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Attitude of Cancer Patients Towards Life

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ABSTRACT

Cancer is the second leading cause of death next to Heart disease. It is associated with progressive disability and health decline. To know the attitude of cancer patients towards life and their relationship between sociodemographic variable and clinical variables. The study was conducted on palliative/post operative patients with cancer, in tertiary care hospital in Navi Mumbai. A total of 154 patients were selected by simple random sampling with cancer taking palliative treatment, with age above 18 years. Only 138 patients gave consent for study. Mean age was 59.7 years (S.D. 7.3 Years). Age range was 46-71 years and prominent gender was Male (22 patients) (47.9%). In the domain of death acceptance patients mainly performed poorly, while at the level of goal seeking mostly patients performed very well (>90% in Q3 and Q4). In domain of existential vacuum, performance is poor (100% in Q1 and Q2) based on overall score most patients lie in Q3. Based on overall score patients in Q2 have high proportion of patients with poor prognosis (80%) in comparison to Q3 (14.3%). On applying Fisher exact test this difference shows statistically Significant difference. Being a Male was found to be a risk to score poorly. Low score was got in acceptance of death and existential vacuum. Higher score was obtained in goal seeking. This explains the inclination towards religiosity and spirituality. Good prognosis is associated with better performance on PMI and existential transcendence scores.

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Key Words
Attitude, cancer patients, life

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INTRODUCTION

Although there have been several studies regarding the cost of care burden in cancer patients, little is known about the heart wrenching stories and the attitude of the patient towards life while fighting cancer[1].

The diagnosis of cancer in patients instills suffering, helplessness and isolation which demands the patients to hasten the progression of disease and expect death sooner[2]. Data generated has identified multiple factors affect adaptation to trauma and emotional burden in cancer patients. These include social support, spiritual well being, socioeconomic status, self esteem, physical distress and disease factors like stage of the disease[2].

The diagnosis and progression of cancer can be a traumatic event in the lives of those affected and may trigger fears of suffering, disability, helplessness and isolation. Distress may arise in a substantial minority of those with advanced disease in the form of depression and hopelessness and, in a smaller number, with the loss of the will to live or a desire for hastened death[3].

One highly stressful and significant part of care is the communication issues and problems. Talking about death with a terminally ill person or the family can be truly challenging. Dealing with psychological problems has been found to be more stressful than dealing with physical problems. Staff members with higher death anxiety face difficulty in dealing with death of their patients. Most palliative care staff members wonder what to talk about in such a situation., whereas, it is active listening to the terminally ill person or the family, which is satisfying to the patient, relative and the staff[4].

Spirituality has been defined as the way in which people understand and live their lives in view of their ultimate meaning and value[5]. It is a subjective experience that occurs both within and outside of traditional religious systems[6]. Spiritual concerns are typically awakened at the end of life and the lack of meaning at that time may have an important bearing on the will to live[7].

Although predictive of religiousness and spirituality, spiritual well-being is considered primarily an individual state or outcome, rather than a set of beliefs about divinity, humanity, or ultimate truth[7]. Lack of spiritual well-being has been associated with depression in cancer patients and the terminally ill and with lower tolerance of physical symptoms. In the terminally ill, spiritual well-being can act as a buffer against depression, hopelessness and the desire for hastened death. Overall, the evidence suggests that spiritual well being is an important protective factor against psychological distress in patients with advanced and terminal disease[8].

Aims and Objectives:

- The aim is to study and analyze the attitude of cancer patients towards life.

MATERIALS AND METHODS

Sample Size:

- A total of 154 patients were selected by simple random sampling with cancer taking palliative treatment, with age above 18 years. Only 138 patients gave consent for study.
- A total of 88 patients were included excluding the below.
- Out of 138 only 44 candidates had educational status to participate in the study.
- Among these 44 participants 2 had MMSE score less than 20 so were excluded.
- 3 patients had past history of psychiatric illness. And 1 patient was found to score poor in Becks depression inventory 2 and thus was not included in the study.

Data Collection:

- Data was collected through interviews, mental status examination and review of medical records
- Clinical evaluation included detailed history regarding the present symptoms, physical and emotional.
- In the end selected and consenting participants were given a folder which included a copy of the consent, patient information sheet, Life attitude profile revised.
- A total of 38 folders were observed.

Instruments of Assessment:

- Demographic and clinical profile.
- Life Attitude profile revised scale.

RESULTS AND DISCUSSIONS

In the domain of death acceptance patients mainly performed poorly, while at the level of goal seeking mostly patients performed very well(>90% in Q3 and Q4). In domain of existential vacuum, performance is poor (100% in Q1 an Q2) based on overall score most patients lie in Q3.

- Based on overall score patients in Q2 have high proportion of patients with poor prognosis (80%) in comparison to Q3 (14.3%). On applying Fisher exact test this difference shows statistically Significant difference. Being a Male was found to be a risk to score poorly.
- The study was conducted on palliative/post operative patients with cancer, in tertiary care hospital in Navi Mumbai, with functional English. Patients were excluded if they were diagnosed <a

Table 1: Variable and Value

Variable	Value
Sample Size	38
Mean age	59.7 Years (S.D.7.3)
Age Range	46-71 Years
Female Proportion	16(42.1%)
Mean Duration of Diagnosis	9.1 Months (S.D.3.9)
Prognosis	Poor: 12(31.6%) Average 11(28.9%) Good 15(39.5%)
Type of Cancer	Breast -7 Buccal -9 Cervix -7 Gall Bladder -3 Liver -2 Lungs -7 Prostrate -2 Thyroid -1

Table 2: LAP-R Scale Score Distribution

Domain	Mean Score (SD)	Range	Quarter Wise Distribution			
			Q1 (<\=12)	Q2 (>6-<,=12)	Q3(>12-18-<\=18)	Q3 (18-<\=24)
Purpose	13.6(3.9)	4-29	2(5.3%)	10(26.4%)	24(63.2%)	2(5.3%)
Coherence	14.7(2.6)	10-20	0	11(28.9%)	25(65.8%)	2(5.3%)
Choice\Responsibleness	13.7(2.26)	9-18	0	12(31.6%)	26(68.6%)	0
Death acceptance	10.9(2.87)	1-18	2(5.3%)	27(71%)	9(23.7%)	0
Existential Vacuum	7.9(1.97)	2-11	9(23.7%)	29(76.3%)	0	0
Goal seeking	17.3(2.3)	8-20	0	1(2.6%)	25(65.8%)	12 (31.6%)
Overall score Quater wise distribution	(Q1=<36, Q2 >36-<=72, Q3=<1 08, Q4 = <144					
	Mean score	Range	Q1	Q2	Q3	Q4
Overall	78.2	46-97	0	10(26.3%)	28(73.7%)	0

Table 3: Comparing Profile of Patient Based on Overall Score

Quarter based on overall score	Number	Mean age	Female proportion	Mean duration of prognosis	prognosis
Q2	10	61.7 Year1(10%)	9.2 months		Poor: 8%(80%)
Q3	28	59 Year	15(53.6%)	9.1 months	Poor: 4(14.3%)
		P=0.3 Not significant	p<0.05(0.02) significant	P=0.9 not significant	Satistically Significant P<,0.05
					Ficher Exavt test value 0.0004

Table 4: Descriptive Statistics of PMI and Existential Transcendence Scores

Values	PMI	Existential Transcendence
Mean	28.4	27.7
S.D	5.9	8.6
Range	15-38	6-45

Table 4:

Criteria	Test	PMI Results	Existential transcendence Results
Sex	t test	Male mean value:25.8 female: 31.8 p<0.05 Statistically significant	Male mean value: 24.7 Female: 31.8 p<, 0.05 Significant Statistically
Prognosis poor vs avg\good	T Test	Mean score: 21.9(poor) Mean score: 31.3 (avg\good) p<0.05 Statistically significant	Mean score: 18.9(poor) Mean score: 31.8(avg\ good)statistically significant
Age and duration of disease	Linear regression	Age is negatively correlated while duration Of disease positively but both are not statistically significant	Age is negatively correlated while duration of disease positively but both are not statistically significant

month earlier or were unable to give consent. 38 patients were included (22 Male/ 16 female). The attitude towards life was assessed using Life attitude profile (a 7 point scale). The scores were classified into 4 quadrants.

- As seen in table1, we found no statistical significance correlation which shows distribution according to age. Mean age was 59.7 years. Range of age was 46-71 years. Prominent gender was Male. Most cancers were prominent in males except thyroid, gallbladder and anal cancer, which were significantly high in females.

Prognosis:

- All subjects were subjected to a through interview including present, past and family history were recorded. The diagnosis, TNM staging and treatment were also recorded. They were then divided into good, average and poor prognosis class. 12 patients (31.6%) had poor prognosis. 11 patients (28.9%) had average prognosis. 15 patients (39.5%) had good prognosis.

Site of Cancer:

- Out of 154 candidates identified only 38 were included in the study distribution of cancer site is a biased data depending on the following:
- Educational status.
- Area covered by the institute.
- Oncology care specialists.
- Local area competition.
- We found some cases with similar distribution as breast and cervical cancer account for majority

female population in the study and buccal and lungs made the major chunk in Male participants. Due to tobacco smoking lung cancer is increasing in third world countries.

- All patients included are of average educational status with a current income source. All subjects are religious in belief and from 3rd world countries.

Interpretation:

- Low score in death acceptance is observed which suggest a constant stressful state of mind and preoccupation with thoughts of death.
- Older age but NOT having cancer was associated with greater levels of death acceptance and differences in death acceptance between patients and controls were stronger than in older participants.

An overall high score was seen in goal seeking which suggest yearning to get more out of life and to have different experiences, this may be due to the time limitations in cancer prognosis.

- Participants displayed adaptation over problems, by active coping, emotional support, instrumental support, positive reframing, planning and social support. High scores in coherence displayed stability degree, sense of orderliness and reason for existence inspite of having cancer. Coping increased with others talking about necessary life events and receiving affection.
- 3) A poor score was recorded in existential vacuum, suggest having a good meaning, goals and directions in life.
- Themes like Loss of control, burden on others, Loss of continuity , uncompleted in life tasks hopelessness and acceptance encompass human suffering beyond cultural differences, necessary therapeutic interventions must be conceptualised to alleviate this existential crisis.
- 4) Collectively High Score On goal seeking and poor score in existential vacuum add up as finishing up objectives in a permanent capped time frame.
- Patients given cognitive emotion-regulation strategies seem to play an important role in their well being. Health care professionals must focus more on the positive life experiences and finding new goals with meaning. Negative thinking can be helped by mindfulness technique and helps them focus more on the present.
- **TABLE 3:** Comparing profile of patients based on overall score.
- In the third quarter all the subjects scored with an overall positive approach towards different life domains.
- Patients with poor prognosis that suggest poor psychological state scored poor in all domains, which suggest poor global meaning of life.
- Females performed better in all segments of study, suggest they have more sense of well being inspite of the distressing condition.
- Females performed better than males in emotional and avoidance coping styles and lower in rational and detachment coping skills. Females also had scored higher than men in having somatic and psychological distress. Higher global meaning and motivation were associated with lower psychological distress.
- This study supports the concept that in cancer patients, suffering and a part to find meaning are simultaneously experienced. This dual experience experienced by the patient must be pondered upon to better understand the complexity of emotions. Palliative treatment and social support must be blended in part with therapies that instil a meaning of life which is crucial to alleviate the suffering of patients.

CONCLUSION

- The objective of the study is to know the attitude of cancer patients towards life and their relationship between sociodemographic variable and clinical variables. The tools used are socio-demograhic data, clinical variable data, Life attitude profile revised. Mean age was 59.7 years (S.D. 7.3 Years). Age range was 46-71 years and prominent gender was Male (22 patients) (47.9%)
- Low score was got in acceptance of death and existential vacuum. Higher score was obtained in goal seeking. This explains the inclination towards religiosity and spirituality. Good prognosis is associated with better performance on PMI and existential transcendence scores.
- Women were found to be more adjusted than men to harsh events. Their feminine nature and compassion ought to the reason for the above results. Inclination towards the holistic approach towards the problem is required as belief itself change the outcome.
- After all belief is what gives hope!

REFERENCES

1. Radbruch, L., F. Nauck, M. Fuchs, K. Neuwöhner, D. Schulenberg and G. Lindena, 2002. What is palliative care in germany? results from a representative survey. J. Pain Symptom Manage., 23: 471-483.
2. Torre, L.A., F. Bray, R.L. Siegel, J. Ferlay, J. Lortet-Tieulent and A. Jemal, 2015. Global cancer statistics, 2012. CA: A Cancer J. Clinicians, 65: 87-108.
3. Petersen, R.W. and J.A. Quinlivan, 2002. Preventing anxiety and depression in gynaecological cancer: A randomised controlled

trial. BJOG: An Int. J. Obstet. amp Gyna., 109: 386-394.
4. Chaturvedi, S.K., 2012. Psychiatric oncology: Cancer in mind. Indian J. Psychiatry, 54: 111-118.
5. Rodin, G., A. Walsh, C. Zimmermann, L. Gagliese and J. Jones et al., 2007. The contribution of attachment security and social support to depressive symptoms in patients with metastatic cancer. Psycho Oncology, 16: 1080-1091.
6. Muldoon, M. and N. King, 1995. Spirituality, health care, and bioethics. JouReliHea., 34: 329-349.
7. Lo, B., 2002. Discussing religious and spiritual issues at the end of life<subtitle>a practical guide for physicians</subtitle>. JAMA, 287: 749-754.
8. Gomez, R. and J.W. Fisher, 2003. Domains of spiritual well-being and development and validation of the spiritual well-being questionnaire. PersIndiviDiffe., 35: 1975-1991.