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Psychological Distress and Anxiety among Cancer Patients

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ABSTRACT

The purpose of the present study was to assess the psychological distress and anxiety among cancer patients of SKIMS, Soura, Srinagar. A non-random purposive sample of 80 cancer patients was select for the present study. Out of these; 40 was male cancer patients and the remaining 40 of them was female cancer patients and the sample shall be collect from their type of domicile as rural and urban. The sample for the cancer patient was collected from SKIMS hospitals, Soura, Srinagar, J&K. In order to assess the psychological distress the investigator was used psychological distress scale developed by Goldberg & Wasiams and Manjurani Aggarwal's and to assess the anxiety among the cancer patients the investigator was used Manjurani Aggarwal's. Multidimensional Personality Inventory. The study revealed that there is a significant difference between male and female Cancer Patients on their Psychological Distress and also found that there is a insignificant difference between male and female Cancer Patients on their Anxiety.

Key Words : Psychological distress, Anxiety, cancer patients, SKIMS, Soura

INTRODUCTION

The National Comprehensive Cancer Network (NCCN) Guidelines are a work in progress that may be refined as often as new significant data becomes available. The NCCN Guidelines are a statement of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. The National Comprehensive Cancer Network (NCCN) defines cancer-related distress as "multi-factorial unpleasant emotional experience of a psychological (cognitive, behavioural, emotional), social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms, and its treatment." It adds, "Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears to problems that can become disabling, such as depression, anxiety, panic, social isolation, and existential and spiritual crisis." Approximately 10–40% of cancer patients suffer from psychological distress according to previous studies, including anxiety and depression. Moreover, it does not only produce serious suffering of the patients, but also worsens quality of life, reduces compliance with treatment, and may lead to suicide. Psychological burden on the family and prolonged hospitalization are reported negative outcomes, too. Zabora et al., reports a distress prevalence of 35.1% among patients with different cancer types; the highest rate is 43.4% for lung cancer patients while the lowest is 29.6% for gynaecological cancer patients. Bedikian and Saleh et al., interviewed one hundred Saudi oncological patients of which 92% had an adverse reaction to the diagnosis and distress symptoms lasted from 3- to 5 months. However, none had received professional assistance.

Cancer care considers psychological and social management as important as biomedical counterpart.

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Although considerable development has been achieved in these aspects, adequate recognition and assessment is not fully met. The inability to promptly recognize psychosocial distress may compromise the medical care and adversely affect cancer patients' outcomes.

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Significance of the study:

In an alarming scenario, Jammu and Kashmir has witnessed an unprecedented 87 per cent rise in cancer cases during last 7 years, government figures reveal.

As government on the floor of the house has admitted rise in cancer cases, the official figures further corroborate year-on-year increase in detection of dreadful disease in the state.

According to official figures accessed by Greater Kashmir, cancer cases in 2017 were recorded as 5731 which is 87 per cent higher than the cases recorded 7 years ago in 2011 when 3057 such cases were witnessed.

Further, the official data reveals a disturbing trend of year-on-year increase in per cent of cancer cases in the state.

In 2011, 3057 cases were detected in Kashmir, which increased to 3288, thus an increase of 7 per cent in comparison to last year.

In 2016, 4976 cancer cases were recorded, which put the increase in percentage of cases from previous year at 17 per cent. The overall increase in cancer cases work out at an alarming 87 per cent from 2011 to 2017.

Similarly, 28,424 cancer patients have registered with government hospitals of Jammu and Kashmir in the last seven year.

The government, in an official communique, has admitted that cancer cases are on rise in Kashmir.

Objectives of the study:

The following objectives have been formulated for the present research proposal:

1. To findout the relationship between Psychological Distress and Anxiety among Cancer Patients.
2. To study the level of Psychological Distress among Cancer Patients.
3. To study the level of Anxiety among Cancer Patients.
4. To compare Psychological Distress among Cancer Patients of SKIMS, Soura, Srinagar with respect to their gender-wise.
5. To compare the Anxiety among Cancer Patients with respect to their gender-wise.

Hypotheses:

The following hypotheses were formulated for the present study:

H_{01} There is no significant correlation Psychological Distress and Anxiety among Cancer Patients.

H_{02} There is no significant difference in Psychological Distress among Cancer Patients with respect to gender.

H_{03} There is no significant difference in Anxiety among Cancer Patients with respect to gender.

Operational definitions:

Psychological distress:

The psychological distress for the present study consider the Goldberg and Wasiams (1992) Psychological

distress was measure by a scale having 20 items to be endorsed on a four – point scale. Out of the 20 items 12 items are of GHQ-12 (Goldberg and Wasiams, 1992) and 8 items of depression. The reliability and validity of the scale were assessed and reported by Mohal (1986).

Anxiety:

The psychological distress for the present study consider death anxiety was utilized in the present study which was developed by Templer et al. in 2006. This contains 51 items with 'true' or 'false' alternatives. Higher 87 scores indicate greater death anxiety. The correlation coefficient with Death Anxiety Scale was found to be 0.81 and with Death Anxiety Scale–New it was 0.97. The internal consistency was found to be 0.92.

Cancer patients:

A term for diseases in which abnormal cells divide without control and can invade nearby tissues. Cancer cells can also spread to other parts of the body through the blood and lymph systems. There are several main types of cancer. Carcinoma is a cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is a cancer that begins in bone, cartilage, fat, muscle, blood vessels, or other connective or supportive tissue. Leukemia is a cancer that starts in blood-forming tissue, such as the bone marrow, and causes large numbers of abnormal blood cells to be produced and enter the blood. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system. Central nervous system cancers are cancers that begin in the tissues of the brain and spinal cord. Also called malignancy. *The cancer patients for the present study shall consider for those patients who admit in the SKIMS, Soura Hospital, Srinagar.*

Literature review:

Kaur *et al.* (2017) conducted a comparative study on working and non-working married women and intended to observe whether anxiety affects life satisfaction or not. Results revealed that there exists no significant difference between the two groups and the result showed that anxiety and life satisfaction are experienced differently by working and non-working women. It indicates that the low and high life satisfaction depends upon the level of anxiety; the working women with low level of anxiety are higher on life satisfaction in contrast to the non-working women. The results of the study show that females those who are working and married, are low on anxiety with higher life satisfaction in comparison to the non-working married females. They perceived their life as challenging and secure. They feel comfortable with their life situations whereas the non-working married females are less satisfied with their lives. Their anxiety level is also higher than the anxiety level of working females. Sultan and Mominkhan (2017). Study on Psychological Distress among Cancer Patients from Saudi Arabia. Background: Contemporary cancer care considers psychological and social management as important as biomedical counterpart. Although considerable development has been achieved in these aspects, adequate recognition and assessment is not fully met. Objective: This study aims to (1) Screen for emotional distress in cancer patients attending at KAUH and (2) determine the associations between distress and demographic and clinical variables. Methodology: We conducted a survey of oncology clinic and admitted patients at an academic hospital in Jeddah, Saudi Arabia. Patients completed the National Comprehensive Cancer Network (NCCN) Screening Tool and Problem List. Results: Data analysis showed no statistical significant association between high level of distress and age , gender, marital and employment status or the type of cancer. High level of distress was found among individual who admitted their need for support. Conclusion: Services to recognize and treat distress to all cancer patients regardless of their demographics or cancer type. Kumar (2012) in his doctoral work on HIV/AIDS cases and their care givers examined care giving burden and quality of life. On the bases his work arounds 300 patients and care givers he reported significant deterioration in quality of life both in patients and their care givers. In addition Kumar (2012) also reported significant care giving burden which was attributed to loss of income, social stigma and greater degree of care giving responsibilities. Bhadoria (2013) investigated the differences in level of anxiety and depression among working and non-working women. The results revealed that the mean score of working women is lower than the corresponding mean score of non-working women in level of anxiety. Also, significant mean difference on the level of anxiety and depression exists with respect to both working and non-working women.

METHODOLOGY

Sample :

A non-random purposive sample of 80 cancer

patients was select for the present study. Out of these; 40 was male cancer patients and the remaining 40 of them was female cancer patients and the sample shall be collect from their type of domicile as rural and urban. Cancer patients was sample from SKIMS hospitals, Soura, Srinagar, J&K.

The breakup of the sample subject as:

	Male		Female		Total
Cancer Patients	Rural	Urban	Rural	Urban	
	20	20	20	20	80

Tools used

1. Psychological Distress Scale (Goldberg and Wasiams, 1992) Psychological distress was measure by a scale having 20 items to be endorsed on a four – point scale. Out of the 20 items 12 items are of GHQ-12 (Goldberg and Wasiams, 1992) and 8 items of depression. The reliability and validity of the scale were assessed and reported by Mohal (1986).

Statistical Treatment:

- Mean
- S.D.
- t-test
- Correlation

2. Manjurani Aggarwal's Anxiety Inventory:

In the present study, the investigator was used Manjurani Aggarwal's. Multidimensional Personality Inventory. Anxiety Inventory is one of the dimensions of Multidimensional Personality Inventory. To ensure suitability, the investigator modified some of the items. Further validity and reliability were established. This test was designed to find the negative feelings of students in social situations or in classroom situations. This test was designed primarily for use with secondary class students. The test has 20 items in English. The investigator has translated the tool in Tamil. The investigator of the present study has established the validity and reliability of the inventory.

RESULTS AND DISCUSSION

The Table 1 shows the percentage-wise comparison between male and female cancer patients on their level of Psychological Distress. The results of the table indicates that 16.0% male Cancer Patients have low level of Psychological Distress, 28.0% male Cancer Patients have moderate level of Psychological Distress and only 56.0% male Cancer Patients have high level of Psychological Distress.

On other hand, the table indicates that 12.0% female Cancer Patients were low level of Psychological Distress, 24.0% female Cancer Patients were moderate level of Psychological Distress and only 64.0% female Cancer Patients have low level of Psychological Distress.

The Table 2 level of anxiety with respect to Gender. The table shows that 86% male Cancer Patients have high level of anxiety, 12% have average anxiety and only 2% male Cancer Patients have low level of anxiety.

In female cancer patients, the table shows that 94% have high level of anxiety, 4% have average level of anxiety, 4% have high and 2% have low level of anxiety among cancer patients.

The Table 3 shows Pearson Correlation Coefficients

Table 1 : Showing the percentage comparison between male and female Cancer Patients on their level of Psychological Distress

	Male Cancer Patients		Female Cancer Patients	
	N	%age	N	%age
Low	8	16.00%	6	12.00%
Moderate	14	28.00%	12	24.00%
High	28	56.00%	32	64.00%
Total	50	100.0%	50	100.0%

Table 2 : Level of Anxiety among male and female cancer patients

	Male Cancer Patients		Female Cancer Patients	
	N	%age	N	%age
High	43	86.0	47	94.0
Average	6	12.0	2	4.0
Low	1	2.0	1	2.0
Total	50	100.0	50	100.0

Table 3: Correlation coefficient between psychological distress and anxiety among cancer patients

	Anxiety	p
Psychological Distress	.451*	.000

*p<0.01 level of significance

Table 4: Showing mean difference between male and female Cancer Patients on their Psychological Distress

Gender	N	Mean	Std. Deviation	t-value
Male	50	27.76	5.958	4.06*
Female	50	32.84	6.538	

*Significant at 0.01 level

Table 5 : Showing mean difference between male and female Cancer Patients on their Anxiety

Gender	N	Mean	Std. Deviation	t-value
Male	50	30.86	7.293	1.06NS
Female	50	29.74	6.131	

NS= Not Significant

between psychological distress and anxiety among cancer patients. Ranging from (r =0.451, p=0.00) and the correlation are significant at 0.01 level. It is evident from the table that psychological distress is positively correlated and significant with anxiety among cancer patients.

The Table 4 shows mean difference between male and female Cancer Patients on their Psychological Distress. The results of the table show that there is a significant difference between male and female Cancer Patients on their Psychological Distress and the t-value (4.06) which is significant at 0.01 level. The mean favours female cancer patients, which shows that female cancer patients have high level of Psychological Distress as compared to male cancer patients.

The Table 5 shows mean difference between male and female Cancer Patients on their anxiety. The results of the table shows that there is a insignificant difference between male and female Cancer Patients on their Anxiety and the t-value (1.06) which is insignificant.

Conclusion:

– The study found that 16.0% male Cancer Patients have low level of Psychological Distress, 28.0% male Cancer Patients have moderate level of Psychological Distress and only 56.0% male Cancer Patients have high level of Psychological Distress.

– The study found that 12.0% female Cancer Patients were low level of Psychological Distress, 24.0% female Cancer Patients were moderate level of Psychological Distress and only 64.0% female Cancer Patients have low level of Psychological Distress.

– The study found that 86% male Cancer Patients have high level of anxiety, 12% have average anxiety and only 2% male Cancer Patients have low level of anxiety.

– The study found that 94% female cancer patients have high level of anxiety, 4% female cancer patients have average level of anxiety, 4% female cancer patients have high and 2% have low level of anxiety among cancer patients.

– The study found that psychological distress is positively correlated and significant with anxiety among cancer patients.

– The study found that there is a significant difference between male and female Cancer Patients on their Psychological Distress.

– The study found that female cancer patients have high level of Psychological Distress as compared to male cancer patients.

– The study found that there is a insignificant difference between male and female Cancer Patients on their Anxiety.

Recommendations:

– The participants were all aware of their diagnosis prior to the study. However, being aware of their diagnosis may have contributed to patient's psychological distress. Patients usually are not told directly about their diagnosis in clinical practice because their family members are afraid that patients could not accept the diagnosis. Hence, patients in this study may represent as just a portion of patients under such protective medical system.

– This study also did not examine the effect of the high level of anxiety on cancer patient. Future studies

should be conducted to determine the cutoff value of MAX-PC score for re-ferral by use of the MAX-PC instrument in combination with a psychiatric diagnostic instrument, such as the Mini-International Neuropsychiatric Interview for The Diagnostic and Statistical Manual of Mental Disorders (MINI, DSM-IV).

– Staff should be informed that a history of mental illness and family risk factors may create increased risk for psychological distress during deployment.

– Provide the best possible living accommodations, workspace, and reliable transportation.

– Ensure, when possible, a reasonable workload, adequate management, and recognition for achievements.

– Encourage involvement in social support and peer networks.

– Institute liberal telephone and Internet use policies, paid by the organization will help increase social support networks of deployed staff.

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