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Research article

A study to assess the level of anxiety among breast cancer patients and to develop pamphlet on "positive living with ca breast" at SGRD hospital Amritsar, Punjab

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Abstract

Today cancer is one of the most serious and dreaded diseases and the second major cause of death all over the world. Most breast cancer patients experience a loss of energy and an impairment of physical performance in the course of the disease. It has been estimated that this problem affects up to 70 % of breast cancer patients during Chemotherapy and Radiation therapy or after Surgery, these all lead to anxiety. The pamphlets coping strategies can improve the quality of life and functional status of breast cancer patients by reducing anxiety. **Aim:** to assess the level of anxiety among breast cancer patients and to develop pamphlets on "positive living with ca breast" at SGRD Hospital Amritsar, Punjab. **Materials and methods:** A descriptive study was conducted to assess the level of anxiety of breast cancer patients, research design; convenient sampling technique was used to select the 60 patients at Oncology Department SGRD Hospital, Amritsar. Data were collected using the Beck inventory scale to assess the level of anxiety of breast cancer. The pamphlets were used coping strategies among breast cancer patients to relieve anxiety. **Result:** The result of the study reveals that 100% of the patients were having the moderate anxiety among breast cancer patients. The mean value is 45.87 and the standard deviation is 3.955. **Conclusion:** Breast cancer patients undergoing treatment experienced a high level of anxiety symptoms. However used pamphlets coping strategies to cope with their illness in all treatment, emotional and physical symptoms.

Keywords: Anxiety, Breast cancer, Pamphlet on "Positive living with ca breast".

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1. Introduction

Breast cancer is referred to abnormal growth of malignant cells of breast cancer Breast cancer is caused by the development of malignant cell in the breast the malignant cells originates in the lining of the milk glands or ducts of the breast (ductal epithelium), defining this malignancy as cancer .cancer cells are characterized by uncontrolled division leading to abnormal growth and the ability of these cells to invade normal tissues locally or to spread throughout the body in a process.[1]

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The International Agency for Research on Cancer (IARC), the specialized cancer agency of the World Health Organization, released the latest data on cancer incidence, mortality, and prevalence worldwide.[2]. There are 3 methods for early detection of breast cancer. The first method is Mammography i.e. X-ray of the breast, done at regular intervals, after every 2 years, is popular in the west. However, mammography is expensive, technology-driven and requires stringent quality control and extensive experience on the part of technicians and doctors involved The second method is for a woman to get herself examined clinically to be a breast specialist.[3] The third method is self-examination whereby a woman examines her own breasts once a month after taking lessons from an expert. Many women, however, do not like doing self-examination

often out of fear of finding cancer. [4]
The new version of IARC's online database, GLOBOCAN 2012, provides the most recent estimates for 28 types of cancer in 184 countries worldwide and offers a comprehensive overview of the global cancer burden. [5]. According to GLOBOCAN 2012, an estimated 14.1 million new cancer cases and 8.2 million cancer-related deaths occurred in 2012, compared with 12.7 million and 7.6 million, respectively, in 2008.[6]. The seriousness of the situation is apparent after going through recent data from Indian Council of Medical Research (ICMR). The recent survey of cancer victims in Punjab has revealed a high incidence of cancer in the Malwa, doaba, majha. [7]**.** The emotional needs of adult patients with breast cancer receiving radiation therapy are a major factor in the recommendation for strengthening their coping abilities. [8] Anxiety is a signal our mind and body gives us that danger is near. The danger may come from internal or external sources.[9] We feel the press of living through the stresses we experience. Stress is cumulative, as it draws upon our personal and physical resources. Different people have individual tolerances for higher-than-normal levels of stress and anxiety. [10] When feeling over-burdened, excessive stress and anxiety can lead to lowered self-esteem and depression. [11] In such a situation, the goal of psychotherapy is to validate your emotional experience, adjust the negative self-assessment engendered by emotional overload, and help you find the path of support and positive developmental change. An often, anxiety and stress are heightened by being caught between untenable choices in life, or between people we love (or even, sometimes, fear). These problems can be explored and understood in psychotherapy. [12]

Objectives

- To assess the level of anxiety among breast cancer patients.
- To find out the association of the level of anxiety among breast cancer patients with the selected demographic variables.
- To develop and validate the pamphlet on "positive living with ca breast".

2. Materials and methods

Research approach and design: Quantities approach descriptive research design is utilized to achieve the stated objectives

Population: Females suffering from breast cancer.

Sample and sampling technique: 60 convenient sampling techniques.

Inclusion criteria: cancer patients were willing to participate and available at the time of data collection.

Exclusion criteria: patients who were not willing to participate and not available at the time of data collection.

Description of the tool: The tool consists of basically 2 section:

Section A: Socio-Demographic characteristics
It combined of the selected socio-demographic characteristics such as age, marital status, educational status, occupational status, habitat, type of family, family income, stage of cancer, duration of cancer, type of treatment.

Selection B: Structured interview schedule with beck anxiety scale:
The interview is to assess the level of anxiety of breast cancer patients which consists of 23 items, each item consists of scoring (0) Not at all (1) Mild (2)Moderate (3) Severe.

1) 0-23 Mild Anxiety **2) 24-46** Moderate Anxiety **3) 47-69 and above Severe Anxiety**

Maximum score 69, Minimum score 0

Development and validation of the pamphlet:
The 10 components. Where is breast, Definition of Breast cancer, How does it spread Breast cancer, Risk factors of breast cancer, Signs and symptoms of Breast cancer, Causes of Breast cancer Diagnosis of Breast cancer. Treatment of Breast cancer, Prevention of Breast cancer, Coping strategies of Breast cancer

Ethical consideration:

- Permission was sought from oncology S.G.R.D. hospital vallah Amritsar.
- An informed consent was obtained from the participants of the research study.
- Anonymity and confidentiality were maintained.

Analysis of data:
The data were analyzed using descriptive and inferential statistics. In descriptive statistics frequency, frequency percentage, mean, mean percentage was calculated. In inferential statistics, ANOVA was calculated**.**

Table no 1: frequency and percentage distribution of subjects based on a socio-demographic variable.

N=60

Characteristic	Variable	Frequency	(%)
1. Age	a.30-35	0	0
	b.36-40	0	0
	c.41-45	25	41.7
	c. All above	35	58.3
2. Marital status	a. Married	58	96.7
	b. Widow	0	0
	c. Unmarried	2	3.3

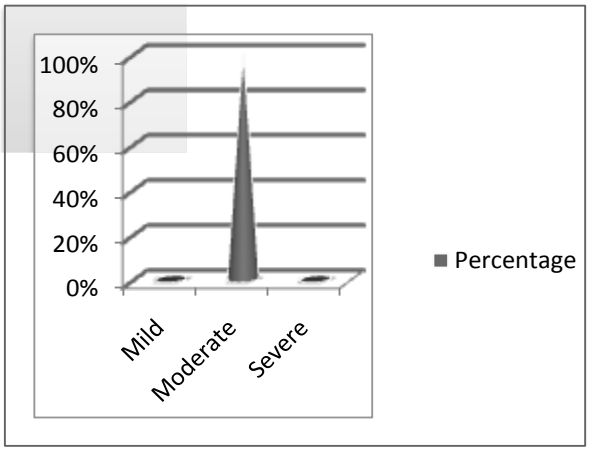
Characteristic	Variable	Frequency	(%)
3. Educational status	a. Middle b. Matriculcation c. Higher secondary d. Graduate e. Post- graduate f. Illiterate	9 24 25 0 0 2	15.0 40.0 41.7 0 0 3.3
4. Occupational status	a. Homemaker b. Govt. job c. Private job d. Own business	30 6 21 3	50 10 35 5
5. Habitat	a. Urban b. Rural c. Semi urban	19 24 17	31.7 40 28.3
6. Type of family	a. Joint family b. Nuclear family c. Extended family	9 41 10	15 68.3 16.7
7. Family income	a. 5,000-10,000/rs b.10,001-15,000/rs c.15,001-20,000/rs d.20,001/above	18 20 17 5	30 33.3 28.3 8.3
8. Stage of cancer	a.1 st stage b.2nd stage c.3nd stage d. 4th stage	46 11 1 2	76.7 18.3 1.7 3.3
9. Duration of cancer	a.1year b. 2year c.3year d. more than 3 year	28 28 4	46.7 46.7 6.7
10. Type of treatment	A Surgery and Chemotherpy b. Chemotherapy c. Radiotherapy d. Surgery	17 20 14 9	28.3 33.3 23.3 15

The majority of the respondents 35 (58.3%) were in the age group. The respondents 58 (96.7%) were married. The total 60 breast cancer women 25 (41.7%) women were higher secondary. The 30 (50%) women breast cancer were a homemaker. The majority of the respondents 24 (40%) had lived in rural areas. The majority of the respondents 41 (68.3%) had breast cancer in the nuclear family. Among the respondent's majority, 20 (33.3%) had monthly income 10,001-15,000. The majority of the respondents 46 (76.7%) had the 1st stage of cancer. The majority of the respondents 28 (46.7%) had 1 year and 2 years of duration of cancer. The majority of the respondent's breast cancer women 20 (33.3%) had received the treatment of Chemotherapy.

Table no 2. Percentage and frequency distribution of anxiety level among breast cancer patients.

N =60

Average	Frequency	Percent	Mean	S D
Mild Moderate Severe	0 60 0	0 100% 0	45.87	3.955



Section: 111. Association Between Level Of Anxiety Among Breast Cancer Patients With Selected Demographic Variables.

Table no 3: Association between the level of anxiety among breast cancer patients with selected demographic variables.

			Df			
Characte-ristic	Mean	S.D	Between group	Within group	F	P
Age 30-35 36-40 41-45 All the above	45.76 00 49.00	3.962 00 2.828	1	58	0.081	0.777
Marital status Married Widow Unmarried	45.76 49.00	3.962 2.828	1	58	1.305	0.258

			Df			
Characteristic	Mean	S.D	Between group	Within group	F	P
Educational status Middle Matriculation Higher secondary Postgraduate Illiterate	 41.56 46.29 46.76 49.00	 4.799 3.736 2.876 2.828	1	56	5.539	.002*
Occupation status Homemaker Govt. job Private job Own business	 45.73 46.00 45.76 47.67	 3.769 4.472 4.182 5.033	3	56	0.217	0.884
Habitat Urban Rural Semi-urban	 45.74 45.92 45.94	 4.605 3.387 4.160	2	57	0.015	0.985
Type of family Joint family Nuclear family Extended family	 44.11 46.05 46.70	 5.754 3.521 3.743	2	57	1.158	0.321
Family income Below <5,000 5,001-10,000 10,001-20,000 .20,001 and above	 45.28 48.00 44.00 45.80	 3.427 2.427 2.920 4.868	3	56	3.812	0.015
Duration of cancer a.1 Year b.2 Year c.3 Year More than 3 year	 45.93 45.45 50.00 44.50	 3.726 5.126 0 3.536	3	56	0.475	0.701
Stage of cancer 1st Stage 2nd Stage 3rd Stage	45.50 46.04 47.25	3.667 4.393 2.986	2	57	0.382	0.684
Type of treatment Surgery and Chemotherpy Chemotherapy Radiotherapy Surgery	 46.65 45.50 46.14 44.78	 3.220 3.517 5.517 3.563	3	56	0.515	0.674

*significant P≤ 0.005

Table 3 depicts that significant and non-significant of the breast cancer patients.

In order to explore the associations of anxiety score with the educational status of the patients, ANOVA was computed. The F value of 5.539 was found to be significant at p-value < 0.05 level. All other demographic variables associated with the anxiety of breast cancer women were found to be non-significant.

4. Discussion

Findings of the study discussed in terms of objectives-

Study findings show that patients were a moderate level of anxiety among breast cancer. these findings are consistent with. Petz. T. et al (2013) conducted a study in Magdeburg about patients coping with malignant glioma during the course of radiation therapy among 21 patients. They used the FKV (Freiburg Questionnaire coping with the disease) scale for assessing the coping strategies, State-Trait Anxiety Inventory (STAI) for assessing the anxiety and Beck Depression Inventory Scale for assessing the depression and the QLQ-C 30 Questionnaire of the EORCT and found that the patients with malignant tumors had an insignificant influence of radiation therapy on anxiety, depression, coping and the quality of life in comparison to that of the diagnosis of cancer. [13]

Paramesh Kumarkar, (2006) conducted a study on the incidence of breast cancer is increasing world over. There is a 2 - 3 fold increase in the risk of breast cancer amongst the first degree relatives of the patient with cancer in the breast. Breast cancer frequently

metastasizes in the auxiliary nodes; metastasis involvement of the mammary nodes is of great importance as a prognostic factor. Many breast cancer patients who remain disease-free after initial treatment, eventually relapse have a recurrence of the disease and die of metastases. [14]

During the study, it was found that moderate anxiety of breast cancer patients but given pamphlets "positive living ca breast" The study was conducted by Austoker, J.(2010) conducted a study in Madison about stressors and coping strategies among female cancer survivors after treatment. They conducted this study among 51 patients by using longitudinal interviews within 4 weeks and 3 to 4 months. They found that most of the cancer patients used acceptance, religion, and distraction as primary coping strategies. These strategies also were related as highly helpful coping strategies and clinicians suggested to provide anticipatory guidance.[15]

These findings are consistent with Stiegelis H.E et al (2012) conducted a study in Germany among 276 patients about the coping of cancer patients during and after radiation therapy. With the FKV (Freiburg Questionnaire coping with the disease) scale, cancer-specific coping aspects were assessed. The association between coping styles and psychosocial adaptation was evaluated using the questionnaire on stress in cancer patients (QSC) and the Questionnaire Functional Assessment of Cancer Treatment (FACT-G). They followed for two years and found the presence of positive correlation between the Quality of Life and coping mechanisms and at the beginning of the radiation therapy who had a low psychosocial adaptation had a low quality of life. Psycho – oncologically trained teams of physicians and nurses would best correspond to this profile of needs and would contribute significantly to an ameliorated adaptation of patients to cancer which could lead to higher life satisfaction. [16] John. (2009) conducted a study in Sweden among 90 male and 87 female Thai Buddhist patients about the feelings, coping, and satisfaction with nurse-provided education and support to cancer patients undergoing radiation therapy. They predicted that the oncology nurses had to provide education to radiation therapy patients, and it is essential that they should aware of their patient's cultural values and religious beliefs in order to improve their coping strategies.

The majority of the respondents 58.3% were in the age group and 96.7% were married. The total 60 breast cancer women 41.7% were higher secondary and 50% homemaker. The majority of the respondents 40% lived in rural areas. The respondent 68.3% had breast cancer in the nuclear family. Among the respondent's majority, 33.3% had monthly income 10,001-15,000. The 76.7% had a 1st stage of cancer. The majority of the respondents 46.7% had 1 year and 2 years of duration of cancer. The majority of the respondents breast cancer women 33.3% had received the treatment Chemotherapy.

Conclusion

Data were collected using the Beck inventory scale to assess the level of anxiety of breast cancer. The result of the study reveals that 100% of the patients were having the moderate anxiety among breast cancer patients. The mean value is 45.87 and the standard deviation is 3.955. The pamphlet was used coping strategies among breast cancer patients to relieve anxiety. Breast cancer patients undergoing treatment experienced a high level of anxiety symptoms. However, used pamphlets coping strategies to cope with their illness in all treatment.

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