




# Coping Mechanisms Among Patients with Terminal Illnesses

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### ABSTRACT

Patients with terminal illnesses face multifaceted challenges that affect their emotional, physical, and social well-being. Understanding how these patients cope with the complexities of their condition is crucial for improving healthcare support and interventions. This study aims to explore the various coping mechanisms employed by terminally ill patients and to identify the main themes of these strategies. A qualitative research design was utilized for this study, focusing on semi-structured interviews with 24 terminally ill patients. Interviews were conducted until theoretical saturation was achieved, ensuring comprehensive coverage of the experiences discussed by participants. Data analysis was performed using NVivo software to facilitate the thematic analysis and to identify recurrent patterns in the coping strategies described. Four main themes were identified in the study: Emotional Coping, Physical Coping, Social Support, and Practical Management. Emotional Coping included categories such as Acceptance, Denial, Expression, Spiritual Coping, and Distraction. Physical Coping was characterized by Pain Management and Routine Maintenance. Social Support emerged strongly with subthemes like Family Involvement, Peer Support, and Professional Help. Practical Management involved Information Seeking, Healthcare Navigation, Resource Utilization, Legacy Activities, and Future Planning. Each category was supported by specific concepts illustrating the patients' coping strategies. The study revealed a broad spectrum of coping mechanisms that are critical for managing the challenges posed by terminal illnesses. These mechanisms span emotional, physical, social, and practical domains, highlighting the need for a holistic approach in the care and support of terminally ill patients. Healthcare providers should consider these diverse coping strategies when designing and implementing care plans to enhance patient well-being and quality of life.

**Keywords:** terminal illness, coping mechanisms, qualitative research, emotional coping, social support, practical management, healthcare navigation.

## 1. Introduction

Coping with a terminal illness is a profound challenge that encompasses numerous dimensions of an individual's life, invoking complex psychological, physical, and social dynamics. Terminal illnesses often bring about not only physical pain but also immense psychological distress, affecting patients' quality of life, their interpersonal relationships, and their view of themselves and the future. Understanding the coping mechanisms these individuals employ is crucial to providing comprehensive support that addresses not just the physical symptoms but also the psychological and social repercussions of living with a life-limiting illness (Christ & Christ, 2006; Johnson et al., 2014; Knowles et al., 2011; Moss-Morris et al., 1996; Spindel et al., 2017; Suantak, 2020).

The psychological and emotional responses to terminal illnesses have been well-documented across various studies, revealing a spectrum of coping strategies ranging from denial and avoidance to acceptance and spiritual reconciliation. Feifel et al. (1987) highlighted the diversity of coping strategies and their link to the psychological health of medically ill patients, illustrating how individual differences in coping can significantly influence patient outcomes (Feifel et al., 1987). Similarly, Green et al. (2011) explored how spiritual and religious coping mechanisms can positively affect the quality of life among patients with severe diseases like emphysema, suggesting that these non-physical forms of coping are crucial areas of support (Green et al., 2011).

The interplay between an individual's perception of their illness and their psychological well-being is also a critical area of research. Heijmans (1999) demonstrated how patients' representations of their illness significantly affect their coping and overall functioning, indicating that how a patient perceives their illness can be as impactful as the physical reality of the disease (Heijmans, 1999). This relationship is further explored by Hao et al. (2023), who examined how coping styles mediate the effects of illness uncertainty and demoralization in breast cancer patients, underscoring the complex interactions between mental health and coping efficacy (Hao et al., 2023).

Social support emerges as another pivotal factor in the coping process, offering both practical assistance and emotional sustenance. Rosland, Heisler, and Piette (2011) detailed the profound impact of family behaviors and communication patterns on the outcomes of chronic illnesses, showing that family dynamics play a crucial role

in the patient's coping strategy (Rosland et al., 2011). This is complemented by research from Grover and Chakrabarti (2015), who studied the coping mechanisms among caregivers of schizophrenia patients, highlighting the reciprocal nature of support and its importance for both patients and their caregivers (Grover et al., 2015).

The practical aspects of coping with a terminal illness, which include navigating healthcare systems and managing day-to-day tasks, are equally important. Sohail, Yasin, and Ahmad (2017) provided insights into how social support significantly influences coping and adaptation among patients with chronic conditions like hepatitis, emphasizing the role of social interactions in mediating stress and improving patient outcomes (Sohail et al., 2017).

Furthermore, coping with a terminal illness often involves a significant spiritual component, where patients seek meaning and consolation in their beliefs. Suantak (2020) specifically addressed how spiritual therapeutic assessments can aid individuals in finding meaning amidst the turmoil of a terminal diagnosis, suggesting that addressing spiritual needs should be an integral part of holistic patient care (Suantak, 2020).

The purpose of this study is to build on the existing body of research by examining the various coping mechanisms employed by patients with terminal illnesses through qualitative analysis. By conducting in-depth interviews and achieving theoretical saturation, this study aims to provide a comprehensive overview of how patients navigate the complexities of their conditions, offering insights that can guide clinical practices and support systems in delivering more effective and compassionate care. This approach not only acknowledges the multifaceted nature of coping in the face of terminal illness but also seeks to understand the nuances of each individual's journey, thereby contributing to a more empathetic and person-centered approach to end-of-life care.

## 2. Methods and Materials

### 2.1. Study Design and Participants

This study employed a qualitative research design to explore coping mechanisms among patients with terminal illnesses. Our primary method for data collection involved conducting semi-structured interviews, allowing for an in-depth understanding of the experiences and coping strategies of the participants.

Participants were selected using purposive sampling to ensure a diverse representation of terminal illnesses across

different age groups, genders, and socio-economic backgrounds. The inclusion criteria were adults aged 18 and above, diagnosed with a terminal illness, and cognitively capable of providing consent and participating in an interview. Exclusion criteria included patients in immediate critical condition and those unable to communicate in English.

The interviews were conducted until theoretical saturation was achieved, where no new themes or insights were observed in the data. This ensured comprehensive coverage of the experiences and coping mechanisms discussed by the participants.

All participants were informed about the purpose of the study, the nature of their participation, and their right to withdraw at any point without consequence. Written informed consent was obtained from all participants. Additionally, measures were taken to ensure the confidentiality and anonymity of the participants' identities and responses.

## 2.2. Measures

### 2.2.1. Semi-Structured Interview

Data was collected through semi-structured interviews, which were conducted in settings chosen by the participants, such as their homes or a quiet location in the hospital, to ensure comfort and privacy. The interviews, lasting between 30 to 60 minutes, were guided by a set of predetermined but open-ended questions designed to elicit detailed responses on personal coping strategies, emotional responses to their diagnosis, and support systems.

Key topics covered included:

- Personal definitions and perceptions of their illness.
- Descriptions of daily challenges and how they are managed.
- Emotional and psychological coping mechanisms.
- The role of support networks in managing their condition.

### 2.3. Data analysis

All interviews were audio-recorded with participant consent and transcribed verbatim. Transcripts were then analyzed using NVivo software, which facilitated the organization and thematic analysis of the data. The analysis involved coding the transcripts to identify recurrent themes, patterns, and relationships concerning coping mechanisms. The software's analytical tools helped in mapping out the connections between different data points and in understanding the prevalence of expressed themes.

## 3. Findings and Results

In this study, a total of 24 participants were interviewed to explore coping mechanisms among patients with terminal illnesses. The demographic breakdown of the participants was as follows: 12 were female and 12 were male, ensuring gender parity. The age distribution ranged from 32 to 78 years, with a mean age of 54 years. The types of terminal illnesses varied, including cancer (10 participants), chronic heart disease (6 participants), neurodegenerative disorders (4 participants), and advanced pulmonary conditions (4 participants). This diversity allowed for a broad perspective on the coping mechanisms across different conditions and cultural backgrounds.

**Table 1**

*The Results of Thematic Analysis*

Main Themes	Subthemes	Concepts (Open Codes)
Emotional Coping	Acceptance	Acknowledgment of reality, emotional adjustment, coming to terms, peace with prognosis
	Denial	Ignoring symptoms, rejecting diagnosis, avoidance of discussion, disbelief in prognosis
	Expression	Crying, talking about feelings, journaling, use of art or music
	Spiritual Coping	Prayer, meditation, faith in higher power, religious rituals, existential questioning
Physical Coping	Distraction	Engaging in hobbies, watching TV/movies, traveling, socializing
	Pain Management	Use of medications, physical therapy, alternative therapies, relaxation techniques
Social Support	Routine Maintenance	Adhering to treatment schedules, dietary management, exercise, sleep regulation
	Family Involvement	Family caregiving, emotional support from family, family adjustments, shared decision-making
	Peer Support	Support groups, peer counseling, community programs, shared experiences, online forums
Practical Management	Professional Help	Psychological counseling, medical advice, social worker meetings, palliative care teams
	Information Seeking	Researching illness, discussing with doctors, reading medical literature, attending workshops
	Healthcare Navigation	Dealing with insurance, selecting treatment options, hospital visits, medication management

Resource Utilization	Accessing community resources, using transportation services, financial aid, legal aid
Legacy Activities	Estate planning, writing wills, memory making, recording messages for loved ones
Future Planning	Care arrangements, funeral planning, discussions with family about wishes, legal preparations for end-of-life care

Our qualitative analysis revealed four main themes related to coping mechanisms among patients with terminal illnesses. Each main theme comprised varying numbers of subthemes, encompassing a wide range of strategies and experiences. Below, we present these findings in detail, supported by direct quotations from the interviews.

### 3.1. Emotional Coping

Emotional coping was a crucial theme that emerged, divided into five subthemes:

Acceptance was frequently mentioned as patients discussed coming to terms with their illness. One participant shared, "It took time, but accepting my condition helped me find some peace."

Denial was another common response, where participants exhibited avoidance behaviors. As one stated, "I just can't believe this is happening to me, so I don't think about it much."

Expression of Emotions allowed patients to manage their feelings. "I find that crying and talking about my fears makes me feel lighter," said another.

Spiritual Coping involved turning to religious or spiritual beliefs. "Praying gives me strength and helps me cope with the pain," one participant explained.

Distraction involved activities that diverted their attention from the illness. "I keep myself busy with knitting. It helps me not to think about the sickness," another remarked.

### 3.2. Physical Coping

This theme focused on how patients managed their physical symptoms and included two subthemes:

Pain Management, where strategies ranged from medical to alternative therapies. "I rely heavily on my medications, but on bad days, meditation helps too," a participant noted.

Routine Maintenance was about maintaining a normal daily routine. "Sticking to my diet and exercise plan keeps my body as strong as possible," commented another.

### 3.3. Social Support

Social support was pivotal and manifested in three subthemes:

Family Involvement, where the emotional and practical support from family was vital. "My family adjusts their lives to help me, which makes this bearable," a participant shared.

Peer Support from those undergoing similar experiences provided a sense of community. "Talking to others in support groups helps me feel not alone in this journey," said one.

Professional Help included accessing healthcare professionals and counselors. "My counselor and care team are my pillars of strength," another participant expressed.

### 3.4. Practical Management

This theme included four subthemes related to managing the practical aspects of living with a terminal illness:

Information Seeking involved learning more about their conditions. "I read a lot about my illness to understand what to expect," a participant mentioned.

Healthcare Navigation concerned interactions with healthcare systems. "Navigating the insurance and hospital appointments is exhausting but necessary," explained another.

Resource Utilization focused on using available community and healthcare resources. "I use whatever services are available to ease my burdens," said one.

Legacy Activities such as estate planning were important for some. "Planning my estate gives me a sense of control over what happens after I'm gone," another noted.

Future Planning involved preparing for end-of-life care. "Discussing end-of-life care isn't easy, but it's crucial for my peace of mind," remarked a participant.

## 4. Discussion and Conclusion

This qualitative study identified four main themes encapsulating the coping mechanisms employed by patients with terminal illnesses. These themes are Emotional Coping, Physical Coping, Social Support, and Practical Management. Each main theme is further divided into various categories with associated concepts. Emotional Coping includes categories such as Acceptance, Denial, Expression, Spiritual Coping, and Distraction. Physical Coping comprises Pain Management and Routine Maintenance. Social Support is categorized into Family Involvement, Peer Support, and Professional Help. Finally,

Practical Management encompasses Information Seeking, Healthcare Navigation, Resource Utilization, Legacy Activities, and Future Planning.

The Emotional Coping theme encompasses several vital strategies patients use to handle their psychological responses to illness. Acceptance involves acknowledging the reality of the illness, making emotional adjustments, and finding peace with the prognosis. Denial includes ignoring symptoms and rejecting the diagnosis, often accompanied by avoidance of discussions about the condition. Expression allows patients to deal with their emotions through crying, discussing feelings, and creative outlets like journaling or art. Spiritual Coping is characterized by engagement in religious or spiritual activities such as prayer and meditation, often aiding in existential questioning and finding meaning. Lastly, Distraction involves participating in activities that shift focus away from the illness, such as hobbies and socializing.

Physical Coping focuses on how patients manage the physical aspects of their illness. Pain Management includes the use of medications, alternative therapies, and physical therapy techniques, along with relaxation methods to alleviate discomfort. Routine Maintenance refers to maintaining a regular schedule of treatments, dietary management, exercise, and sleep, which are crucial for sustaining physical health and well-being.

Social Support plays a critical role in providing emotional and practical aid through various networks. Family Involvement is vital, with family members providing care, emotional support, and helping to make decisions about treatment and care. Peer Support, facilitated through support groups and community programs, offers shared experiences and coping strategies among those facing similar challenges. Professional Help involves guidance and support from healthcare professionals, including counselors and palliative care teams, crucial for addressing both medical and emotional needs.

Practical Management involves dealing with the logistics and everyday aspects of living with a terminal illness. Information Seeking is about patients educating themselves about their conditions and potential treatments. Healthcare Navigation deals with managing interactions with healthcare providers and systems, including insurance and treatment options. Resource Utilization encompasses accessing community and financial resources that help alleviate the burdens of illness. Legacy Activities involve patients planning for their families' futures, such as estate planning and creating lasting memories. Future Planning includes

making arrangements for end-of-life care and discussing these plans with family members, ensuring that patients' wishes are respected and fulfilled.

The prominence of emotional coping strategies such as acceptance, denial, expression, spiritual coping, and distraction resonates with the findings of Feifel et al. (1987), who emphasized the varied emotional responses to illness and their direct impact on psychological health (Feifel et al., 1987). In particular, the role of spiritual coping identified in this study aligns with the observations of Green et al. (2011), who noted that spiritual and religious practices significantly enhance the quality of life in patients with chronic diseases. This study contributes to the existing literature by providing a nuanced understanding of how spirituality offers not only solace but also a framework for interpreting and confronting terminal illness (Green et al., 2011).

Our findings around physical coping, especially pain management and routine maintenance, emphasize the necessity of addressing the physical aspects of illness as a foundation for overall coping strategy effectiveness. The importance of maintaining physical routines found in this study is echoed by Johnson et al. (2014), who linked routine management in diabetes patients to better disease outcomes and reduced emotional distress. This connection underlines the significance of integrating comprehensive pain and symptom management programs into the care of terminally ill patients (Johnson et al., 2014).

The analysis revealed that family involvement, peer support, and professional help are critical in the coping process, providing emotional, informational, and practical support. This is consistent with the systematic review by Rosland, Heisler, and Piette (2011), which highlighted the impact of family dynamics on chronic illness outcomes and stressed the value of effective communication within the family (Rosland et al., 2011). Furthermore, the benefits of peer support noted in this study reflect the findings by Grover and Chakrabarti (2015), who reported the positive effects of social interactions among caregivers of patients with schizophrenia (Grover et al., 2015). This suggests that fostering strong support networks is crucial for enhancing the resilience and coping capacity of individuals facing terminal illnesses.

The practical management strategies identified, such as information seeking, healthcare navigation, and resource utilization, highlight the proactive steps patients take to manage their illness context. These findings complement the research by Sohail, Yasin, and Ahmad (2017), which demonstrated the critical role of social support in navigating

the healthcare system effectively (Sohail et al., 2017). Additionally, the focus on legacy activities and future planning found in our study offers an extension of the work by Suantak (2020), which emphasizes the importance of addressing spiritual and existential questions in terminal care (Suantak, 2020).

This study explored coping mechanisms among patients with terminal illnesses, uncovering a rich tapestry of strategies categorized into emotional, physical, social, and practical coping mechanisms. Findings highlighted the prevalence of emotional coping strategies such as acceptance, denial, expression, spiritual coping, and distraction. In the realm of physical coping, pain management and routine maintenance were emphasized. Social support, underscored by family involvement, peer support, and professional help, was pivotal for emotional and practical coping. Practical management strategies were also crucial, including information seeking, healthcare navigation, resource utilization, legacy activities, and future planning. These findings illustrate the complex interplay of diverse coping mechanisms that patients employ to manage the multifaceted challenges posed by terminal illnesses.

The results of this study provide valuable insights into the coping strategies of terminally ill patients, revealing a multidimensional approach that encompasses emotional, physical, social, and practical aspects. These findings underscore the importance of a holistic approach in supporting terminally ill patients, recognizing the wide range of coping mechanisms they deploy to navigate their challenging circumstances.

Despite its insights, this study has several limitations. The qualitative nature and the small sample size limit the generalizability of the findings. Moreover, the study's focus on semi-structured interviews, although rich in detailed responses, may not capture all aspects of coping strategies that could be revealed through other data collection methods such as observational studies or quantitative measures. Additionally, the study was conducted in a single cultural context, which may influence the coping mechanisms reported and limit the applicability of findings to other cultural settings.

Future research should aim to expand the demographic and cultural diversity of participants to enhance the generalizability of the findings. Employing a mixed-methods approach could also provide a more comprehensive understanding of the coping mechanisms by combining the depth of qualitative data with the breadth of quantitative analysis. Further studies could explore the long-term effects

of various coping strategies on patient outcomes to better understand which mechanisms offer the most significant benefits over time.

The findings of this study have significant implications for clinical practice. Healthcare providers should be aware of the diverse coping mechanisms employed by patients and consider these when planning and implementing care. Training for healthcare professionals on recognizing and supporting different coping strategies could enhance patient care. Additionally, integrating family and social support into the care process can significantly benefit patients. Providing resources and guidance for practical management issues, such as navigating healthcare systems and planning for future needs, would also be invaluable. Overall, adopting a personalized approach that respects and supports individual coping strategies will likely improve quality of life and outcomes for terminally ill patients.

### Authors' Contributions

Authors contributed equally to this article.

### Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

### Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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### Declaration of Interest

The authors report no conflict of interest.

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### Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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