A STUDY OF PSYCHOLOGICAL WELL BEING AMONG CANCER PATIENTS

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The home or family is a person's primary environment from the time he is born, until the day he dies while it may change over the time he is born, until the day he dies while it may change over the years owing to marriage, death, divorce, birth of new member and other circumstances, the family unit and the pattern of living that meets the needs of its members remains relatively constant. There is sample evidence that the family influences are ruling determinants of the person's concept of self will be in life.

- **Cancer**:

Cancer is the name given to a collection of related diseases. In all types of cancer, some of the body's cells begin to divide without stopping and spread into surrounding tissues.

Cancer can start almost anywhere in the human body, which is made up of trillions of cells. Normally, human cells grow and divide to form new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place.

When cancer develops, however, this orderly process breaks down. As cells become more and more abnormal, old or damaged cells survive when they should die, and new cells form when they are not needed. These extra cells can divide without stopping and may form growths called tumors.

- **Well Being and Cancer**

Well being is not just the absence of disease or illness but a complex combination of a person's physical, mental, emotional and social health status. It is strongly linked to happiness and life satisfaction. In short, well being could be described as how one feels about oneself and one's life. The aim of all humanitarian responses, from a psychosocial perspective, is to provide an environment that will enable people and communities to heal after a traumatic event. Psychosocial well being, including social, emotional and functional well being, reflects the dynamic relationship between psychological and social processes. Psychological processes are internal; they include thoughts, feelings, emotions, understanding and perception. Social processes are external; they are comprised of social networks, community, family and environment. Cancer affects the psychological well-being of a patient, which mainly results in depression and anxiety (Costanzo et al., 2009). A great amount of cancer patients suffer from social, emotional, and psychological distress due to the diagnosis and treatment of cancer (Carlson & Bultz, 2003; Smith et al., 2007). Long-term supportive care services should provide support to both patients and their partners in relation to their unmet needs, screening them for psychological disorders, referring them appropriately and timely and optimizing symptom management in order to improve the patients' QOL (Molassiotis et al., 2011).

Chandra PS, Chaturvedi SK, Channabasavanna SM, Anantha N, Reddy BK, Sharma S, Rao S.(1998). The impact of cancer on the psychological well-being of newly diagnosed cancer patients before and during the course of radiotherapy was assessed in 70 consecutive cancer patients. Most of the patients were over 40 years of age, women, illiterate and from a lower socioeconomic group. During the course of treatment there was a decrease in the well-being scores on some dimensions such as perceived family and primary group support. Improvements were seen in the dimensions of positive feelings, coping, social support other than the family and spiritual well-being. There were no changes in the dimensions of negative feelings and perceived ill-health. The results give a profile on well-being and the changes observed during radiotherapy.

Diener, E., & Chan, M. Y. (2011) Seven types of evidence are reviewed that indicate that high subjective well-being (such as life satisfaction, absence of negative emotions, optimism, and positive emotions) causes better health and longevity. For example, prospective longitudinal studies of normal populations provide evidence that various types of subjective well-being such as positive affect predict health and longevity, controlling for health and socioeconomic status at baseline. Combined with experimental human and animal research, as well as naturalistic studies of changes of subjective well-being and physiological processes over time, the case that subjective well-being influences health and longevity in healthy populations is compelling. However, the claim that subjective well-being lengthens the lives of those with certain diseases such as cancer remains controversial. Positive feelings predict longevity and health beyond negative feelings. However, intensely aroused or manic positive affect may be detrimental to health. Issues such as causality, effect size, types of subjective well-being, and statistical controls are discussed.

Lin, H. R., & Bauer-Wu, S. M. (2003) An integrative literature review was undertaken to examine the research on psycho-spiritual well-being in terminally ill people, specifically patients with advanced cancer. A comprehensive search of MEDLINE, CINAHL, Cancer Lit and PsycINFO using relevant keywords produced 43 primary research studies that investigated psycho-spiritual well-being in patients with advanced cancer. Each report was read, critiqued and systematically assessed for purpose statement or research questions, study design, sample size, characteristics of the subjects, measurement of independent and dependent variables, sample attrition, method of data analysis and results. Major themes and findings were identified for each of the studies. Psycho-spiritual well-being is an area of interest to researchers all over the world. Retrieved studies had been conducted in 14 countries by researchers in a variety of disciplines, including nursing, medicine, psychology and theology. Six major themes repeatedly emerged as essential components of psycho-spiritual well-being: self-awareness, coping and adjusting effectively with stress, relationships and connectedness with others, sense of faith, sense of empowerment and confidence, and living with meaning and hope. Patients with an enhanced sense of psycho-spiritual well-being are able to cope more effectively with the process of terminal illness and find meaning in the experience. Prognostic awareness, family and social support, autonomy, hope and meaning in life all contribute to positive psycho-spiritual well-being. Emotional distress, anxiety, helplessness, hopelessness and fear of death all detract from psycho-spiritual well-being. The research indicated that health professionals can play an important role in enhancing psycho-spiritual well-being, but further research is needed to understand specific interventions that are effective and contribute to positive patient outcomes.

Barlow, J. H., &Ellard, D. R. (2006). Chronic disease of childhood may have implications for the psychosocial well-being of children and their families. The purpose of this paper is to provide an overview of the current literature regarding the psychosocial well-being of children with chronic disease, their parents and siblings. Electronic searches were conducted using AMED, CINAHL, Cochrane Database, DARE, HTA, MEDLINE, NHS EED, PsycLIT, PsycINFO and PubMED (1990 to week 24, 2004). Inclusion criteria were systematic reviews, meta-analyses and overviews based on traditional reviews of published literature. The titles of papers were reviewed, abstracts were obtained and reviewed, and full copies of selected papers were obtained. Six reviews of the psychosocial well-being of children were identified: three on chronic disease in general, one on asthma, one on juvenile idiopathic arthritis and one on sickle cell disease. Two reviews of psychosocial well-being among parents and two reviews of sibling psychosocial well-being were identified. Evidence from meta-analyses shows that children were at slightly elevated risk of psychosocial distress, although only a minority experience clinical symptomatology. The proportion that experience distress remains to be clarified, as do contributory risk factors. Few conclusions can be drawn from the two reviews of parents. However, a meta-analysis of siblings showed that they are at risk from a number of negative effects. This overview has highlighted the need to extend the evidence base for psychosocial well-being of children, parents and siblings.

- **Objectives:**

The major objectives of the present research were as under

1. To study and compare satisfaction as one the area psychological well being between urban and rural cancer patients.
2. To study and compare efficiency as one the area psychological well being between urban and rural cancer patients.
3. To study and compare sociability as one the area psychological well being between urban and rural cancer patients.
4. To study and compare mental health as one the area psychological well being between urban and rural cancer patients.
5. To study and compare interpersonal relations as one the area psychological well being between urban and rural cancer patients.

- **Hypothesis**:

1. There will be no significant difference between urban and rural cancer patients with regards satisfaction as one the area of psychological well being.
2. There will be no significant difference between urban and rural cancer patients with regards efficiency as one the area of psychological well being.
3. There will be no significant difference between urban and rural cancer patients with regards to sociability as one the area of psychological well being.
4. There will be no significant difference between urban and rural cancer patients with regards to mental health as one the area of psychological well being.
5. There will be no significant difference between urban and rural cancer patients with regards to interpersonal relations as one the area of psychological well being.

- **Sample:**

In present research total 60 Cancer patients were randomly taken from hospitals of urban and rural areas of Ahmedabad district.

- **Variables:**

In the present research cancer patient of urban and rural area were taken as independent variable and scores of various areas of psychological well being were considered as dependent variables.

- **Tool**

Psychological well-being scale by Dr. Devendra Singh Sisodia and Ms. Pooja Choudhary

Scoring:

The scale consists of fifty statements. All statement are of positive manner. 5 marks to strongly agree, 4 marks to agree, 3 marks to undecided, 2 marks to disagree and 1 mark to strongly disagree responses are assigned. The sum of marks is obtained for the entire scale. The higher the score more is the well-being.

Reliability:

The reliability of the scale was determined by (a) test-retest method and (b) internal consistency method. The test re-test reliability was 0.87 and the consistency value for the scale is 0.90.

Validity:

Beside face validity as all the items of the scale are concerned with the variable under focus, the scale has high content validity. The scale validated against the external criteria and coefficient obtained was 0.94.

- **Procedure:**

The rapport was established with cancer patients. For data collection Psychological Well-being Scale by Dr. Devendra Singh Sisodia and Ms. Pooja Choudhary was administered in individual setting. After completion the data collection, responses of each respondents on tool were scored as per the scoring key of manual of tool.

- **Statistical Analysis:**

To analyzed the data t test was used. Each hypothesis was tested at 0.01 level and 0.05 significant level. Data was analyzed with help of statistical package for social sciences (SPSS).

- **Results and discussions:**

Table No. 1

Mean SD and t value of psychological well being area A- satisfaction between urban and rural cancer patients

variable	N	Mean	SD	t value	Level of significant
Urban	30	33.77	6.40	0.99	NS
Rural	30	35.43	6.57		

In table no.1 shows the mean scores of urban and rural cancer patients on psychological well being area –A satisfaction is 33.77 and 35.43 respectively with SD 6.40 and 6.57. The t vale of psychological well being area A- satisfaction was 0.99 which is not significant. It indicates that significant difference does not exist between urban and rural cancer patients on psychological well being area A- satisfaction.

Table No. 2

Mean SD and t value of psychological well being area B- efficiency between urban and rural cancer patients

variable	N	Mean	SD	t value	Level of significant
Urban	30	32.13	6.13	2.14	0.05
Rural	30	35.07	6.80		

In table no.2 shows the mean scores of urban and rural cancer patients on psychological well being area – B- efficiency is 32.13 and 35.07 respectively with SD 6.13 and 6.80. The t vale of psychological well being area B- efficiency 2.14 which is significant at 0.05 level. It indicates that significant difference exists between urban and rural cancer patients on psychological well being area B- efficiency. Rural cancer patients have more efficiency than urban cancer patients.

Table No. 3

Mean SD and t value of psychological well being area C- sociability between urban and rural cancer patients

variable	N	Mean	SD	t value	Level of significant
Urban	30	32.63	6.20	1.44	N.S
Rural	30	34.97	6.41		

In table no.3 shows the mean scores of urban and rural cancer patients on psychological well being area – C- sociability is 32.63 and 34.97 respectively with SD 6.20 and 6.41. The t vale of psychological well being area C- sociability was 1.44 which is not significant. It indicates that significant difference does not exist between urban and rural cancer patients on psychological well being area C- sociability.
It indicates that significant difference does not exists between urban and rural cancer patients on psychological well being area C- sociability.

Table No. 4

Mean SD and t value of psychological well being area D- mental health between urban and rural cancer patients

variable	N	Mean	SD	t value	Level of significant
Urban	30	40.37	8.64	1.85	NS
Rural	30	43.67	4.57		

In table no.4 shows the mean scores of urban and rural cancer patients on psychological well being area – D- mental health is 40.37 and 43.67 respectively with SD 8.64 and 4.57. The t vale of psychological well being area D- mental health was1.85 which is not significant. It indicates that significant difference does not exist between urban and rural cancer patients on psychological well being area D- mental health. It indicates that significant difference does not exists between urban and rural cancer patients on psychological well being area D- mental health.

Table No. 5

Mean SD and t value of psychological well being area E- interpersonal relations between urban and rural cancer patients

variable	N	Mean	SD	t value	Level of significant
Urban	30	25.5	4.32	3.53	0.01
Rural	30	29.67	4.83		

In table no. 5 shows the mean scores of urban and rural cancer patients on psychological well being area – E- interpersonal relations is 25.5 and 29.67 respectively with SD 4.32 and 4.83. The t vale of psychological well being area E- interpersonal relations was 3.53 which is significant. It indicates that significant difference exist between urban and rural cancer patients on psychological well being area E- interpersonal relations. Rural cancer patients have more interpersonal relations than urban cancer patients.

Conclusions:

1. Significant difference does not exist between urban and rural area of cancer patients with regard to psychological well being area A- satisfaction.
2. Significant difference exists between urban and rural area of cancer patients with regard to psychological well being area B- efficiency. Rural cancer patients have more efficiency than urban cancer patients.
3. Significant difference does not exist between urban and rural area of cancer patients with regard to psychological well being area C- sociability. Urban area cancer patients have more sociability than rural area cancer patients.
4. Significant difference does not exist between urban and rural area of cancer patients with regard to psychological well being area D- Mental health.
5. Significant difference exists between urban and rural area of cancer patients with regard to psychological well being area E- interpersonal relations. Rural cancer patients have more interpersonal relations than urban cancer patients.

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