

Thesis Title	Pain, Anxiety, and Coping of Cancer Patients in Semarang, Indonesia
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Major Program	Nursing Science (International Program)
Academic Year	2004

### **Abstract**

This descriptive study was aimed to examine the relationships among pain, anxiety, and coping strategies of cancer patients. Demographic data and Disease-related form was used to obtain the subjects' characteristics and information related to their disease. Pain Numeric Rating Scales were used to measure pain intensity, a 40-item of State and Trait Anxiety Inventory (STAI) was used to measure patients' anxiety, a 48-item of Coping Strategy Questionnaires (CSQ) was used to measure coping strategies of patients, and three open-ended questions were used to guide the researcher in interviewing the subjects related to the meaning of pain and how they responded to pain. The reliability of Anxiety-State, Anxiety-Trait, and CSQ were .94, .91, and .96, respectively. Test retest reliability of Trait-anxiety was .89 over a day period of 20 cancer patients. A convenient sampling method was used to recruit patients from Dr. Kariadi Hospital in Semarang, Indonesia. Ninety-three cancer patients were recruited to participate in this study. Pearson's Product Moment Correlation was used to examine the magnitude of relationships among pain, anxiety, and coping strategies of cancer patients.

The findings showed that most patients reported average and worst pain during the past 24 hours at mild to moderate (mean = 3.67) and moderate to severe

(mean = 6.35), respectively. The patients mostly had moderate level of State and Trait anxiety, and the most common coping strategy used by patients to deal with their problems was “praying and hoping” and the least used was “catastrophizing”, which is a negative self-statement. Overall, findings from a correlation analysis showed relationships among pain intensity, anxiety, and coping strategies, even though the correlations between average pain and anxiety, and between both average and worst pain and coping strategies were not statistically significant. The worst pain was significantly correlated with anxiety ( $r = .34, p < .01$ ) and behavioral coping strategies ( $r = .23, p < .05$ ), and the average pain was significantly correlated with behavioral coping strategies ( $r = .36, p < .01$ ). There were no significant relationships between either average or worst pain and cognitive coping strategies. The anxiety scores were significantly correlated with total coping strategies ( $r = -.27, p < .05$ ) and cognitive coping strategies ( $r = -.28, p < .01$ ), but there was no significant correlation between anxiety and behavioral coping strategies.

The findings of this study can further facilitate nurse practitioners in providing support, information, and alternative solutions when assisting patients to cope with problems regarding cancer-related pain. Thus, better nursing intervention can be offered for cancer patients who are suffering from pain.