

Gender Differences in the Use of Engagement and Disengagement Coping Strategies in Patients With Cancer Receiving Chemotherapy

Kate R. Oppegaard, RN, MS, OCN®, Laura B. Dunn, MD, Kord M. Kober, PhD,
Lynda Mackin, RN, PhD, Marilyn J. Hammer, PhD, RN, FAAN, Yvette P. Conley, PhD,
Jon David Levine, MD, PhD, and Christine Miaskowski, RN, PhD

OBJECTIVES: To evaluate the relationship between gender and coping strategies in patients with cancer undergoing chemotherapy in outpatient settings.

SAMPLE & SETTING: Women (N = 277) and men (N = 293) were recruited from two comprehensive cancer centers, one Veterans Affairs hospital, and four community-based oncology programs.

METHODS & VARIABLES: Coping data were obtained from patients with gastrointestinal (n = 412) or lung (n = 158) cancer through the Brief COPE scale.

RESULTS: In terms of engagement coping strategies, women reported higher scores for positive reframing, religion, and using instrumental support. Men reported higher scores for humor. In terms of disengagement coping strategies, women reported higher scores for denial, venting, and self-distraction. Men reported higher scores for substance use.

IMPLICATIONS FOR NURSING: Gender-based stereotypes of emotional expectations may affect how patients express themselves and the ways in which support is offered. Clinicians should be aware of their own preconceived notions about sex and gender and reflect on how these may influence the psychosocial care they provide.

KEYWORDS gender; coping; chemotherapy; cancer; engagement strategies; disengagement strategies
ONF, 47(5), 586–594.

DOI 10.1188/20.ONF.586-594

Although approximately equal numbers of women and men will be diagnosed with lung and colorectal cancers (Siegel et al., 2019), women have historically been underrepresented in lung and gastrointestinal (GI) cancer research (Hoyt & Rubin, 2012). In contrast, regardless of cancer site, men have been underrepresented in studies that focus on psychosocial issues associated with a cancer diagnosis and its treatment (Hoyt & Rubin, 2012). This unequal representation leaves significant gaps in the knowledge of differences in the ways that women and men cope with the diagnosis of and treatments associated with lung or GI cancers (i.e., two cancers that have equal occurrence rates in men and women) (Siegel et al., 2019). Previous research found that the use of specific coping strategies influences the amount of distress patients with cancer experience (Carver et al., 1993) and directly affects their quality of life (Chabowski et al., 2018). An evaluation of gender differences in the use of various coping strategies may provide insights that can be used by clinicians to educate patients about more positive coping strategies, as well as develop more tailored interventions, and/or make appropriate referrals to support services.

Women and men can experience short- and long-term stress related to cancer and its treatments that necessitates an ongoing need to adapt and cope (Deimling et al., 2006). According to Lazarus' Cognitive Appraisal Theory (Lazarus & Folkman, 1984), individuals experience stress when they perceive that they are unable to adequately respond to life's demands. Individuals come to this conclusion