Original papers

UDC 616-006-052+618.19-006.6+159.923+159.942
https://doi.org/10.56871/MHCO.2026.74.35.010

Uncertainty in the framework of cancer case

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For citation: Pestereva E.V., Kaurova T.V. Uncertainty in the framework of cancer case. *Medicine and Health Care Organization*. 2025;10(4):110–118. https://doi.org/10.56871/MHCO.2026.74.35.010.

Received: 16.11.2025 ***Revised: 25.12.2025*** ***Accepted: 28.01.2026***

ABSTRACT. ***Introduction.*** The problem discussed in the paper is the problem of uncertainty, which may happen in any person's life. Being able to cope with uncertainty is expressed in the concept "tolerance to uncertainty," manifested in a person's willingness to act in conditions of insufficient information, lack of safeguards and reliable guidance. When one is diagnosed with cancer, he fears facing a life threatening situation, lack of guarantees of recovery, the ideas and beliefs about himself and the world around him common for everyone seeking for a safe world are being destroyed. In this regard, uncertainty in the situation of cancer disease is more exciting compared to other life circumstances. ***The purpose of the article*** is to study tolerance to uncertainty in breast cancer patients, the most common cancer pathology among the female population. ***Materials and methods.*** 34 patients aged 34 to 59 years were examined (the study was conducted in March–May 2024): 17 patients underwent primary treatment, 17 patients were in remission state for 1 to 5 years. Methods: clinical conversation, scale tolerance to D. McLane uncertainty (MSTAT-II), anxiety scale Spielberger–Hanina, Attitude to Life, Death and Crisis Questionnaire (Leontiev D.A., Osin E.N., Lukovitskaya E.G.). ***Results.*** A moderate level of tolerance was revealed to uncertainty in 76.4% of patients at the treatment stage and in 82.4% of patients at the stage of remission. These patients were able to accept the situation of the disease and their feelings associated with the disease, being and living in uncertainty helped them determine the zone of their own control over the present situation, the desire, despite all the difficulties, to live just now and direct attention to positive life events. The illness and the uncertainty associated with it are causing anxiety, but can at the same time stimulate personal growth, make the patient to reassess life values and meanings. Link found between level of tolerance to uncertainty and "crisis concept" scales ($r=0.423$ $p<0.05$), "personality anxiety" ($r=-0.392$ $p<0.05$): Considering the situation of the disease as a crisis by a BC patient makes oneself more resistant to uncertainty and more able to cope with anxiety associated with a disease as the resolution of the crisis helps a person advance to a higher level of understanding of self and life in general. ***Conclusion.*** After a life-threatening diagnosis, this uncertainty becomes apparent, giving rise to various fears and anxieties. For women with breast cancer, experiencing uncertainty can prompt them to re-evaluate their value system. In this case, the role of specialists supporting cancer patients is crucial; they must be able to navigate this uncertainty alongside the patient.

KEYWORDS: oncological disease, oncological patient, breast cancer, uncertainty, tolerance to uncertainty, personal anxiety, attitude to crisis situations

Funding. This study was not supported by any external sources of funding.

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Оригинальная статья

https://doi.org/10.56871/MHCO.2026.74.35.010

Неопределенность в ситуации онкологического заболевания

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Для цитирования: Пестерева Е.В., Каурова Т.В. Неопределенность в ситуации онкологического заболевания. *Медицина и организация здравоохранения*. 2025;10(4):110–118. https://doi.org/10.56871/MHCO.2026.74.35.010.

Поступила: 16.11.2025 ***Одобрена: 25.12.2025*** ***Принята к печати: 28.01.2026***

РЕЗЮМЕ. ***Введение.*** В статье рассматривается проблема неопределенности, которая включена в жизнь любого человека. Возможность справляться с неопределенностью бытия выражена в конструкте «толерантность к неопределенности», проявляемом в готовности человека действовать в условиях нехватки информации, отсутствия гарантий и устойчивых ориентиров. Когда человеку диагностируют онкологическое заболевание, он оказывается в ситуации угрозы жизни, отсутствия гарантий выздоровления, у него разрушаются представления и убеждения, которые имеются у каждого человека относительно себя и окружающего мира и отвечают его потребности жить в безопасном мире. В этой связи неопределенность в ситуации онкологического заболевания переживается острее, чем при других жизненных обстоятельствах. ***Цель исследования*** — изучить толерантность к неопределенности у больных раком молочной железы — самой распространенной онкопатологии среди женского населения. ***Материалы и методы.*** Исследованы 34 пациентки в возрасте от 34 до 59 лет (исследование проводилось в марте–мае 2024 года): 17 больных проходили первичное лечение, 17 пациенток находились в состоянии ремиссии от 1 года до 5 лет. Методы: клиническая беседа, шкала толерантности к неопределенности Д. Маклейна (MSTAT-II), шкала тревоги Спилбергера–Ханина, опросник «Отношение к жизни, смерти и кризисной ситуации» (Леонтьев Д.А., Осин Е.Н., Луковицкая Е.Г.). ***Результаты.*** Выявлен умеренный уровень толерантности к неопределенности у 76,4% больных на этапе лечения и у 82,4% пациенток на этапе ремиссии. Эти больные были способны принять ситуацию болезни и свои чувства в связи с болезнью, находиться и жить в неопределенности им помогало определение зоны собственного контроля в ситуации болезни, стремление, вопреки всем сложностям, жить в настоящем и направлять свое внимание на те события жизни, которые приносят что-то хорошее. Болезнь и неопределенность, связанная с нею, вызывает тревогу, но одновременно может стимулировать личностный рост, подтолкнуть больную к переоценке жизненных ценностей и смыслов. Обнаружена связь между уровнем толерантности к неопределенности и шкалами «концепция кризисной ситуации» ($r=0{,}423$ $p<0{,}05$), «личностная тревожность» ($r=-0{,}392$ $p<0{,}05$): переживание больной раком молочной железы ситуации болезни как кризиса делает ее более устойчивой к неопределенности и способной управлять своей тревогой в связи с заболеванием, так как разрешение кризиса помогает человеку продвинуться на более высокий уровень понимания себя и жизни в целом. ***Заключение.*** После постановки диагноза, связанного с витальной угрозой, неопределенность становится очевидной, порождая разного рода страхи и опасения. Для женщин, больных раком молочной железы, переживание неопределенности может подтолкнуть их к переоценке собственной системы ценностей. Важное значение в этом случае приобретает роль специалистов, сопровождающих онкологического больного, которые должны уметь находиться в ситуации неопределенности вместе с пациентом.

КЛЮЧЕВЫЕ СЛОВА: онкологическое заболевание, онкологический больной, рак молочной железы (РМЖ), неопределенность, толерантность к неопределенности, личностная тревога, отношение к кризисным ситуациям

Источник финансирования. Авторы заявляют об отсутствии внешнего финансирования при проведении исследования.

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INTRODUCTION

Every human life is marked by uncertainty in terms of future, circumstances, and personal preferences. At the same time, the modern world is characterized by growing uncertainty: over the past few decades, traditional society has become increasingly fluid [1] due to rapidly changing norms caused by a multitude of factors (an unstable international situation, a flood of negative information in the media, man-made disasters, an accelerated pace of life, the expansion of the virtual world, etc.).

The concept of "uncertainty" is generally understood as a state of unfamiliarity, ambiguity, and low predictability or foresight, as well as an event that depends on future occurrences beyond the direct control of an individual [2].

On the one hand, people possess various means of coping with uncertainty, both spontaneous (unconscious) and purposeful ones. For example, some people, when faced with uncertainty, strive to find the necessary information and calculate the probability of anticipated events; others (especially when life's problems cannot be modeled using logic and calculations) turn to inspiring stories about people who have successfully navigated trials and multifaceted uncertainty. Some people rely on the principle of "do what you must, and let the chips fall where they may" (the Roman emperor from 161 to 180 AD, the philosopher Marcus Aurelius), which implies that a person should be guided not by the experiences of others, but by their own personal values.

On the other hand, uncertainty harbors danger, and the state of uncertainty is accompanied by a wide range of negative emotions (anxiety, fear, irritation, helplessness, disappointment, etc.). In this regard, one may seek to avoid this experience. Escaping from uncertainty and unpredictability in the modern world can take many different forms, starting from religious fanaticism and anti-globalism to anxiety disorders and addictions [3].

The quality of life of modern people, their health, and well-being largely depend on their ability to cope with the uncertainty of existence. Psychological science has captured this human capacity in a construct known as "tolerance for uncertainty" [4]. Tolerance for uncertainty, as a stable personality trait, manifests in a person's readiness to act under conditions of information scarcity and the absence of stable decision-making cues. Such a person accepts and analyzes their actual life situation, focusing on solving the problem rather than avoiding it. Tolerance for uncertainty is viewed as an attribute of a mature personality who possesses their own conscious values and is capable of building their life in accordance with them, while simultaneously respecting the values of others.

In every person's life, there may be unique, crisis situations associated with uncertainty and danger. These include oncological diseases, the primary characteristic of which is uncertainty [5]: no one can ever guarantee a cancer patient a complete recovery, and their entire future life is spent in uncertainty. The uncertainty of cancer manifests itself in patients' heightened anxiety, anticipation and fear of negative outcomes. Prolonged exposure to a state of uncertainty can lead to heightened vulnerability (both physical and psychological), depression, asthenia, insomnia, and other manifestations of a neurotic nature [6]. Experiencing uncertainty can intensify feelings of loneliness, especially if a patient believes that people around do not understand one's condition.

Unfortunately, cancer rates are rising worldwide. The most common type of cancer worldwide is lung cancer, which accounts for 12.4% of all new cancer cases each year (2.5 million); breast cancer (2.3 million cases, 11.6%), followed by colorectal cancer (1.9 million cases, 9.6%), prostate cancer (1.5 million cases, 7.3%), and stomach cancer (970,000 cases, 4.9%). The most common type of cancer among women is breast cancer: 1,250,000 new cases of breast cancer are diagnosed worldwide each year. More than 100 cases per 100,000 are registered in Belgium, Germany, and Denmark (standardized rates). In Russia, breast cancer ranks first in the incidence of malignant neoplasms (MN) among females (21.2%). Likewise, it ranks first in mortality (15.91%). At the same time, breast cancer belongs to the group of MN with the lowest mortality rate [7].

AIM

The aim is to investigate tolerance to uncertainty in patients with breast cancer.

MATERIALS AND METHODS

The study included 34 female breast cancer patients aged 34 to 59 years. Among them:

- 17 patients with breast cancer undergo initial treatment at the I.N. Napalkov St. Petersburg Clinical Scientific and Practical Center for Specialized Care (Oncology) (mean age — 48 years);
- 17 patients had successfully completed treatment for breast cancer (mean age — 45 years).

The duration of remission ranged from 1 to 5 years (mean duration — 32 months). In oncology, survival is statistically defined for up to 5 years, since after 5 years, for many tumor localizations, the patient is considered to be in stable remission. From the patient's perspective, 5 years of remission marks a milestone: "If you've lived for 5 years and everything is fine, there's a feeling that you've overcome the disease" (patient's words). Thus, the patient's life prior to 5 years is filled with fears of disease recurrence.

The selected patient groups were identical in terms of social and demographic characteristics.

The following methods were used: a clinical interview aimed at studying the specific experiences of patients during treatment and in remission, and an experimental-psychological method using the Spielberger–Hanin Anxiety Scale [8], D. McLean's General Tolerance of Uncertainty Scale (MSTAT-II) [4], and the "Attitudes Toward Life, Death, and Crisis" questionnaire [9].

RESULTS AND DISCUSSION

A study of situational and personal anxiety [4] showed that during the treatment phase, 58.8% (10 patients) of patients with breast cancer were diagnosed with a high level of situational anxiety, which is associated with immediate events during treatment. Thus, clinical interviews revealed that patients undergoing treatment typically exhibit strong emotional reactions to information about the disease and the necessity of treatment: 58.8% (10 patients) felt a sense of hopelessness and a loss of security, while 23.3% (4 patients) experienced anxiety and fear; 29.4% (5 patients) experienced various fears regarding treatment (fear of side effects, fear of being helpless). Increased anxiety manifested itself in anticipation of possible treatment failure and fear of negative outcomes. Given that cancer treatment does not yield immediate results, patients felt frustration, irritation, and disappointment.

During remission, 88.2% (15 patients) were diagnosed with high levels of personal anxiety, which may be associated with uncertainty and fear of recurrence. After completing treatment, a patient worries about recurrence of the disease and the need to undergo treatment again which involves various restrictions and suffering, so that a patient tends to interpret any symptoms as a relapse. After completing treatment, a woman faces many issues related to returning to her normal life; she has questions about the future: on the one hand, she wants to return to work, but on the other, she doubts her ability to work with the same emotional and physical strain.

Some patients in remission noted that they were unable to make plans even for the immediate future — *"what's the point, if I'm going to die soon anyway?"* By doing so, they limited their lives: they were afraid to live, change jobs, take planned trips, or start new relationships. No one told them they were dying; in reality, they could live for a very long time, but the quality of their daily lives was declining. In this case, the awareness that a person is mortal leads to a fear of living. From an oncologist's perspective, a patient may be healthy, but from a psychological standpoint, she is unhealthy if she is in this state, because she is not living but awaiting the end of her life.

Breast cancer patients indicated that the degree of access to medical care, as well as family support, which is important both during treatment and after its completion, reduce anxiety and fear of recurrence. Thus, 94.1% (16 patients) of patients in remission emphasized that the support of their loved ones helped them endure the hardships of treatment.

A study on tolerance for uncertainty [4] revealed that a proportion of breast cancer patients (17.6% of patients, both during treatment and in remission) had a low level of tolerance for uncertainty (Fig. 1). Clinical interviews revealed that patients with low tolerance for uncertainty tend to deny and oversimplify their illness (*"I have the disease, but it's not that serious compared to patients in another ward,"* patient's words), as well as a tendency to use medications to reduce emotional stress ("*Afobazol is a lifesaver",*

patient's words). Patients with low tolerance cannot cope with uncertainty and strive to avoid it by any means: for example, taking pills but not thinking about it (*"don't tell me about the bad stuff,"* patient's words).

It should be noted that patients in remission have a higher level of tolerance for uncertainty than those undergoing treatment ($p < 0.05$): patients in remission have a potential fear of recurrence, but at the time of the study, there is no real threat, and this allows them to be tolerant of uncertainty.

Breast cancer patients with a moderate level of tolerance for uncertainty (76.4% of patients during treatment, 82.4% of patients in remission) were able to accept the reality of their illness and their feelings. They were willing to analyze contradictory information about the disease, and could even prefer situations where multiple solutions were available. What allowed them to remain in a state of uncertainty and continue living? These patients noted that defining their own zone of control and responsibility in the face of illness helps them cope with the feeling of uncertainty (*"I don't need to control the disease; there are things I can control: my mood — my sensations — my pain,"* said one patient). It should be noted that cancer patients are often forced to hand over control

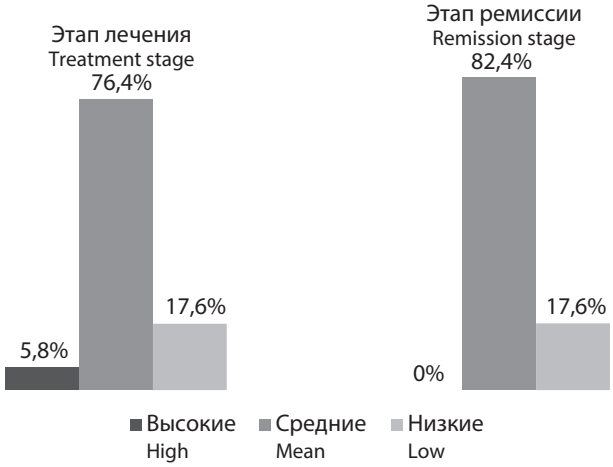

Fig. 1. Number (%) of breast cancer patients with different levels of tolerance to uncertainty at the treatment stage (n=17) and in disease remission (n=17) (the figure is developed by the authors)

Рис. 1. Количество (%) пациенток с раком молочной железы с различными уровнями толерантности к неопределенности на этапе лечения (n=17) и в ремиссии заболевания (n=17) (рисунок разработан авторами)

of their illness to doctors; some manage this better than others, which depends, among other things, on the quality of their relationship with the doctor [10]. In addition, patients pointed out the importance of learning to focus their attention on those life events, words, and moments of closeness with others that bring something good (*"Illness isn't all of life; in any situation, you need to try to look for what brings joy and peace,"* said a patient). Since it is practically impossible to wait until one can finally relax and find joy, one must do it now. One should not put life on hold, but live each moment as actively as possible, despite all difficulties. Thus, the patient gradually comes to understand that life is not the past or the future, but the present, and that it is very important to remain in the present, as well as to learn how to live in this moment.

If uncertainty as an external characteristic of reality (a cancer diagnosis, the need for prolonged and arduous treatment) is unavoidable, then subjectivity is based on a patient's perception. Challenges associated with the uncertainty of a cancer diagnosis require patients to structure their own system of life meanings and values and to accept uncertainty as an integral part of life [11].

The questionnaire "Attitudes Toward Life, Death, and Crisis Situations" [8] was used to study existential experiences of breast cancer patients. Figure 2 presents the scale scores for these patients.

The scale "acceptance of feelings regarding death" is least pronounced in patients both during treatment and in remission which destroys the illusion of immortality forever. What does the illusion of immortality consist of? Of course, everyone knows about the finitude of existence, but this applies to death in general: each of us knows that we are mortal, but we also know that this will happen sometime in the future. The illusion lies in the fact that, at the present moment, a person is immortal. For a cancer patient, this illusion is shattered: the realization that they are mortal becomes a reality right now [12]. The fear of death, being at the core of a cancer patient's psychological experiences, intensifies due to uncertain disease progression: patients do not know in advance how they will be treated, how they will tolerate therapy, or what the outcomes will be. Cancer

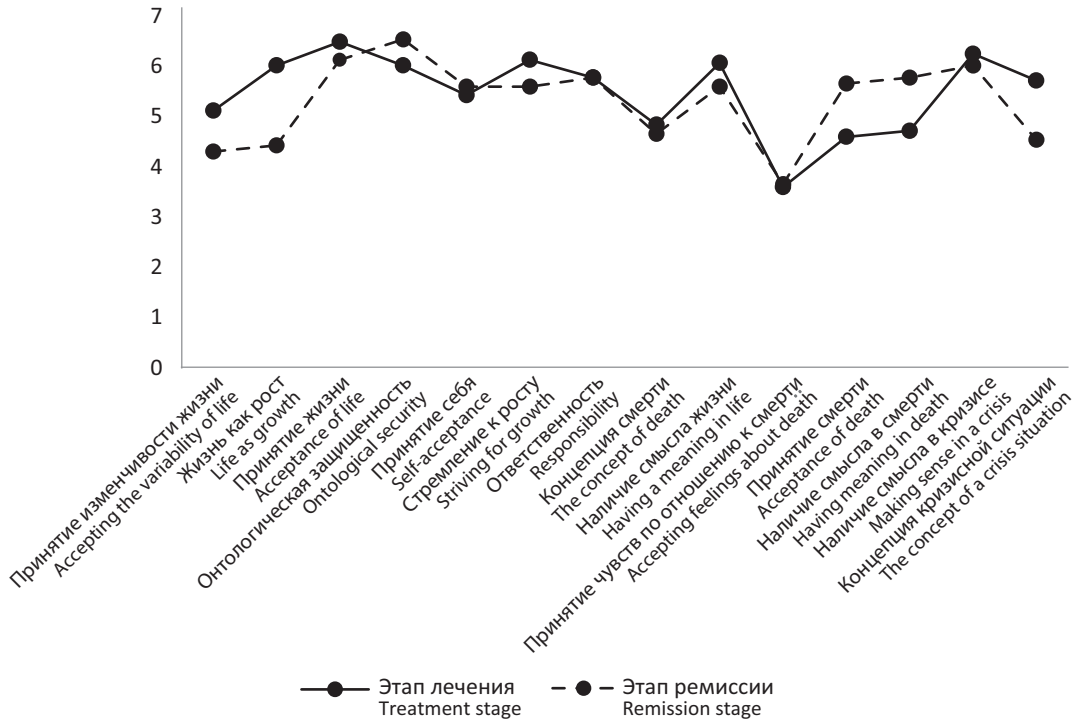

Fig. 2. The severity of the scales of the questionnaire "Attitude to life, death and crisis situations" in patients with breast cancer at the stage of treatment and in remission of the disease (the figure is developed by the authors)

Рис. 2. Выраженность шкал опросника «Отношение к жизни, смерти и кризисным ситуациям» у больных раком молочной железы на этапе лечения и в ремиссии заболевания (рисунок разработан авторами)

patients are concerned about the length of their lives, the course of the disease, and ways to care for themselves, and all these concerns are veiled by the uncertainty of tomorrow [5].

Among breast cancer patients, the "acceptance of life" scale score is predominant: 6.47 points during treatment and 6.11 points during remission. Correlation analysis revealed a direct relationship between the "acceptance of life" scale and the scales for "meaning of life" ($r=0.714$, $p<0.01$), "striving for growth" ($r=0.513$, $p<0.05$), and "acceptance of death" ($r=0.574$, $p<0.05$): acceptance of life is associated with the desire to find meaning in it, and this is linked to the acceptance of its finitude. Altogether, this indicates that patients have a need to make sense of what is happening. All patients asked themselves: "Why did I get sick? For what? For what sins?" These questions are very important for a person, as they may later transform into a search for an answer to the question: "What is the meaning of my illness?" ("*Is my illness a punishment or a test?"* — the patient's reflections). In everyday life, people rarely ponder the meaning of life, but when faced with the real possibility of death, many patients began asking questions about life: "Who am I in my life? What do I want? What am I living for, or what have I lived for?" It is impossible to answer these questions without accepting your own life in its temporal aspect — acknowledging its finitude — and viewing life as a value. Clinical interviews reveal that for 76.5% (13 patients) undergoing treatment and for 47% (8 patients) in remission, the primary motivation for treatment and the desire for recovery was the motive "my life and its value."

During clinical interviews, it became clear that 23.5% (8 out of 34) of the surveyed perceived their illness as something external, as something that reduces their quality of life, and as something they must fight against; another 23.5% (8 out of 34) perceived their illness as a "punishment" .35.3% (12 out of 34) of patients asked to reflect on the question "What is the meaning of my illness?" described their illness as a "trial." For 17.6% (6 out of 34) of breast cancer patients, the disease served as a "catalyst" for reevaluating their lives ("*the normal course of life has been disrupted and I can no longer live as before", "I don't know how to go on, but*

I can no longer be in the role I was in before," in the patients' own words). The disease and the uncertainty push these patients toward authenticity. They realize that every person has their own unique life, and that their own life is on the first place. It becomes crucial for a woman to live her own life, rather than one imposed by others who expect her to fulfill familiar roles.

Patients with breast cancer perceive their disease as a crisis, and this perception contributes to their resilience, regardless of the stage of the disease. Correlation analysis showed that the "Concept of a Crisis Situation" scale has a positive correlation with tolerance for uncertainty ($r=0.423$, $p<0.05$) and a negative correlation with anxiety ($r=–0.392$, $p<0.05$) . A woman with breast cancer who experiences her illness as a crisis situation becomes more resilient to uncertainty, as resolving the crisis helps her advance to a higher level of understanding of herself and life in general, and she becomes more capable of managing her anxiety.

Patients in remission show a high level of "ontological security" (6.52 points). According to I. Yalom, ontological security is a primary existential feeling that provides a person with confidence and a sense of safety [13]. No one can guarantee a patient in remission a complete cure, but a person has a need for psychological comfort, as well as trust in oneself, in others, in the world, and in life as a whole. It should be noted that trust is an essential condition for existence. Without trust, no progress or development is possible.

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CONCLUSION

Uncertainty is an inherent part of human existence; it is present in everyone's life. When patients with breast cancer face a fatal diagnosis, the uncertainty of their lives becomes apparent and contributes to various fears, including the fear of recurrence, which arises despite a favorable outcome.

Breast cancer patients with moderate tolerance for uncertainty are able to accept their illness and their feelings related to it; they value life as it is and strive to live each day to the fullest. Experiencing uncertainty can prompt patients to reevaluate their own value system and motivate them to lead a more meaningful life. All of this makes a breast cancer patient more resilient to uncertainty, capable of managing anxiety and taking responsibility for her behavior within the context of the disease, but not for the course of the disease itself.

Patients with low tolerance for uncertainty tend to deny and oversimplify their life situation, including a tendency to use medication to reduce psychological and emotional stress.

Specialists caring for cancer patients must be able to navigate situations of uncertainty alongside the patient: oncologists and oncology psychologists must accept uncertainty as a part of their own lives.

ADDITIONAL INFORMATION

Authors' contribution. E.V. Pestereva — formulation of the study hypothesis, selection of research methods, data collection and processing, and image preparation; T.V. Kaurova — literature review, writing, and editing of the manuscript.

All authors read and approved the final version before publication.

Competing interests. The authors declare that they have no competing interests.

Consent for publication. Written consent was obtained from the patient for publication of relevant medical information within the manuscript.

ДОПОЛНИТЕЛЬНАЯ ИНФОРМАЦИЯ

Вклад авторов. Пестерева Е.В. — формулировка гипотезы исследования, подбор методов исследования, сбор и обработка данных, подготовка изображений; Каурова Т.В. — проведение анализа литературных источников по теме исследования, написание текста и редактирование рукописи.

Все авторы прочли и одобрили финальную версию перед публикацией.

Конфликт интересов. Авторы декларируют отсутствие явных и потенциальных конфликтов интересов, связанных с публикацией настоящей статьи.

Информированное согласие на публикацию. Авторы получили письменное согласие пациентов на публикацию медицинских данных.

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