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A Study to Assess Psychosocial Stress Factors in Relationship with Quality of Life Among Women's with Breast Cancer

Nilesh Ramesh Mhaske, Amol C Temker, Sonali Kashid

Abstract

Background: A diagnosis of cancer can challenge every dimension of the individual physical emotional and spiritual. Even if the prognosis is hopeful, the patient often faces dilemmas concerning the quality and meaning of life. Breast cancer-poses unique concerns for women in that they must face not only issues of pain and suffering but issues of sexual identity and female attractiveness as well.[1]

Aims and Objectives: A Present descriptive survey approach was conducted to assess psychosocial stress factors in relationship with quality of life among 30 womens with breast cancer at Dr. Vikhe Patil Memorial hospital, Ahmednagar. The data was collected by self-prepared and structured interview schedule. The results were analyzed and interpreted using descriptive and inferential statistics.

Results: There was significant association was found between the psychosocial stress factor and age: quality of life with per capita monthly income (P≤0.05 level). There was significant positive relationship were found between psychosocial stress and quality of life.

Conclusion: It is essential to raise awareness on cancer treatment and its impact on health; and develop health seeking behaviors among the patients and caregivers to provide better cancer care and improve the quality of life.

Keywords: Psychosocial stress; Factor and quality of life (QOL).

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Introduction

Breast cancer is the leading cause of cancer-related death in women world-wide.[2] Despite significant advances in diagnosing and treating breast cancer, several major unresolved clinical and scientific problems remain. These are related to (a) prevention (who needs it and when), (b) diagnosis (we need more specific and sensitive methods), (c) tumor progression and recurrence (what causes it and how to predict it), (d) treatment (who should be treated and how), and (e) therapeutic resistance (how to predict, prevent, and overcome it). Resolving all these problems is complicated by the fact that breast cancer is not a single disease but is highly heterogeneous at both the molecular and clinical level.[3, 4]

Author Affiliation: [1]Assistant Professor,[2]Associate Professor, Department of Medical Surgical Nursing, Padamshree Dr. Vithalrao Vikhe Patil Foundation, Ahmednagar, Maharashtra 414111, India. [3]Clinical Instructor, Department of Surgical Nursing, Pravara Institute of Medical Sciences (Deemed to be University), Loni, Ahmednagar, Maharashtra 413736, India.

Corresponding Author: Nilesh Ramesh Mhaske, Assistant Professor, Department of Nursing, Padamshree Dr. Vithalrao Vikhe Patil Foundation, Ahmednagar, Maharashtra 414111, India.

E-mail: nileshmhaske1985@gmail.com

Disfigurement and disability can cause increased anxiety, depression, and adjustment problems, decrease sexual drive, negative body image, marital disharmony, social inhibition and isolation.[5]

Common issues faced by patients are poverty, abandonment by husbands, absence of social security, stigma, sadness, fear of future, sorrow, feel drain on their meager family resources, sexual difficulties, fear of being deserted by husband are important but often unexpressed concerns. While working with these patient and their families we also need to be aware of macro level issue such as poverty, inadequacy of health care services and gender issues which contribute to oppression, submission and exploitation of Indian women.[6]

Global cancer statistics 2002 estimated overall there were 10.9 million new cases, 6.7 million deaths and 24.6 million persons alive with cancer. The most commonly diagnosed cancers are lung

1.35 million, breast 1.8 million. The most prevalent cancer in the world is breast cancer 4.4 million survivors up to 5 years following diagnosis.[7]

The Surveyed fifty years of cancer control in India and reported a population-based survey revealed that the proportion of coverage of cancer cases was 72% in Bangalore, 100% in Chennai and 78% in Mumbai. The five year relative survival for female breast cancer was 46.8% in Bangalore, 49.5% in Chennai and 55% in Mumbai. The five-year relative survival for cervical cancer was 40.4% in Bangalore, 60.0% in Chennai, 50.7% in Mumbai8.

In India, it is estimated that there are approximately 2-2.5 million cases of cancer at any given point of time with around 70,000 new cases being detected each year. Nearly half of these cases die each year. Although still lower than in developed countries, the age adjusted incidence rate per 100,000 populations for all types of cancers for urban India ranges from 106.2 to 130.4 for men and from 1000 to 140.7 for women.[9]

In his study at Germany aimed to investigate stress in tumor patients by means of cancer specific questionnaire in course of radiotherapy. Disease specific aspects of psychosocial stress were self assessed by patients with different tumor types before radiotherapy after radiotherapy and 6 weeks after end of radiotheraphy. 265 of 446 patients were investigated The results shown significant increase in stress for anxiety, pain and information. Younger patients displayed a decrease in anxiety whereas elderly patients demonstrated an increase; Breast cancer patients had highest stress levels. The study concluded patients who experienced stress at beginning of radiotherapy also ha d the same or increased levels of stress during and shortly after treatment and need permanent psychosocial support to improve QOL. The identification of patients with high stress levels at beginning of therapy could be helpful.[10]

In their study Psychosocial problems following a diagnosis of breast cancer at Guy's hospitals UK, emphasized the role of breast cancer nurse in reinforcing information, discussing treatment options, advising on benefits of surgery, to identify those at risk which improves patients Psychological well – being. They emphasized clarification of the benefits and side effects of other treatment such as Chemotherapy and Radiotherapy are also part of breast care nurses remit.[11]

In his study Psychosocial stages and Quality of life of women with breast cancer at USA, discussed changes in the criteria norms of the Psychosocial stages of women's lives and their subsequent influence on quality of life are issues that have substantial implications for nursing. Care must be planned and implemented to enhance Quality of life outcomes for survivors of breast cancer. The study concluded each women's adaptation and choices will be strongly influenced by her personal history, her psychosocial stage and her life cycle concerns. Younger and older women have different needs, concerns and QOL issues in a context of psychosocial life stages. At each critical life stage, the unique emerging problems require specific psychosocial support that can reduce or avert the ensuing emotional distress.[12]

Material and Methods

This descriptive survey approach was conducted to assess psychosocial stress factors in relationship with quality of life among 30 womens with breast cancer at Dr. Vikhe Patil Memorial hospital, Ahmednagar. Before commencement of the study, ethical approval was obtained from the Institutional Ethical Committee, and official permission was received from the authority. In present study the cancer patient was women with confirmed diagnosis of Breast cancer, able to read Marathi and willing to participate in the study were included in the study by using the non – probability; purposive sampling method.

The Patients who are Males suffering from breast cancer, Patients not willing to participate in the study and Patients waiting for confirmation of breast cancer patients were excluded from the study. The purpose of the study was informed and explained to the participants and those who voluntarily agreed to participate in the study and gave an informed consent for the same were asked to fill a blue print of items pertaining to two domains that is psychosocial domain and quality of life was prepared. There were 50 items on psychosocial stressors domain which includes 12 items (24%) relating to psychological domain, 8 items (16%) relating to personal domain, 10 items (20%) relating to social and personal interaction, 8 items (16%) relating to economic domain, 12 items (24%) relating to health and spirituality domain.

In quality of life domain there were 43 items in various domains. 8 items (18.6%) relating to Physical well being, 8 items (18.6%) relating to social / family well being, 6 items (13.9%) relating to emotional well being, 8 times (18.6%) relating to functional well being, and 10 items (23.2%) relating to additional concern and 3 items (6.9%) relating to

relationship with doctor domain. Individual scores were summed up to yield a total score. The collected data was tabulated and analyzed using appropriate statistical methods like descriptive statistics (mean, SD and mean percentage) and inferential statistics (chi – square test).

Results

Section A: Socio demographic data:-

Percentage wise distribution of breast cancer womens according to age shows that majority 53.33% belongs to 31-40 years, higher percentage had 42.66 % were Primary education, according to their residence shows that most 66.66 % were living in Rural area, according to occupation the majority 36.66% are housewife, according to per capita monthly income shows that most of had 60 % income Rs.2000-5000, Highest percentage 93.33% were married and Majority of breast cancer women receiving 96.66% chemotherapy.

Section B: Assessment of psychosocial stress factor and quality of life of breast cancer women

Table No. 1: Assessment of psychosocial stress factor of breast cancer womens

Sr No.	Item	Mean	SD	Mean%
1	Psychological Factor	10.66	22.45	44.41%
2	Personal factor	6.53	8.42	40.8%
3	Social & Personal Interaction Factor	9.26	11.19	46.3%
4	Economic Factor	07	15.63	43.75%
5	Health & Spiritual Factor	10.83	14.95	45.12%
	Overall	52.3	44.01	52.3%

Result revealed that psychosocial stress factor of breast cancer womens shows that the highest mean score (10.83 ± 14.95) which is 45.12% of the total score was obtained in the area of health and spiritual factor and mean score (10.66 ± 22.45) which is 44.41% of the total score obtained in the area of psychosocial factor indicates cancer patients had moderate psychosocial stress factors (Table No. 1). Previous studies indicated that psychosocial distress is common in breast cancer patients and occurs throughout the course of the illness. A study investigated the relations of perceived stress and lifestyle to breast cancer and found perceived stress, when combined with potentially risky lifestyle behaviors, may be a contributing factor to breast cancer. As presented above, psychosocial factors are known to contribute to breast carcinomas.[13]

Table No. 2: Assessment of Quality of life of breast cancer womens

Sr No.	Item	Mean	SD	Mean %
1	Quality of Life	4.9	8.98	40.83%
2	Social Family Factor	9.76	9.00	48.8%
3	Emotional Factor	10.6	13.94	41.9%
	Over all	25.5	29.31	44.73

Result revealed that the Quality of life of breast cancer womens shows that the highest mean score (9.76 ± 9.00) which is 48.8% of the total score was obtained in the area of quality of life and emotional factor indicates cancer patients had moderate quality of life (Table No.2). A past study revealed that women with breast cancer had greater social and interpersonal distress, and concern with physical symptoms and recurrence. Compared with the benign group, the present results showed that the stress from health, family, and interpersonal relationships were higher in the malignant group. For the malignant group, the stress from health problems was the most significant predictor for QoL. Consistent with previous reports and clinical experience, the physical symptoms and side-effects are usually a critical concern for breast cancer patients. Information and management for breast cancer, treatment, and side-effects of treatment should be clearly provided to decrease uncertainty and distorted fear.[14]

Section c: Assessment association between psychosocial stress factor and quality of life of breast cancer women with their selected variables.

There was significant association was found between the psychosocial stress factor and age: quality of life with per capita monthly income (P≤0.05 level). There was significant positive relationship were found between psychosocial stress and quality of life.

Conclusion

So it is emphasized that the cancer patients and their care takers should have knowledge (assessment and care) and positive attitude to compact cancer and its related health consequences and to improve the quality of life.

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