

Resilience among Working and Nonworking Breast Cancer Patients

Jinson Alias^{1*}, Dr. Vidhya Ravindranadan²

ABSTRACT

Cancer is a malignant and invasive growth or tumor, tending to recur after excision and to spread to other sites; it is a nightmare for every human being. Being diagnosed as a cancer patient makes the individual to feel hopeless, worthless and helpless, and find it difficult to adapt to the changes. They tend to withdrawn from others and self. Being engaged in work or other activities may help the person to feel worthy and may help them to adapt to their illness. The present study attempted to explore whether job status can be a contributing factor for enhancing resilience among breast cancer patients. The data was collected from 61 females with breast cancer from Ernakulum district (Kerala). The tool was Connor Davidson resilience scale (CDRS) developed by Kathryn M. Connor and Jonathan R. T. Davidson (2003). The data was analyzed using t test and one way ANOVA. Result shows that working individuals with breast cancer has significantly higher level of resilience compared to non working patients.

Keywords: *Breast Cancer, Resilience*

Cancer is an excess bundle of cells produced in an uncontrolled and unregulated manner. The term cancer is a cluster of number of diseases. These extra cells are not useful to our body. Cancerous cells are the result of unregulated or uncontrolled cell reproduction. This useless mass of cells is known as neoplasm or tumor (Shelly, E.T. 2012).

There are mainly two types of tumors; malignant and benign. Malignant tumors are dangerous and consist of large mass of cells that progress and multiply uncontrollably and interfere with other body organs and its functions. The malignant cells spread on the entire body through blood or lymphatic system, and these cells invade and destroy other healthy tissues. That cell can be dividing and grow, making new blood vessels to feed itself in a process called angiogenesis. A benign tumor is a large bundle of overgrown cells that are not usually dangerous. These cells can be removed safely without making damages to other cells (Snyder, C.R., Lopez, S. J. 2011).

¹ Lecturer of Psychology, Mount Carmel College, Karukadom

² Assistant Professor of Psychology, Union Christian College, Aluva, Ernakulam Dist., Kerala, India

*Responding Author

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Breast cancer is usually occurred in females of age 40 and above. Some of the risk factors include, if a women never had a child, menopause after age 55, had her first child after 30 age, if first menstrual period occur before the age of 12, obesity due to physical inactivity, hormone replacement therapy etc. Breast cancer is a major public health problem for women in the US and internationally. Approximately 50% of women with breast cancer can now expect to survive at least 15 years, and over 95% of women with localized disease will survive 5 years or more (American Cancer Society, 2001).The symptoms of breast cancer include masses in the breast, changes in the appearance of breast, enlarged lymph nodes in the arm pit, nipple discharge and scaliness (Shelly, E.T., 2012).

The American Cancer Society conducted a research to find the psychological impacts of breast cancer through highly structured interview. Finding indicates that the diagnosis of breast cancer is associated with heightened levels of negative emotions and psychological distress, especially symptoms of anxiety and depression near the time of diagnosis are typically reported in 30%-40% of patients (Epping, Jordan, 1999).

Not all masses are cancerous, whereas may be due to fibrocystic condition responding to hormonal changes associated menstrual periods. Clinical breast examinations in every 1 to 3 year after age 20, mammograms after age 40, ultrasound test, biopsy etc. breast self examination is the most easiest and primary method to detect breast cancer.

Approximately 80 per cent of the breast cancer cases coming to RCC (Regional Cancer Center Thiruvanthapuram, Kerala) are seen among people within the age range 35-64 years. RCC is estimated to handle about one-third of all cancer cases in Kerala. A decade earlier, the average annual incidence of cancers in Kerala was 100 per one lakh population, the 2012 data indicates that the incidence rate has climbed to 150 per one lakh population. (regional cancer center Thiruvanthapuram, Kerala 2012 survey reports)

Resilience refers to a class of phenomena characterized by patterns of positive adaptation in the context of significant adversity or risk. Richardson and his colleagues (1990) stated that resiliency is “the process of coping with disruptive, stressful, or challenging life events in a way that provides the individual with additional protective and coping skills than prior to the disruption that results from the event”. Higgins (1994) described resiliency as the “process of self-righting or growth”, while Wolins (1993) defined resiliency as the “capacity to bounce back, to withstand hardship, and to repair yourself.

Based on the study, “resilience and quality of life in breast cancer patients” found that psychological resilience affects different aspects of health related quality of life. Highly resilient patients have significantly better quality of life. (Ristevska, 2015).

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Cancer is a chronic disease that intensively affects both body and mind. Even though there are a number of treatments available in the modern medical settings, no one of these treatments ensure complete cure from the disease. So it not only affects the body, but also the mind. This disease inhibits our potentials and expectations, also motivating to become pessimistic. So these negative cognitive thoughts that enable the killer to grow up. Here mental boldness is important for the healing of this disease. Resilience is one of the major protecting factors that may vary across culture or population. The diagnosis of chronic illness may lead to a depressed environment and the person may show less interest in engaging in activities and then tends to withdraw from family and society. Bundles of negative thoughts may accompany and that act as risk factor for the illness. But engaging in activities, made them thought free and may have absence of risk factors. In the present study, 30 working and 31 non working breast cancer patients of age 40 to 60 years were selected as sample.

Objective

- Objective of the present study was to understand whether working and non working breast cancer patients have any significant difference on resilience.

Hypotheses

- Hypothesis 1: there will be no significant difference between working and non working cancer patients on resilience.
- Hypothesis 2: there will be no significant difference among breast cancer patients on the basis of duration of illness on resilience.
- Hypothesis 3: there will be no significant difference among breast cancer patients on the basis of level of education on resilience.

METHOD

Participants:

The data for the present study was collected from breast cancer patients from Ernakulam district, who were under medications for at least last 6 months at various hospitals in Kerala. A sample of 61 patients, of which 30 were working and 31 were nonworking women belong to the age group of 40 to 60 years.

Measures:

- Connor Davidson Resilience Scale (Kathryn M Connor and Jonathan R.T Davidson, 2003)
- Personal data schedule

1. Connor Davidson Resilience Scale:

The Connor-Davidson resilience scale (CD-RISC) was developed by Kathryn M Connor and Jonathan R.T Davidson (2003) and standardized in India by Kamalesh Singh and Xiao-Nan Yu (2012). It is used to assess the ability to cope with stress and adversity (Resilience), which

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consists of 25 items. Respondents indicated their level of agreement using a 5-point Likert scale from strongly disagree (0) to strongly agree (4). The total score was achieved by adding up all responses, and ranges from 0 to 100, with higher scores reflecting greater resilience. The adaptation of CD-RISC was done taking into account the general rules of translation and test adaptation (Muniz & Hambleton, 1996, 2000).

2. Personal data schedule:

Personal data schedule was prepared to collect relevant socio demographic data for the purpose of this study.

Procedure

The purpose of the test was explained and the patients were given assurance that they will not be taxed physically or mentally. Moreover they were assured that the information will be kept highly confidential and used for research purpose only. There after bought prior consents from each patient. All clarifications were made before administering the inventory. The scales were administered individually. The scales were distributed and collected the data.

Analysis

The data obtained were analyzed using SPSS. t-test, and one way ANOVA have been conducted.

RESULTS AND DISCUSSION

The present study attempts to find out whether there exists significant mean difference on resilience between working and non working females with breast cancer. The effect of duration of illness and the level of education were also included in the study.

In order to find out the mean difference between working and non working females with breast cancer on Resilience, t-test has been conducted and the results are given in Table 1.

Table 1: Comparison of working and non working females with breast cancer on resilience.

Variable	Job status	N	Mean	Std. Deviation	't'
Resilience	Working	30	74.90	13.254	5.480**
	Nonworking	31	54.65	15.558	

** Significant at 0.01 level of significance

The results indicate that there is a significant difference in resilience among working (Mean =74.90, Standard Deviation =13.254) and non working (Mean =54.65, Standard Deviation) females with breast cancer at 0.01 level of significance. This means that working females with breast cancer have comparatively higher level of resilience than non working females with breast cancer. Resilience is referred to the ability to cope with a stressful event. Some of the

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contributing factors for having better resilience may be due to the following reasons. Their increased level of tolerance may be because they are being actively involved and busy with their professional as well as household duties. It gives the strength and confidence to tackle problems ahead. Working females with breast cancer are engaging themselves in their day time constructively so that they have to concentrate on their work to successfully complete the task for the better payment. Therefore their thoughts are channelized into their job related tasks. It helps to avoid or minimize negative thoughts and worries about their illness, but also to promote self efficacy to face challenges in their life. In non working females with breast cancer, they may spoiling their valuable time by engaging in constructing negative thoughts about their illness. It may also leads to anxiety, depression, fear, hopelessness, worthlessness, helplessness etc. Resilience is a major element to enhance quality of life of an individual. Thus hypothesis 1 is not accepted.

In order to find out the mean difference in females with breast cancer based on duration of illness, one way ANOVA has been conducted and the results are given in Table 2.

Table 2: Result of One way ANOVA on Resilience based on duration of illness.

Duration of illness	N	Mean	Std. Deviation	F-value
<2 yrs	20	63.60	17.644	
Resilience 2-4 yrs	14	65.43	18.513	0.051
>4 yrs	27	64.93	17.768	
Total	61	64.61	17.612	

Table 2 indicates one way ANOVA on the variables resilience on the basis of duration of illness. The results on resilience (total mean =64.61, total SD = 17.612) on the basis of duration. of illness indicates that duration of illness does not show any influence on the variable resilience; thus the hypotheses formulated can be accepted.

In order to find out the mean difference in females with breast cancer based on the level of education, one way ANOVA has been conducted and the results are given in Table 3.

Table 3: Result of One way ANOVA on the variable resilience based on level of education.

Level of education	N	Mean	Std. Deviation	F-value
<10 th	19	58.37	15.378	
Resilience 10-12	29	61.72	18.101	8.252**
>12	13	80.15	9.388	
Total	61	64.61	17.612	

** Significant at 0.01 level of significance.

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Table 3 indicates the result of one way ANOVA on the variable Resilience based on the level of education. From the table it is clear that there is a significant difference on resilience (total mean = 64.61, Total SD = 17.612) based on the level of education at 0.01 significant level.

The significant difference in resilience on the basis of education is clearly evident. There is positive correlation between education and resilience. Here people with higher education shows comparatively high level of resilience than lower level educated people. Thus with higher level of education they may learn a number of effective coping strategies.

CONCLUSION

The present study reveals that resilience is comparatively higher among working females with breast cancer. Resilience is one of the protective factors that definitely help these patients to bounce back. It is necessary to develop resilience in people in order to lead quality life. Work has a major role in being strong in life among females. It also emphasizes the importance of females to be professionally engaged. It is also important to take care of non working breast cancer patients to support so as to enhance their resilience as people with better resilience are more likely to recover soon.

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