., their feelings and thoughts) with the people around them, and they may choose the resignation coping style (Yeo et al., 2005). However, the culture difference effects had rarely been addressed in previous Chinese studies of the associations between coping styles, benefit finding and distress.

Therefore, this paper was designed to examine the temporal relationships between distress in relation to medical coping styles and benefit finding in Chinese cancer patients and to propose possible causal pathways (see Fig. 2), given their complexity determining, moderating, and mediating factors.

2. Methods

Our primary project aimed to explore mechanisms of BF in a stress and coping model. We had defined the concept of BF, chose the proper instrument, translated and evaluated its' properties in 2016 (Liu et al., 2016). The current study was conducted as a secondary analysis of our

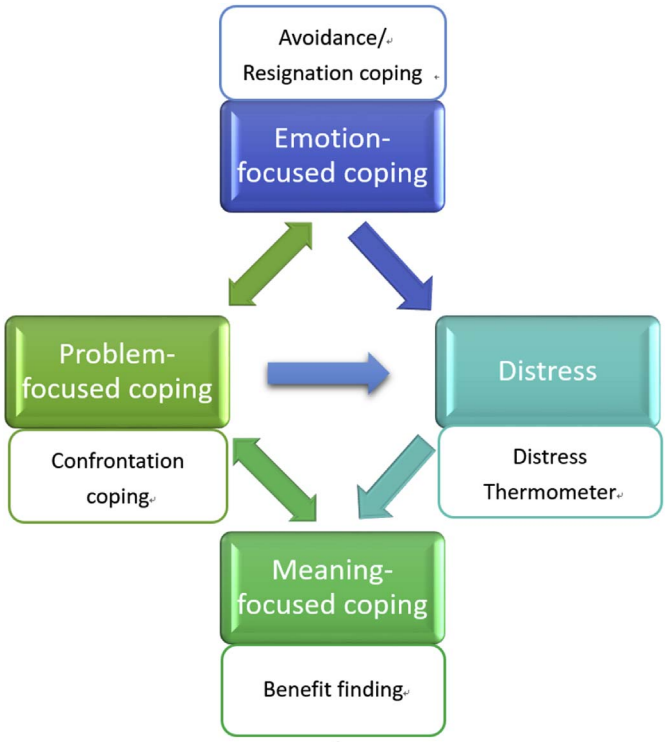

Fig. 2. Theoretical model.

priori study (Liu et al., 2017), which used an observational cross-sectional design.

2.1. Sample and recruitment

A sample of consecutive patients with early-stage cancer were recruited from the Affiliated Jiangyin Hospital of Southeast University Medical College and the Nantong Tumor Hospital. The ethics committees of both hospitals approved the study, in accordance with the ethical standards outlined in the Declaration of Helsinki. A total number of 351 patients with early-stage cancer were recruited from March 2014 to June 2016 at the two hospitals (Liu et al., 2017). All participants fulfilled the criteria set by our priori study (Liu et al., 2016): we recruited early-stage cancer patients who were (1) 18–70 years old, (2) diagnosed with early-stage cancer (Stage I to Stage IIa) according to the TNM classification of malignant tumors (Edge and Compton, 2010), (3) diagnosed at least six weeks to two years prior to study entry, and (4) fluent in Chinese with at least three years of education. Exclusion criteria included: (1) inability to provide information