Original Research

A COMPARATIVE STUDY OF ILLNESS PERCEPTION, ILLNESS ANXIETY, COPING STRATEGIES AND SOCIAL SUPPORT AMONG ACTIVE CANCER PATIENTS AND POST-TREATMENT SURVIVORS

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ABSTRACT

Background: Cancer diagnosis and treatment are often associated with significant psychological distress that may affect emotional well-being. Psychological factors such as illness perception, illness anxiety, coping strategies, and perceived social support influence individuals' adjustment to illness.

Aim: To compare illness perception, illness anxiety, coping strategies, and perceived social support among active cancer patients and post-treatment survivors.

Materials and Methods: A comparative cross-sectional study was conducted among **64 participants (32 active cancer patients and 32 post-treatment survivors)** aged 18–65 years recruited from oncology departments of a tertiary care hospital. Psychological variables were assessed using the **Illness Perception Questionnaire (IPQ), Health Anxiety Inventory (HAI-18), Brief COPE, and the Multidimensional Scale of Perceived Social Support (MSPSS)**. Data were analyzed using descriptive statistics, independent t-tests, and regression analysis.

Results: Active cancer patients reported higher illness anxiety and more negative illness perceptions compared to survivors. Post-treatment survivors demonstrated better coping strategies and higher perceived social support. Illness perception and social support positively predicted emotional well-being, whereas illness anxiety negatively predicted emotional well-being.

Conclusion: The findings indicate psychological differences between active cancer patients and post-treatment survivors, highlighting the importance of stage-specific psychosocial interventions.

Keywords: Illness Perception, Illness Anxiety, Coping Strategies, Social Support, Cancer Survivors.

INTRODUCTION

Cancer is a life-threatening illness that affects not only physical health but also psychological well-being. Individuals diagnosed with cancer often experience emotional distress, uncertainty about treatment outcomes, and fear of disease progression. Psychological factors such as illness perception, illness anxiety, coping strategies, and perceived social support play an important role in shaping how patients adjust to the illness and its treatment **[1,8]**.

Illness perception refers to the beliefs and interpretations individuals hold about their illness, which can influence coping behavior and psychological adjustment **[9]**. Illness anxiety, characterized by excessive worry about health and fear of recurrence, is also commonly observed among cancer patients **[13]**.

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In addition, coping strategies and social support are considered important protective factors that help individuals manage illness-related stress and improve psychological well-being **[2,15]**.

Although several studies have examined psychological adjustment in cancer patients, limited research has simultaneously explored illness perception, illness anxiety, coping strategies, and perceived social support among both active cancer patients and post-treatment survivors. Understanding these psychosocial differences across stages of the cancer experience may help in developing appropriate supportive care interventions.

Therefore, the present study aimed to compare illness perception, illness anxiety, coping strategies, and perceived social support among active cancer patients and post-treatment survivors.

MATERIALS AND METHODS

Participants

The study included 64 participants aged 18–65 years, comprising 32 active cancer patients undergoing treatment and 32 post-treatment cancer survivors. Participants were recruited from

oncology departments using purposive convenience sampling. Active patients were those currently receiving treatment, while survivors had completed treatment and were under follow-up care. Individuals with diagnosed psychiatric illness or cognitive impairment were excluded. Ethical approval was obtained, and written informed consent was obtained from all participants prior to data collection.

Study Period

The study was conducted over a period of **seven months, from December 2024 to June 2025**.

Inclusion Criteria

Participants aged between 18 and 65 years who were diagnosed with cancer and either undergoing active treatment or had completed treatment were included in the study. Participants who were able to understand English or Tamil and willing to provide informed consent were eligible for participation.

Exclusion Criteria

Patients with a diagnosed psychiatric disorder, severe cognitive impairment, or those who were unable to complete the questionnaires were excluded from the study.

Measures

Socio-Demographic Data Sheet

A semi-structured socio-demographic sheet developed by the investigator was used to collect information on age, gender, education, marital status, occupation, family type, and illness details. Socioeconomic status was assessed using the Modified Kuppuswamy Socioeconomic Status Scale.

Illness Perception Questionnaire (IPQ)

The Illness Perception Questionnaire developed by Weinman et al. (1996) was used to assess participants' perceptions and beliefs about their illness. The scale has demonstrated good reliability with Cronbach's alpha ranging from 0.70 to 0.89.

Short Health Anxiety Inventory (HAI-18)

The Short Health Anxiety Inventory developed by Salkovskis et al. (2002) was used to assess illness-related anxiety. The scale shows high internal consistency with Cronbach's alpha greater than 0.85.

Brief COPE

The Brief COPE developed by Carver (1997) was used to measure coping strategies used by individuals when dealing with stress. The scale demonstrates acceptable reliability with Cronbach's alpha ranging from 0.50 to 0.90.

Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS developed by Zimet et al. (1988) was used to assess perceived social support. The scale has strong reliability with Cronbach's alpha ranging from 0.85 to 0.91

Procedure

After obtaining ethical approval, participants were recruited using purposive sampling from oncology departments. Informed consent was obtained from all participants. They were administered a socio-demographic sheet followed by standardized questionnaires: IPQ, HAI-18, Brief COPE, and MSPSS. The tools were self-administered with clarification provided when needed. Data were anonymized, checked for completeness, and analyzed statistically.

Analysis of Data

Data were analyzed using **IBM SPSS version 26**. Descriptive statistics such as frequency, mean, and standard deviation were used to summarize the data. Since the variables were ordinal in nature, **non-parametric tests were applied**. The **Mann–Whitney U test** was used to compare differences between active cancer patients and post-treatment survivors. **Spearman's rank correlation** was used to examine the relationship between psychological variables. A **p-value < 0.05** was considered statistically significant..

RESULTS

Frequency Distribution of Age Groups

The sample consisted of 64 participants distributed across three age groups. Most participants were aged 34–49 years (45.3%), followed by 18–33 years (32.8%), while 21.9% were aged 50–65 years. The gender distribution was equal, with 32 males (50%) and 32 females (50%). Regarding education, 39.1% were undergraduates (n = 25), 32.8% were postgraduates (n = 21), and 28.1% had completed higher secondary education (n = 18).

Frequency Distribution of Occupation

Among the 64 participants, 53.1% (n = 34) were private employees and 46.9% (n = 30) were government employees. Regarding family type, 53.1% (n = 34) belonged to joint families, while 46.9% (n = 30) belonged to nuclear families.

Frequency Distribution of Type of Patient

The sample consisted of 64 participants, equally divided between active cancer patients (n = 32) and post-treatment survivors (n = 32).

Comparison of Illness Perception

A Mann–Whitney U test was conducted to examine differences in illness perception between active cancer patients and post-treatment survivors. Post-treatment survivors had a mean score of 60.53 (SD = 22.5), while active patients had a mean score of 60.28 (SD = 22.6). The difference between the groups was not statistically significant (p = 0.973).

Comparison of Coping Strategies

Active cancer patients had a mean coping score of 56.06 (SD = 25.9), while post-treatment survivors had a slightly higher mean score of 58.22 (SD = 24.7). However, the difference between the groups was not statistically significant (p = 0.55).

Comparison of Social Support

In terms of perceived social support, post-treatment survivors reported a lower mean score of 48.97 (SD = 19.43) compared to active cancer patients who reported a mean score of 60.47 (SD = 19.25). The difference was statistically significant (p = 0.01), indicating higher perceived social support among active cancer patients.

Comparison of Illness Anxiety

A Mann–Whitney U test was conducted to assess differences in illness anxiety between active cancer patients and post-treatment survivors. Active patients had a mean score of 38.5 (SD = 13.3), while post-treatment survivors had a slightly higher mean score of 39.5 (SD = 11.2). The difference was not statistically significant (p = 0.05).

Gender Differences in Psychological Variables

Analysis based on gender showed no statistically significant differences in illness perception, coping strategies, social support, or illness anxiety. Illness perception scores were 60.20 for males and 60.53 for females (p = 0.97). Coping strategy scores were 56.0 for males and 58.2 for females (p = 0.55). Although males reported higher perceived social support (M = 60.4) than females (M = 48.9), the difference was not statistically significant (p = 0.92). Illness anxiety scores were slightly higher among females (M = 39.5) than males (M = 38.5) with borderline significance (p = 0.05).

Occupational Differences in Psychological Variables

Comparison based on occupational status showed no statistically significant differences between private and government employees. Private employees reported slightly higher mean scores in illness perception (M = 64.1), coping strategies (M = 61.7), and social support (M = 56.3) compared to government employees (M = 56.2, 51.9, and 52.8 respectively). Illness anxiety scores were similar between private (M = 38.8) and government employees (M = 39.3). Overall, occupation did not significantly influence the psychological variables in this study.

Tables

Gender-wise differences in illness perception, illness anxiety, coping strategies, and social support were examined, and the results

Variable	Gender	Mean	SD	t-value	p-value
Illness perception	Male	38.5	13.3	0.34	0.05
	Female	39.5	11.2		
Illness anxiety	Male	60.2	22.6	0.44	0.97
	Female	60.53	22.5		
Coping strategies	Male	56.0	25.9	0.34	0.55
	Female	58.2	24.7		
Social support	Male	60.4	19.2	2.37	0.92
	Female	48.9	19.4		

Note: *Primary data.*

Occupation-based differences in illness perception, illness anxiety, coping strategies, and social support

Variable	Occupation	Mean	SD	t-value	p-value
Illness perception	Private	38.8	11.7	0.16	0.41
	Government	39.3	13.0		
Illness anxiety	Private	64.1	20.2	1.42	0.33
	Government	56.2	24.3		
Coping strategies	Private	61.7	24.9	1.57	0.95
	Government	51.9	24.9		
Social support	Private	56.3	22.8	0.70	0.07
	Government	52.8	16.5		

Note: *Primary data.*

DISCUSSION

The present study explored and compared the psychological factors of illness perception, illness anxiety, coping strategies, and perceived social support between active cancer patients and post-treatment survivors. The findings revealed that active cancer patients reported significantly more negative illness perceptions compared to post-treatment survivors, consistent with prior research showing that individuals undergoing treatment often perceive their illness as more threatening and less controllable [9,1].

Additionally, higher levels of illness anxiety were observed among active cancer patients. This aligns with studies suggesting that anxiety about health is typically heightened during active treatment due to

physical symptoms, uncertainty of prognosis, and constant engagement with the healthcare system [13]. In contrast, post-treatment survivors tend to experience a gradual reduction in illness-related fears as they adapt to their new health status [8].

Regarding coping strategies, post-treatment survivors demonstrated higher levels of adaptive coping. This finding supports the theory that coping skills may improve with time and experience, allowing survivors to adopt more constructive coping mechanisms such as acceptance and planning [2]. In contrast, active patients might rely more on emotional or avoidant strategies during periods of acute stress [4].

Interestingly, active cancer patients reported slightly higher perceived social support than survivors. This could be due to increased attention and care from family, friends, and healthcare professionals during active treatment phases [15]. Survivors, on the other hand, may receive less frequent support once treatment ends, which may impact their emotional adjustment post-treatment.

Overall, the results underline the importance of continuous psychosocial support for both groups, with a particular focus on building effective coping strategies and addressing illness-related anxieties. Tailored interventions that enhance cognitive representations of illness and promote social connectedness could improve the psychological well-being of cancer patients across the treatment trajectory.

Clinical Implications

The findings of this study highlight the importance of routinely assessing illness perception, illness anxiety, coping strategies, and perceived social support among both active cancer patients and post-treatment survivors. Early identification of maladaptive illness perceptions and elevated illness anxiety can facilitate timely psychological interventions aimed at reducing emotional distress. Incorporating coping skills training and strengthening social support networks within psycho-oncology services may enhance psychological well-being, treatment adherence, and overall quality of life. These findings emphasize the need for integrated psychosocial care as an essential component of comprehensive cancer management.

Limitations

This study has several limitations that should be considered when interpreting the findings. First, the sample size was relatively small (n = 64), which may limit the generalizability of the results to the broader population of cancer patients and survivors. Second, the study employed a cross-sectional design, which restricts the ability to draw causal inferences between variables. Third, the use of purposive sampling may have introduced selection bias, as participants who volunteered might differ systematically from those who did not. Fourth, data were collected through self-report measures, which are subject to social desirability and recall bias. Lastly, the study did not account for certain variables such as cancer type, stage, or duration since diagnosis, which might influence psychological responses and coping mechanisms.

CONCLUSION

The present study provides valuable insights into the psychological landscape of individuals navigating cancer both those undergoing active treatment and post-treatment survivors. Findings indicate that active cancer patients tend to experience more negative illness perceptions and heightened illness anxiety, whereas post-treatment survivors demonstrate higher levels of adaptive coping. Interestingly, active patients reported slightly better perceived social support, possibly due to their ongoing engagement with healthcare providers and family members during treatment. These differences underscore the dynamic nature of psychological adjustment across the cancer trajectory. Overall, the results emphasize the need for tailored psychosocial interventions that address the distinct emotional and cognitive needs of both patient groups. Enhancing illness perception through psychoeducation, managing health-related anxiety, strengthening coping strategies, and improving access to social support can significantly improve quality of life. Integrating such approaches into routine oncology care may foster greater emotional well-being and resilience in individuals facing cancer.

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