Perceptions on illness among terminally ill clients

Resty L. Picardo
Evelyn G. Base
College of Nursing
University of the Visayas
restypicardo@hotmail.com

ABSTRACT

The study utilized a correlational design. It was conducted in the Hemodialysis Center and Cancer Center of Vicente Sotto Memorial Medical Center. A total of 40 terminally ill clients were the respondents of the study selected through a purposive sampling. The data from a paper and pen questionnaire were statistically treated using the simple percentage, chi-square, and Cramer's V. The demographic profile and perceptions of terminally ill clients towards their illness were correlated. Generally the patients have positive perception about their illness which implies that despite the terminal experienced by the respondents, they are still positive about their perceptions on their illness. The younger patients are more positive than the older ones on feeling that they are the same person as they were before their illness and on feeling that their illness experience has made them a better or stronger person. All the other areas of concerned reveal that whether young or old there is no difference. Gender reveals no bearing on being negative or positive about being terminally ill. Patients with less educational attainment are more positive about their illness. The service worker, shop and market sales worker have more positive outlook on their illness over the other types of occupation. Terminally ill patients who have been suffering for over 60 months feel more positive about their illness compared to those with shorter experience. Patients with medical diagnosis of colon cancer reveal more positive perceptions as compared to all the other terminal illness cases. The partially positive perceptions among terminally ill clients which emerged in the study strongly affirms the Symbolic Interactionism Theory. The profiles among these terminally ill clients had greatly affect their perception on illness.

I. INTRODUCTION

Nothing is as devastating as when a person is being told to be having a terminal sickness or illness. Terminal illness as defined is a term made popular in the 20th century to label a lively and malignant disorder that has no cure or adequate treatment. This term is more frequently used for advanced diseases like cancer or advanced disease of the heart. In general, it specifies an illness that will end the life of the person affected (Glare et al., 2003). A client struck by the illness may be denoted as a terminal client or terminally ill (McAdam, Stotts, Padilla & Puntillo, 2005; Petrie, Weinman, Sharpe, Buckley, 1996; Schmit,

2005; Weinman & Petrie, 1997). Mostly, a client is hailed to be terminally ill if the life expectancy is assessed to be less than six months or so, under the supposition that the illness will run its usual course. The six-month customary is subjective, and best accessible approximations of prolonged existence may be wrong. Consequently, though a given client may correctly measured as terminal, this does not guarantee however that the client will expire within six months period. In the same manner, a client with a slowly continuing illness, such as AIDS, may not be labelled as terminally ill for the reason that the best estimations of prolonged existence is higher than six months. However this does not guarantee that the patient will not die unexpectedly early. In common, physicians somewhat miscalculate survival so that, for example, a client who is likely to survive for almost six weeks would probably expire about four weeks (Glare et al., 2003).

Filipinos are identified as simple and happy individuals. This is shown by the fact that majority of Filipinos dearly love to rejoice for any reason even with less available resources. The cheerful nature of Filipinos may amaze and strike the outsider as an absence of seriousness but once a person knows about the Filipino culture, one would comprehend that joyfulness is a fragment of the country's culture and values (Philippines Travel Guide, 2010). A lot of things have been mentioned about how happy Filipinos are as a population, notwithstanding poverty, natural and man-made calamities and disasters, political confusion and economic adversity. Tracing back a few years ago, the country ranked sixth in the World Values Survey, as the only Asian to be included in the top ten for subjective happiness (Caruncho, 2008). It is then the reason of the researcher to prove this aspect of being happy people, if this has a bearing on their perceptions to being affected with terminal illness. In the many years of being a nurse, the researchers had been witnesses to the battles that clients go through from the sufferings of a simple illness to a terminal one. The assumption of a sick role is one major struggle that everyone has to overcome. A variety of reactions had been observed. Some clients are so negative about it that they want to end their lives at that point. There are also some clients who are so positive that they take it so lightly and accept the situation wholeheartedly at the instance without question. The reactions had been so varied, undistinguishable and in extremes. It is therefore the intention of the researchers to determine how optimism or pessimism plays around among clients when confronted with a terminal illness. The researchers are nevertheless with interest and determination to make this study. With experience and commitment, this undertaking will be a means to help these clients. The researchers intend to determine the profiles and the perceptions on their illness and determine the relationship between the two.

II. THE STUDY

A non-experimental, quantitative, correlational research design was utilized. The study was conducted in Vicente Sotto Memorial Medical Center, Hemodialysis and Cancer Center. Respondents were identified using a purposive sampling design and there were 40 terminally ill clients serving as respondents, 20 came from the cancer center and 20 from the hemodialysis center. Respondents were made to answer a pre–tested tool. The study was piloted to determine the profiles of terminally ill clients. It was also aimed at determining the perception on their illness. Further it was also designed to determine the relationship between the profiles and perception on their illness. The following statistical treatments were utilized in the study to derive the findings: simple percentage, chi-square, and Cramer's V.

III. RESULT AND DISCUSSION

The following major findings were evident after the collection, processing and statistical treatment.

Table 1. Respondent's Profile, N=40.

PROFILE	FREQUENCY	(%)
AGE		
18 – 35 years old	1	2.50
36 – 55 years old	32	80.00
56 years old and above	7	17.50
GENDER		
Male	13	32.50
Female	27	67.50
EDUCATIONAL QUALIFICATION		
None	1	2.50
Elementary	14	35.00
High School	9	22.50
Vocational	3	7.50
College Undergraduate	3	7.50
College Graduate	7	17.5
Post Baccalaureate	3	7.5
OCCUPATION		
Professional, Technical and Related works	7	17.50
Clerical Work	6	15.00
Service Worker, Shop & Market Sales Worker	2	5.00
Agriculture, Animal husbandry, Forestry worker, Fisherman	14	35.00
Housewife	9	22.50
Retirees	2	5.00
DURATION OF ILLNESS		
1-3 months	2	5.00
4-12 months	8	20.00
13-60 months	26	65.00
Over 60 months	4	10.00
MEDICAL DIAGNOSIS		
Breast Cancer	11	27.50
Cervical Cancer	3	7.50
Colon Cancer	2	5.00
Chronic Renal Failure	13	32.50
End Stage Renal Failure	7	17.50
Liver Cancer	1	2.50
Lung Cancer	2	5.00
Thyroid Cancer	1	2.50

For age, majority of the respondents were in the middle and older adulthood ranging from 36 years old and above. There were 7 over 56 years old (17.50

Respondent	Scores	Interpretation
1	20	*Partially Positive*
2	18	*Partially Positive*
3	21	*Partially Positive*
4	22	*Partially Positive*
5	18	*Partially Positive*
6	21	*Partially Positive*
7	17	*Partially Positive*
8	13	*Negative*
9	19	*Partially Positive*
10	22	*Partially Positive*
11	21	*Partially Positive*
12	19	*Partially Positive*
13	20	*Partially Positive*
14	20	*Partially Positive*
15	19	*Partially Positive*
16	20	*Partially Positive*
17	20	*Partially Positive*
18	20	*Partially Positive*
19	21	*Partially Positive*
20	23	*Partially Positive*
21	15	*Partially Positive*
22	22	*Partially Positive*
23	21	*Partially Positive*
24	24	*Positive*
25	19	*Partially Positive*
26	21	*Partially Positive*
27	18	*Partially Positive*
28	21	*Partially Positive*
29	18	*Partially Positive*
30	21	*Partially Positive*
31	21	*Partially Positive*
32	20	*Partially Positive*
33	20	*Partially Positive*
34	20	*Partially Positive*
35	16	*Partially Positive*
36	21	*Partially Positive*
37	19	*Partially Positive*
38	19	*Partially Positive*
39	19	*Partially Positive*
40	21	*Partially Positive*
Mean Score	**19.75**	**Partially Positive**

Legend: *23.25 – 32.00*   - *Positive perception;*
             15.50 – 23.24   - *Partially positive;*
             7.75 – 15.49   - *Partially negative;*
             1.00 – 7.75   - *Negative perception.*

percent) and only one (2.50 percent) belongs to 18 to 35 years old. For gender, the study was dominated by 27 (67.50 percent) females. There were 13 (32.50 percent) males. As to educational attainment, 14 (35.00 percent) were at elementary level, 9 (22.50 percent) were high school, 7 (17.5) college graduate, 3 (7.50 percent) each for vocational, college undergraduate and post baccalaureate and 1 (2.50 percent) for no educational attainment. Majority of the respondents' source of income were from being agriculture, animal husbandry, forestry worker and fisherman. There were 9 as housewives (22.50 percent), 7 (17.50 percent) were professional, technical and related workers, 6 (15.00 percent) were clerical workers while 2 (5.00 percent) were for each of the service workers, shop & market sales workers and the retirees.

Table 2 shows that majority of the respondents' perception were interpreted as partially positive. This means that the respondents are hopeful that things may improve though it will never be the same as it was before. On the other hand, only one of the respondents perceived their illness as negative and only one also viewed it as positive. The mean score revealed a figure of 19.75 which was interpreted as partially positive.

The data imply that despite the terminal illness experienced by the respondents, they are still positive about their perceptions on their illness. The respondents feel that their illness is something they will recover from. They are also partially positive that when they feel that their illness is serious but I will be able to return to life as it was before my illness. They are also partially positive on the following areas being evaluated: I feel my illness has changed my life permanently so it will never be as good again; I feel that I have made a complete recovery from my illness; I feel that I am the same person as I was before my illness; I feel that my relationships with other people have not been negatively affected by my illness; I feel that my illness experience has made me a better or stronger person; and I feel my illness has permanently interfered with my achievement of the most important goals I have set for myself.

Table 3. Relationship between Age and Perception on Illness, N=40.

Question Source: Measurement Tools in Patient Education	Chi Value	p-value	Interpretation	Decision	Cramer's V Value	Strength
I feel that my illness is something I will never recover from.	63.115	.119	Not Significant	Do not reject the null hypothesis	.725	-
I feel my illness is serious but I will be able to return to life as it was before my illness	60.512	.170	Not Significant	Do not reject the null hypothesis	.710	-
I feel my illness has changed my life permanently so it will never be as good again.	52.343	.422	Not Significant	Do not reject the null hypothesis	.660	-
I feel that I have made a complete recovery from my illness.	36.609	.269	Not Significant	Do not reject the null hypothesis	.695	-
I feel that I am the same person as I was before my illness.	72.165	.027	Significant	Do not accept the null hypothesis	.775	Very Strong
I feel that my relationships with other people have not been negatively affected by my illness.	53.146	.392	Not Significant	Do not reject the null hypothesis	.665	-
I feel that my illness experience has made me a better or stronger person.	48.828	.048	Significant	Do not accept the null hypothesis	.781	Very Strong
I feel my illness has permanently interfered with my achievement of the most important goals I have set for myself.	52.705	.408	Not Significant	Do not reject the null hypothesis	.671	-
TOTAL	191.492	.124	Not Significant	Do not reject the null hypothesis	.701	-

@ .05 significance level

Table 3 demonstrates the relationship between respondents' age and their perception on their illness. All p-values of items 1, 2, 3, 4, 6 and 8 were above the significance level of .05, thus the null hypothesis was accepted. On items 5 and 7, the p-values were lower than the significance level, thus, the null hypotheses wer rejected signifying a significant relationship. The strength of the relationship is very strong since the Cramer`s V value is high.

In the current times, people are expected to live longer as compared to those who lived in the past, just like our ancestors. To cite an example in the United Kingdom, the average life of women is 82 years old, while men live up to 78 years. It is a known fact that as people age, people become more susceptible to illnesses which includes: Alzheimer's Disease and other forms of dementia, stroke, osteoporosis, heart diseases and cancer. A background of these diseases is vital when caring for these clients.

Table 4. Relationship Between Gender and Perception on Illness, N=40.

Question Source: Measurement Tools in Patient Education	Chi Value	p-value	Interpretation	Decision	Cramer's V Value	Strength
I feel that my illness is something I will never recover from.	2.795	.424	Not Significant	Do not reject the null hypothesis	.264	-
I feel my illness is serious but I will be able to return to life as it was before my illness	1.376	.711	Not Significant	Do not reject the null hypothesis	.185	-
I feel my illness has changed my life permanently so it will never be as good again.	4.184	.242	Not Significant	Do not reject the null hypothesis	.323	-
I feel that I have made a complete recovery from my illness.	0.484	.785	Not Significant	Do not reject the null hypothesis	.110	-
I feel that I am the same person as I was before my illness.	4.935	.177	Not Significant	Do not reject the null hypothesis	.351	Very Strong
I feel that my relationships with other people have not been negatively affected by my illness.	4.500	.212	Not Significant	Do not reject the null hypothesis	.335	-
I feel that my illness experience has made me a better or stronger person.	0.767	.682	Not Significant	Do not reject the null hypothesis	.138	Very Strong
I feel my illness has permanently interfered with my achievement of the most important goals I have set for myself.	2.341	.505	Not Significant	Do not reject the null hypothesis	.245	-
TOTAL	11.853	.295	Not Significant	Do not reject the null hypothesis	.551	-

@ .05 significance level

On the relationship between respondents' age and perception on illness, p-values on items 1, 2, 3, 4, 6 and 8, were above the significance level, thus the null hypotheses were accepted. On items 5 and 7, the p-values were lower than the significance level, thus, the null hypotheses were rejected, signifying a significant relationship. The strength of the relationship is very strong since the Cramer`s V value is high. The data imply that the respondents aging from 18 - 35 years old were more positive than the older age groups on feeling that they are the same person as they were before their illness and on feeling that their illness experience has made them a better or stronger person. All the other areas of concern revealed that whether young or old there is no difference in their illness perception.

Relationship between gender and perception on illness among terminal ill clients. The p-value of all items were greater than the significance level, thus the null hypotheses were accepted. The data imply that whether male or female, the gender of the clients do not have bearing on being negative or positive about being a terminally ill.

Table 5. Relationship between Educational Qualification and Perception on Illness, N=40.

Question Source: Measurement Tools in Patient Education	Chi Value	p-value	Interpretation	Decision	Cramer's V Value	Strength
I feel that my illness is something I will never recover from.	17.172	.511	Not Significant	Do not reject the null hypothesis	.378	-
I feel my illness is serious but I will be able to return to life as it was before my illness	35.306	.009	Significant	Do not accept the null hypothesis	.542	Very Strong
I feel my illness has changed my life permanently so it will never be as good again.	32.202	.021	Significant	Do not accept the null hypothesis	.518	Very Strong
I feel that I have made a complete recovery from my illness.	31.175	.002	Significant	Do not accept the null hypothesis	.624	Very Strong
I feel that I am the same person as I was before my illness.	36.960	.005	Significant	Do not accept the null hypothesis	.555	Very Strong
I feel that my relationships with other people have not been negatively affected by my illness.	42.138	.001	Significant	Do not accept the null hypothesis	.593	Very Strong
I feel that my illness experience has made me a better or stronger person.	30.375	.002	Significant	Do not accept the null hypothesis	.616	Very Strong
I feel my illness has permanently interfered with my achievement of the most important goals I have set for myself.	19.596	.356	Not Significant	Do not reject the null hypothesis	.409	-
TOTAL	93.176	.004	Significant	Do not accept the null hypothesis	.631	Very Strong

@ .05 significance level

On the relationship between educational attainment and perception on illness, the null hypotheses were accepted for items 1, 3 and 8. For items 2, 4, 5, 6 and 7 since the p-values were lower than the significance level, this would signify that the null hypotheses were rejected. Further, the strength of the relationship is very strong since the Cramer`s V value is high. It shows that patients with no educational attainment had a more positive view on their illness compared to the other group of patients. The data imply that the person with no educational attainment is the person appearing to be more positive about his illness. Patients without educational attainment seem to appear to be positive on areas where: I feel my illness is serious but I will be able to return to life as it was before my illness; I feel my illness has changed my life permanently so it will

Table 6. Relationship between Occupation and Perception on Illness, N=40.

Question Source: Measurement Tools in Patient Education	Chi Value	p-value	Interpretation	Decision	Cramer's V Value	Strength
I feel that my illness is something I will never recover from.	**21.808**	**.113**	**Not Significant**	**Do not reject the null hypothesis**	**.426**	**-**
I feel my illness is serious but I will be able to return to life as it was before my illness	**36.519**	**.001**	**Significant**	**Do not accept the null hypothesis**	**.552**	**Very Strong**
I feel my illness has changed my life permanently so it will never be as good again.	**27.554**	**.025**	**Significant**	**Do not accept the null hypothesis**	**.479**	**Very Strong**
I feel that I have made a complete recovery from my illness.	**18.881**	**.042**	**Significant**	**Do not accept the null hypothesis**	**.486**	**Very Strong**
I feel that I am the same person as I was before my illness.	**36.775**	**.001**	**Significant**	**Do not accept the null hypothesis**	**.554**	**Very Strong**
I feel that my relationships with other people have not been negatively affected by my illness.	**29.671**	**.013**	**Significant**	**Do not accept the null hypothesis**	**.497**	**Very Strong**
I feel that my illness experience has made me a better or stronger person.	**35.936**	**.000**	**Significant**	**Do not accept the null hypothesis**	**.670**	**Very Strong**
I feel my illness has permanently interfered with my achievement of the most important goals I have set for myself.	**22.628**	**.092**	**Not Significant**	**Do not reject the null hypothesis**	**.440**	**-**
TOTAL	**68.092**	**.045**	**Significant**	**Do not accept the null hypothesis**	**.591**	**Very Strong**

@ .05 significance level

never be as good again; I feel that I have made a complete recovery from my illness; I feel that I am the same person as I was before my illness; I feel that my relationships with other people have not been negatively affected by my illness; I feel that my illness experience has made me a better or stronger person; and I feel my illness has permanently interfered with my achievement of the most important goals I have set for myself.

Relationship between duration of the illness and perception on illness. As shown, only items 2 and 5 had p-values lower than the significance level thus the null hypotheses were rejected. A majority of the items had an interpretation of not having a significant relationship specifically items 1, 3, 4, 6, 7 and 8 and thus the null hypotheses were accepted. The strength of the relationship is very strong since the Cramer`s V value is high.

Table 7. Relationship between Duration of Illness and Perception on Illness, N=40.

Question Source: Measurement Tools in Patient Education	Chi Value	p-value	Interpretation	Decision	Cramer's V Value	Strength
I feel that my illness is something I will never recover from.	**15.167**	**.086**	**Not Significant**	**Do not reject the null hypothesis**	**.356**	**-**
I feel my illness is serious but I will be able to return to life as it was before my illness	**26.856**	**.001**	**Significant**	**Do not accept the null hypothesis**	**.473**	**Very Strong**
I feel my illness has changed my life permanently so it will never be as good again.	**10.473**	**.314**	**Not Significant**	**Do not reject the null hypothesis**	**.295**	**-**
I feel that I have made a complete recovery from my illness.	**10.462**	**.106**	**Not Significant**	**Do not reject the null hypothesis**	**.362**	**-**
I feel that I am the same person as I was before my illness.	**24.911**	**.003**	**Significant**	**Do not accept the null hypothesis**	**.456**	**Very Strong**
I feel that my relationships with other people have not been negatively affected by my illness.	**12.628**	**.180**	**Not Significant**	**Do not reject the null hypothesis**	**.324**	**-**
I feel that my illness experience has made me a better or stronger person.	**6.564**	**.405**	**Not Significant**	**Do not reject the null hypothesis**	**.286**	**-**
I feel my illness has permanently interfered with my achievement of the most important goals I have set for myself.	**13.256**	**.151**	**Not Significant**	**Do not reject the null hypothesis**	**.583**	**-**
TOTAL	**67.171**	**.000**	**Significant**	**Do not accept the null hypothesis**	**.758**	**Very Strong**

@ .05 significance level

Moreover, clients who were already diagnosed over 60 months were already able to accept and adjust things on their life thus they had a more positive perception than those who were just recently diagnosed with a terminal illness (Yuet, Alexander & Chun, 2008). The data imply that the terminally ill patients who have been suffering from the terminal illness for over 60 months feel more positive about their illness compared to those with shorter duration of the illness.

The over 60 months were more positive on the following areas: I feel my illness is serious but I will be able to return to life as it was before my illness; and I feel that I am the same person as I was before my illness. Overall the p-value also revealed a significant relationship (0.000), where the Cramer's V value establishes a very strong relationship between duration of illness and perception on illness.

Table 8. Relationship between Medical Diagnosis and Perception on Illness, N=40.

Question Source: Measurement Tools in Patient Education	Chi Value	p-value	Interpretation	Decision	Cramer's V Value	Strength
I feel that my illness is something I will never recover from.	**18.172**	**.638**	**Not Significant**	**Do not reject the null hypothesis**	**.389**	**-**
I feel my illness is serious but I will be able to return to life as it was before my illness	**45.929**	**.001**	**Significant**	**Do not accept the null hypothesis**	**.619**	**Very Strong**
I feel my illness has changed my life permanently so it will never be as good again.	**30.927**	**.075**	**Not Significant**	**Do not reject the null hypothesis**	**.508**	**-**
I feel that I have made a complete recovery from my illness.	**18.477**	**.186**	**Not Significant**	**Do not reject the null hypothesis**	**.481**	**-**
I feel that I am the same person as I was before my illness.	**63.131**	**.000**	**Significant**	**Do not accept the null hypothesis**	**.725**	**Very Strong**
I feel that my relationships with other people have not been negatively affected by my illness.	**30.324**	**.086**	**Not Significant**	**Do not reject the null hypothesis**	**.503**	**-**
I feel that my illness experience has made me a better or stronger person.	**22.210**	**.074**	**Not Significant**	**Do not reject the null hypothesis**	**.527**	**-**
I feel my illness has permanently interfered with my achievement of the most important goals I have set for myself.	**14.434**	**.700**	**Not Significant**	**Do not reject the null hypothesis**	**.351**	**-**
TOTAL	**74.711**	**.096**	**Not Significant**	**Do not reject the null hypothesis**	**.565**	**-**

@.05 significance level

Relationship between medical diagnosis and perception on illness. Items 2 and 5 had p-values lower than the significance level. This implies that the null hypotheses were rejected. Therefore, this confirms a significant relationship between the medical diagnosis and the perception on illness. On the other hand, all the other items had no significant relationship since the p-values were higher than the significance level. Thus,the null hypotheses were accepted. Further, among the respondents, those with medical diagnosis of colon cancer revealed a more positive perceptions about the illness on the area of: I feel my illness is serious but I will be able to return to life as it was before my illness and I feel that I am the same person as I was before my illness, as compared to all the other terminal illness cases.

IV. CONCLUSION

As stated in Herbert Blumer's theory of Symbolic Interactionism, it emphasized that human beings are best understood in relation to their environment. As the core theory used in the study, it is thus true that individuals are best understood relative to their milieu and that terminally ill clients act toward people and things (their illness) according to the meanings that they have pre-arranged to those people or things (their illness) (Nelson, 1998). The partially positive perceptions among terminally ill clients which emerged in the study strongly affirmed the Symbolic Interactionism Theory. The researchers further conclude that the profiles among these terminally ill clients had greatly affect their perception on illness. Therefore a nursing intervention plan was devised to address these results of the research.

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