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ARTICLE



Managing the impact of COVID-19 on cancer survivors in Singapore

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ABSTRACT

Unprecedented levels of disruption caused by the COVID-19 pandemic seem to have resulted in greater stress, anxiety and distress among cancer survivors. Written by a social work practitioner in the city-state of Singapore, this reflective essay hopes to lend insights on how social work practitioners could help cancer survivors better manage the impact of the double crisis of experiencing cancer in the midst of a pandemic.

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As treatments become more advanced and sophisticated, increasing numbers of individuals are living longer with cancer. In a modern city state like Singapore, cancer has now become seen as a chronic, albeit life-threatening condition that can be managed over time, rather than an inevitably fatal disease (Phillips & Currow, 2010). Cancer survivors (CS) tend to live with chronic anxiety that their cancer may come back and have to manage chronic uncertainty in their often unpredictable survivorship trajectory.

Since the outbreak of the Coronavirus Disease 2019 (COVID-19) in early 2020, the coronavirus has created unprecedented levels of disruption for individuals and families. To date, the coronavirus is affecting more than 65 million individuals (World Health Organisation, 2020) and many countries have implemented measures to restrict the movement of people, including lockdowns and border closures. With the disruption caused by the current COVID-19 pandemic, CS appear to experience greater stress, anxiety and distress. Against this backdrop, this article hopes to lend insights on how social workers could help CS better manage the impact of the double crisis of experiencing cancer in the midst of a pandemic.

Cancer survivorship during COVID-19 as a double crisis

As an event that can create a crisis of some intensity in almost all individuals, having cancer could challenge and even threaten their prior beliefs (Vachon, 2008). Many CS find it challenging to accept or even understand the implications of having cancer. During the COVID-19 pandemic, feelings of vulnerability are escalated as CS are reminded about death not just from their cancer history and experience, but also through constant daily COVID-19 death-related news, as well as 'ubiquitous visible death cues in the form of face

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masks, anti-bacterial sprays and wipes, social distancing and public health campaigns' (Menzies & Menzies, 2020, p. 3). This heightened death awareness could overturn their assumptions and profoundly shatter their stable meaning structures (Janoff-Bulman, 1992). CS, having a compromised immune system, may also have greater vulnerability to infection and are likely to face a heightened risk to COVID-19 and have poorer outcomes from COVID-19 (Liang et al., 2020). This could lead to overwhelming fears of getting infected.

Some CS also find themselves feeling stressed, lonely, and isolated, especially due to rules in limiting gatherings and during the period when the Singapore government imposed stay-at-home orders in response to the pandemic. Other CS, who are caregivers themselves, also face additional stressors in the form of increased unpaid caregiving responsibilities (Kate, 2020). Being confined at home with family members for prolonged periods of time may also lead to increased caregiver and family stress, which can cause CS to feel emotionally overwhelmed.

The cancer survivorship experience is also marked by uncertainty that can persist even long after completion of cancer treatment (Miller, 2012), such as being uncertain when their cancer might relapse. During this COVID-19 pandemic, the uncertainty of when this pandemic might end has a significant psychological impact on individuals (Tsamakis et al., 2020) and may heighten the unknowns faced by CS, raising anxiety levels. Doctors may delay non-urgent routine appointments for cancer surveillance to a later date, which could heighten worry about recurrence (Chan et al., 2020).

With the uncertain COVID-19 situation resulting in unprecedented levels of disruption, living with a cancer history during this period may pose as a double crisis to CS. They have to deal with the implications of their cancer history and long-term cancer-related side effects while managing the stress of dealing with the uncertainty of COVID-19 crisis and its resulting impact on their daily lives.

Intervening with cancer survivors during COVID-19 pandemic

Drawing from experience journeying with CS during COVID-19 pandemic, tele-health interventions focusing on key areas that seem helpful can be summarised using the acronym S.A.F.E., which stands for:

- Sense-making through reappraising one's current situation
- Acknowledging and accepting one's feelings
- Focusing on self-kindness, self-esteem and self-care
- Empowering self to navigate their life situation moving forward

Three cases highlighted in [Table 1](#) are used to illustrate this intervention process.

Sense-making through reappraising one's current situation

Social workers can help CS restructure thoughts that are unhelpful and guide them to acknowledge that life is uncertain. It is important for them to recognise situations they can control and those they cannot. In Zara's case, she was helped to reappraise her fearful thoughts of likely catching COVID-19 to see that her situation is not so dire. She realised that what was within her control was what she could do to protect herself. She was also helped to accept certain things are beyond her control. Suzy was helped to live with the

Table 1. Cases.

Case 1	Zara, 66 years old, a CS of aggressive breast cancer, was undergoing cancer rehabilitation due to long term cancer-related side-effects, such as lymphoedema and fatigue. Widowed and staying alone, she faced some caregiver stress taking care of her grandchildren occasionally. Due to COVID-19, her anxiety increased as she felt vulnerable due to her low immunity and fear of becoming infected. She got so anxious that she became accident prone and fell down, as she was avoiding holding onto the handrails for fear of catching the virus while using the escalator.
Case 2	Suzy, 42 years old, married with school-going children, is a CS of small intestine cancer. She has a family history of cancer and discovered she had the MLH1 gene mutation, which greatly increases her risk of developing secondary cancers. She wanted a PET scan to check on her health and a hysterectomy to reduce her risk of developing another cancer but became very anxious when her scans and surgery had to be delayed due to COVID-19.
Case 3	Deanna, 54 years old, a survivor of breast cancer, and staying with her husband and elderly father, has been undergoing cancer rehabilitation due to the various treatment related long-term side-effects, such as stiffness and pain in her joints. This affected her confidence. Due to COVID-19, she had increased caregiver stress and anxiety, as she had to deal with her elderly father's reactions from being confined at home, and family members who were stuck overseas due to the lockdown situation.

MLH1 gene mutation when she made meaning that her condition gave her the realisation to live life to the fullest. Although there were delays to her scans and surgery, it does not necessarily mean that her risk of getting another cancer would increase, and she could choose her attitude towards facing her adversity.

Acknowledging and accepting one's feelings

When CS are aware and can appropriately name and accept their feelings, they can then decide what to do with them. Zara was able to acknowledge that she has fear and anxiety over COVID-19, loneliness and boredom from having to confine herself at home, and guilt from saying 'no' to caregiving requests. When she was better able to accept her feelings, she could then decide how she could cope better in managing her emotions. Deanna was able to acknowledge that her feelings of frustration in dealing with her post-treatment side effects of hot flushes as well as her caregiver stress with her father are normal, but costly to her wellbeing. Being able to acknowledge this helped her to then take responsibility that she can take charge of her emotional reactivity to regain more control over her response to her stressors.

Focusing on self-kindness, self-esteem and self-care

CS need to be mindful to be kind towards themselves in the face of fearful COVID-19 related concerns. When Zara got into an accident due to her anxiety, she had a tendency to engage in self-blame and become self-critical. Zara was encouraged to engage in self-compassion, to be understanding and kind towards herself in the face of her negative experiences (Neff, 2003). Her cancer rehabilitation team was kept updated to help her better manage her physical symptoms and pain related to her injuries. She was also encouraged to slow down and do what she found enjoyable at home, such as baking. Deanna was urged to take things one step at a time in handling caregiver stress related to COVID-19. When Deanna was helped in affirming her own sense of esteem and better connect to her strengths, she realised she could value herself more and reach out to her sibling for support to share in her caregiver burden, so that she could get some respite from caregiver stress. She could also ground herself in taking deep breaths when she became anxious.

Empowering self to navigate their life situation moving forward

CS can be empowered to cope better. They can be taught strategies on how they could avoid triggering their stress and anxiety in the uncertain COVID-19 situation and maximise social connections that could support them moving forward. Zara realised that she need not involve herself in being overly updated with COVID-19 related news so as to prevent herself from becoming triggered with anxiety. She could also cope with loneliness through finding social connections online. Suzy learnt that she could look to credible information sources for her informational needs concerning the implications of having the MLH1 gene mutation, but at the same time she need not allow herself to be overly consumed by her fears. Moving forward, she could remind herself about her resilience that enabled her to get through earlier challenges and reach out to supportive others.

Conclusion

Ending this reflective piece, it is important to note that the key for social workers in helping CS to manage a double crisis is to redefine the problem. During the COVID-19 pandemic, a focus on the unending crisis due to an uncertain future will only serve to paralyse a person. It is only when one is able to see that coping is the key issue will there be a breakthrough.

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Notes on contributor

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