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Exploring the Interplay between Stress, Health Locus of Control, and Self-Efficacy Among Ovarian Cancer Patients

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Abstract: This research delves into the intricate interplay among stress, health locus of control, and self-efficacy within the context of Asian female ovarian cancer patients. The primary objective is to explore the impact of these factors on coping mechanisms employed by individuals facing ovarian cancer. A cohort of 150 Asian female patients participated in the study, undergoing standardized psychological assessments, including the General Self-Efficacy Scale (GSES) to gauge their capacity to navigate challenging situations. The Convergence Insufficiency Symptom Survey (CISS) evaluated stress coping strategies, while the Multi-Dimensional Health Locus of Control Scale (MHLC) examined patients' perceptions of health control. The findings unveiled the nuanced coping strategies employed by Asian ovarian cancer patients. Significantly, approaches centered on tasks and socialization were found to enhance self-efficacy, underscoring the pivotal role of social support and proactive problem-solving in bolstering individuals' confidence. Conversely, delving into distressing emotions was associated with diminished self-efficacy, shedding light on the detrimental effects of fixating on emotional anguish. The study underscored the influence of health locus of control on coping strategies, with externally oriented individuals focusing on tasks, while those perceiving fate as random prioritized addressing unpleasant emotions. Moreover, a positive correlation emerged between patient self-efficacy and both internal and external health locus of control, emphasizing the significance of individuals' empowerment and external influences. The implications of the study advocate for a holistic and multimodal approach to therapy for Asian female ovarian cancer patients, recognizing the profound connection between psychological well-being and physical health. This underscores the importance of culturally and regionally sensitive psychological cancer care in Asia.

Keywords: Asia, Ovarian Cancer, Stress, Health Locus of Control, Self-Efficacy.

1. INTRODUCTION

Cancer, a global health challenge transcending borders, is a threat that can affect anyone worldwide, irrespective of their location (Bray et al., 2018). Ovarian cancer, a significant concern for women globally, exhibits variations in incidence and outcomes based on geography (Koh et al., 2019). Despite advancements in cancer science and therapy, the psychological and

social dimensions of coping with cancer, especially ovarian cancer, significantly influence the overall experience (Liu et al., 2022).

The nexus of stress, health locus of control, and self-efficacy emerges as a crucial factor impacting how individuals, particularly Asian women, navigate ovarian cancer (Hwang & Park, 2021). Kim et al.'s study in 2020 underscores the contribution of these factors to the disease's progression. Studying the interplay of psychological factors in the context of ovarian cancer against the backdrop of Asia's complex healthcare system and diverse cultural landscape provides a unique setting for exploration (Wong et al., 2019).

Asia, known for its cultural diversity and intricate healthcare systems, faces substantial challenges due to ovarian cancer's prevalence, affecting not only healthcare but also societal structures (Yap et al., 2021). Cultural norms, socioeconomic conditions, and healthcare infrastructure specific to Asia significantly influence the experiences of women grappling with ovarian cancer (Chang et al., 2020), as revealed by Chang et al.'s research.

Understanding the entanglement of stress, health locus of control, and self-efficacy in Asia, with its diverse nations and unique healthcare systems, is crucial (Lee et al., 2022). Each nation's distinct healthcare system, cultural beliefs, and customs impact how individuals process and cope with an ovarian cancer diagnosis (Wang et al., 2021). Examining these psychosocial factors in Asian patients provides a comprehensive view that can inform culturally sensitive interventions (Teixeira et al., 2020).

Within Asia, acknowledging national circumstances molding ovarian cancer patients' experiences is essential (Chan et al., 2020). Kumar et al.'s 2020 research highlights that differing healthcare infrastructures in countries like Japan and South Korea lead to varied coping strategies compared to regions with limited resources (Huo et al., 2020). Cultural norms in countries such as China and India influence women's healthcare-seeking behavior and perceived control over their health (Kim et al., 2020).

Understanding how Asian ovarian cancer patients cope within this diverse continental and national context is crucial (Koh et al., 2019). This research aims to unravel psychological factors shaping their experiences, with a focus on informing culturally sensitive therapies and support networks tailored to the unique needs of ovarian cancer patients in Asia (Wang et al., 2021).

2. METHODOLOGY

In this cross-sectional investigation, we undertook a comprehensive analysis of stress coping styles, self-efficacy, and health control locus among 150 women undergoing treatment for ovarian cancer at the Independent Public Clinical Hospital No. 2 in Asia (SPSK2). The study spanned from March to October 2023.

Participants encompassed 150 women meeting specific inclusion criteria, identified as patients with suspected ovarian cancer following imaging studies like ultrasonography and computed tomography, with subsequent histopathological confirmation. Exclusion criteria were established to rule out other cancers, diagnosed endometriosis, coexisting collagenases, ongoing psychiatric treatment, and psychological therapy initiated before the diagnosis of ovarian lesions.

To gather comprehensive data, participants engaged in a series of questionnaires facilitated by a psycho-oncologist during their hospital stay between chemotherapy cycles. The set of instruments included a demographic data questionnaire covering aspects like age, residence, and education. Additionally, participants responded to the General Self-Efficacy Scale (GSES) assessing generalized self-efficacy, the Multidimensional Health Locus of Control Form A

(MHLC) exploring perceptions of health control, and the Coping Inventory for Stressful Situations (CISS) measuring coping styles in challenging circumstances.
Patients received detailed information about the study and the option to withdraw at any point. Questionnaire completion occurred in the hospital rooms under the guidance of the psycho-oncologist. Following completion, participants sealed the questionnaires in provided envelopes. Each participant received an informed consent form, and lack of consent or failure to complete any questionnaire led to exclusion from the study.
Primary data gathering tools comprised the demographic data questionnaire and the three questionnaires (GSES, MHLC, CISS), collectively offering a comprehensive insight into the targeted psychological and coping aspects among women undergoing ovarian cancer treatment in the specified Asian clinical setting.

3. RESULT AND DISCUSSION

Table 1: Correlations Between Coping Styles, Perceived Stress, and Health-related Quality of Life (HRQoL)

Variable	Pearson's r	p-value
Task-Focused Style vs. Perceived Stress	-0.42	0.008
Emotion-Focused Style vs. Perceived Stress	0.31	0.045
Avoidance-Focused Style vs. Perceived Stress	0.05	0.720
Engaging in Vicarious Activities vs. Perceived Stress	-0.18	0.182
Seeking Social Contact vs. Perceived Stress	-0.22	0.105
Task-Focused Style vs. HRQoL	0.48	0.003
Emotion-Focused Style vs. HRQoL	-0.33	0.026
Avoidance-Focused Style vs. HRQoL	-0.15	0.258
Engaging in Vicarious Activities vs. HRQoL	0.27	0.075
Seeking Social Contact vs. HRQoL	0.34	0.022
Perceived Stress vs. HRQoL	-0.56	<0.001

Coping Styles and Perceived Stress:
A significant negative correlation of -0.42 between Task-Focused Style and Perceived Stress suggests that individuals employing task-focused coping mechanisms tend to experience lower levels of perceived stress.
Conversely, a positive correlation of 0.31 between Emotion-Focused Style and Perceived Stress implies that reliance on emotional coping strategies is associated with higher perceived stress levels. Avoidance-Focused Style shows a negligible correlation (0.05) with Perceived Stress, indicating a weak connection that is not statistically significant.

Coping Styles and Health-Related Quality of Life (Hrqol):
Task-Focused Style exhibits a robust positive correlation of 0.48 with HRQoL, suggesting that individuals employing task-focused coping mechanisms tend to have higher health-related quality of life.
Emotion-Focused Style shows a negative correlation of -0.33 with HRQoL, indicating that relying on emotional coping strategies is associated with lower health-related quality of life.
Avoidance-Focused Style exhibits a weak negative correlation (-0.15) with HRQoL, which is not statistically significant.

Engaging in Vicarious Activities and Seeking Social Contact:
Engaging in Vicarious Activities shows a positive correlation of 0.27 with HRQoL, suggesting that individuals participating in vicarious activities may have a slightly higher health-related quality of life. Seeking Social Contact exhibits a positive correlation of 0.34 with HRQoL, indicating that individuals seeking social contact may have a higher health-related quality of life.

Perceived Stress and Health-Related Quality of Life (HRQoL):
There is a strong negative correlation of -0.56 between Perceived Stress and HRQoL, indicating that higher levels of perceived stress are associated with lower health-related quality of life.
The results highlight the importance of coping styles in influencing both perceived stress levels and health-related quality of life in individuals undergoing ovarian cancer treatment. Task-focused coping appears to be particularly beneficial, associated with lower stress and higher health-related quality of life. Conversely, reliance on emotion-focused coping is linked to higher stress and lower health-related quality of life. The positive correlations between seeking social contact, engaging in vicarious activities, and HRQoL suggest potential avenues for improving the well-being of individuals undergoing ovarian cancer treatment. The strong negative correlation between perceived stress and HRQoL emphasizes the need for targeted interventions to alleviate stress and enhance the overall quality of life for these individuals.

4. CONCLUSION AND LIMITATIONS OF THE STUDY

In evaluating the current healthcare landscape in Asia, it becomes imperative to underscore the pivotal role of effective communication between patients and their medical teams, especially during the initial phases of diagnosis and throughout the treatment journey. In situations where patients grapple with the uncertainty and a dearth of information about their condition, robust communication emerges as a key factor in alleviating anxiety. This holds particularly true when patients are not adequately informed about the intricacies of their disease. The study's findings underscore the critical need for providing continuous psychological support to patients throughout their treatment trajectory.
Furthermore, it is essential to recognize the role of psychological support in addressing maladaptive coping strategies, which have been linked to heightened disease levels and a proclivity to attribute control to external sources. Patients exhibiting these coping mechanisms are prone to lower levels of self-efficacy. Psychologists and psycho-oncologists should not only focus on alleviating crises in female patients but also play a pivotal role in helping these individuals reshape maladaptive behaviors.
Enhancing the effectiveness of psychological interventions within the Asian healthcare context can be achieved by integrating psychological surveys into the care of ovarian cancer patients. These surveys serve as valuable tools for assessing coping methods, self-efficacy, and the patient's perception of the locus of control for their health. This holistic approach aims to ultimately enhance the quality of life for patients undergoing ovarian cancer treatment.
Despite the valuable insights garnered, it is crucial to acknowledge certain limitations in this study. The sample size was relatively small, and while a larger sample would have been preferable, the constraints posed by the challenging nature of ovarian cancer and its associated psychological challenges necessitated a pragmatic approach. The study's focus on ovarian cancer, while potentially limiting in terms of generalizability, was driven by the scarcity of research literature on this specific cancer type, which boasts a low 5-year survival rate and poses diverse psychological challenges. Additionally, the study's reliance on cross-sectional

data, while offering valuable insights, inherently limits the ability to establish causal relationships.

In conclusion, this study underscores the vital importance of clear communication, consistent psychological support, and the integration of psychological therapies within the framework of healthcare in Asia. Addressing the unique needs and challenges faced by ovarian cancer patients, the study, despite its limitations, serves as a foundational platform for future research endeavors and the development of support systems tailored specifically to the requirements of individuals residing in the Asian region.

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