Research paper on how to improve the psychological and social impact of cancer in...

Health & Medicine, Cancer

How to Improve the Psychological and Social Impact of Cancer in Patients and Family Members

Introduction

A diagnosis of cancer is one of the most frightening occurrences that are usually followed by a complete shock by the patients. Irrespective of the advancements in medical technology, cancer still continues to claim the deaths of many individuals across the globe. In fact, cancer diagnosis usually follows depression, anxiety, denial, disbelief and ultimately death. These ranges of impacts are usually attributed to the changes that the patients face regarding their fulfillment of family roles, changes in the body physique, pain and suffering and loss of control of their lives. A notable trend among the cancer patients is the counting of the remaining days of their lives on earth.

These social and psychological impacts associated with cancer usually impose a significant effect on the health outcome of the ailment depending on the type of cancer diagnosed. The impacts extend beyond the patient to include the family members, who are affected by a disruption of the day-to-day life. In addition, the uncertainties associated to cancer type, prognosis and the options for treatment can turn out to be extremely overwhelming for both the members of the family and the patients. Studies have reported that the members of the family are extremely stressed than the patient, which is mainly due to hopelessness, lack of control and the anticipatory loss due to a diagnosis of cancer.

It is a fact that cancer is a major cause of morbidity and death among people; there are diverse factors that affect the health outcome of a cancer

patient beyond just the medical framework. The underlying concern on whether the social and psychological parameters impose significant clinical outcomes for the cancer patients. This research study aims at determining the effects that social and psychological factors of cancer impact on the health outcome of the patient. The study will affirm the correlation that exists between psychosocial impacts of cancer and its relapse and survival.

Question to be studied

How do the psychosocial impacts of cancer affect its relapse and survival?

Variables

i. Psychosocial impacts of cancer: this is the independent variable and details the various psychological impacts that cancer patients are likely to exhibit, which include the emotional distress and adjustment, depression and anxiety.

ii. Relapse and survival: this is the dependent variable for this study and comprises of the clinical outcomes of the cancer, which will be determined by the effect of the intensity of the psychosocial impacts of cancer. Psychosocial impacts will be determined by the ability of the cancer patient to cope with the disease.

Rationality of the study

This study will be helpful in determining the relationship that exists between the degrees of psychosocial impacts and the health outcomes of cancer; as a result, it will provide an important framework for the development of behavioral intervention to help in the relapse of cancer and positive clinical

outcome. Therefore, the study will make significant contributions regarding the use of behavioral intervention in cancer therapy and treatment.

Literature Review

Studies have been conducted to determine the relationship between the progression of cancer and the social and psychological environment of the cancer patient (Reynolds & Kaplan, 2000). The studies have indicated mixed results, with the relatively large body of research suggesting that psychosocial intervention and support can result to the relapse and survival. Early studies such as Meyer & Mark (1995) revealed that social isolation tends to elevate the rate of cancer progression. The inference from the study was the lack of social isolation could enhance positive outcomes of cancer as evidenced by the study that reported that married cancer patients have high chances of cancer survival compared to unmarried cancer patients. A study by Reynolds and Kaplan (2000) also affirmed the relationship between social isolation and the health outcomes of cancer. The study reported that cancer patients who had minimal social contacts felt that they were isolated, which increased their incidence of hormone-related cancer by approximately five times. In addition, male patients who had relatively few social connections exhibited low rates of cancer survival. These studies concluded that social and emotional support imposed a protective impact in relation to the survival and relapse of the cancer patients who were in the earlier phases of the disease. The literature in the studies offer evidence that the availability of social and emotional support tends to reduce the mortality risk associated with cancer (Reynolds & Kaplan, 2000). The significant limitation evident in

these studies is that they did not take account into the type and stage of the cancer and the underlying variables that affect the social variables for both the male and female cancer patients. In addition, the studies relied on inherent social characteristics such as marriage, confidants and social contacts. This leaves a void in relation to the coping skills and stress management on the clinical outcomes of cancer, which is the core focus of this research.

The studies relating to the psychological and social impacts of cancer have mostly deployed use control and prospective research designs, which do not provide a comprehensive overview of the casualty involved. The most dominant psychological variables that are usually used include depression, hopelessness and emotional distress. These are relatively few compared to the 59 psychosocial variables discussed by Fox (1999). It is a fact that individuals usually develop feelings associated with depression and hopelessness when diagnosed with cancer. It is also probable that they can react through emotional suppression, which has been counterchecked by the limited prospective research design whereby the cancer patients are subject to an interview after being referred to a clinic. Fox (1999) argues that this does not help in eliminating the biases that are associated with the used case control research design. Fox further suggests that the best research design for affirming the relationship between cancer survival and psychosocial factors is the use of controlled intervention. The social environment of the cancer patient usually does not turn out to be supportive, an inference from the above literature is that despite the benefits of social

support to cancer patients, cases of social stress imposes adverse impacts on the health outcomes of cancer. He carried out a retrospective comparison of 50 patients who had just relapsed from breast cancer and 50 control patients in remission. The participants were matched for the initial status of the disease and diagnosis; the results indicated that the relapsed cancer patients had experienced relatively severe life events such as frequent deaths of family members and job loss (Fox, 1999). This increased the relative risk of mortality by approximately 5. 67 when compared to the cancer patients who were non-recurrent. The differences in the results of the studies can be attributed to the methods and the types of cancer being investigated.

Research Method

The research method used for this study was a pre-/post intervention evaluation, whereby the research team will collect cross-sectional data obtained from random samples of women suffering from breast cancer. The women for the sample study will be recruited from the urban healthcare centers, after which they will be subjected to coping skills and stress management training. The participants' demographic data will be using baseline questionnaire; the data regarding their acceptability will be collected using follow-up intervention and exit questionnaire. Clinical logs will be used to accompany the questionnaires issued at the various stages of the research.

Questionnaire and participant observation

Research design methodology is determined by the structure of the research question and the context. Social research aims at providing an explanation for current state of affairs using predetermined variables. It is worth noting that social research significantly depends on probability, therefore, providing an explanation why a given variable plays a significant role in determining the outcome (Neuman, 2003). This therefore implies that it is imperative for the social research to put more emphasis on the findings, coupled with a correlation to the available theoretical frameworks to explain the relationship between psychosocial impacts and cancer survival. When carrying out a social research, the researcher can choose between Qualitative and quantitative approaches. Quantitative approach entails the collection and analysis of quantifiable data and statistics so as to result to infer a conclusion; it involves collecting data through investigative units such as questionnaires (Ruane, 2005). Qualitative approach on the other hand utilizes analysis and evaluation of qualitative data through interviews and observation so as to reach a conclusion. This research requires both the analysis of both qualitative and quantitative data that will be collected from the cancer patients regarding the effectiveness of behavioral intervention in the treatment of cancer. This is because the data collected will be in form of questionnaires and interviews which are both quantitative and qualitative respectively.

The deductive approach will be used after which it will involve empirical evidence that will attempt to determine the association between psychosocial factors and cancer treatment. Therefore a deductive approach

will be used because the research study commences with a research hypothesis and terminates with empirical measurement, analysis and evaluation of research findings.

The research will be conducted in the state of California. The sampling approach that will be employed will be quota sampling and convenience sampling. Quota sampling refers to a situation whereby the researcher chooses a proportion of the elements that will be investigated during the study. The partition can be based on different categories such as gender, age, lifestyle and ethnicity. The researcher can then decide which categories to use in the proportion of the study elements depending on the ease of access. The quotas that will be chosen for this research will be categorised into three distinct groups: ≤ 18, 19-34, and ≥ 35. A further classification will be based on gender and the social statuses of the citizens of the state of California

The study will be conducted for a period of six months beginning from January to June 2012 within a number of outpatient hospice centers located in the State of California. The potential research participants will be recruited using fliers that will posted within the healthcare center and their respective vicinities and neighborhoods (Neuman, 2003).

The pre-intervention strategy will involve conducting a survey regarding the status and the phase of the cancer. During the pre-intervention phase, the participants will be provided with a baseline questionnaire that will be used to collect information regarding their baseline demographic characteristics (Ruane, 2005). This will be followed by coping skills and stress management training coupled with intensive counseling.

Questionnaires

Ruane (2005, p. 123) defines questionnaire as “ self-contained, self-administered instrument for asking questions”. The questionnaire will be used to gather information on the psychosocial impacts of the cancer patients such as the response to the intervention treatment. The use of questionnaire is preferred because it facilitates the researchers to acquire enormous amounts of data within a limited time frame. The primary objective of a questionnaire is to encourage and offer motivation to the respondents to actively participate in the interview. This will be achieved through the use of interesting questions and visual aid representations for clarity. This will be aimed at captivating the motivation of the respondents to actively participate in the research study. The questionnaire will comprise of closed questions and one open-ended question. A closed question can be either in form of multiple choices, dichotomous questions or scales. Dichotomous questions are designed to collect the fundamental data from respondents such as Male or Female, age and other basic personal information. They will be in a simple format involving Yes or No multiple choice questions. They will be mainly used for gathering information related to the experiences of the hospices in terms of anxiety, depression, shock, denial and family adjustments during the grieving process. Open ended question was used to gather their views and opinions regarding how to improve the supportive hospice services offered to them.

Consideration of any ethical and legal issues

Any social research must put into consideration the various ethical and legal concerns associated with conducting a social research. Firstly, the questionnaire and interview questions should be devoid of sensitive questions. Majority of people fear for their views to be known and they seek confidentiality. The following is an outline of the ethical and legal issues associated with the research.

i. The principle of voluntary participation: it requires that no correspondent will be forced into participating. In order to achieve these, the questionnaires will be issued to only participants who will be willing to participate in the research study.

ii. Preservation and anonymity of the respondents: all social research studies should aim at guaranteeing the anonymity and confidentiality of the respondents. All the information gathered will not be revealed to anyone under any circumstance. In addition the questionnaires will not be asking the respondents their names and associated personal information.

iii. The social research should guarantee no harm to participants and researchers before, during and after the research study. It is an ethical requirement of a social research study that the researcher should not put the respondent in a harmful situation through his participation in the project. All participant shall receive equal treatment without prejudice and they will be informed the reasons for the research prior to their participation.

Limitations of the research

The significant constraint that the research will face is the time constraints. The course was done in 5 weeks and there was no enough time to do a lot of research. This may result to inadequate collection of questionnaires and the carrying out of semi-structured interview. This may result to a higher marginal error. Another problem will be that some target respondents may not be interested in answering the questions during the research and during interview. Some respondents may also provide inaccurate information.

Results and analysis

Basing on the research findings, this study will be used for creating new techniques and ways to support the grieving of the hospice family members when their loved ones and in the process of dying. This will be used for improving the support service offered to the cancer patients during the grieving process. The following chart shows the prevalence of the psychosocial impacts associated with cancer.

It is arguably evident that patients and family members have a significant problems associated with coping well. This implies that the coping and stress management training should be implemented in order to improve the supportive services offered to cancer patients and family members during the grieving process.

In order to improve and support the hospice services, behavioral interventions is needed with the main objective of reducing and eliminating frustration, shock, denial, depression and anxiety. Counseling is needed during the grieving process in order to help the patients and family members

to effectively handle the psychosocial impacts of cancer. This also entails the involvement of the family members in offering social support to the dying patients.

An increase in the social support serves to reduce the post traumatic growth; this kind of correlation can be used to improve the hospice services offered to the patients and family members. Social support includes encouraging the family members to continually maintain the emotional and social contact with the dying patients, which can turn out to be helpful in increasing the survival rates of cancer patients. Social support also entails putting oneself in the position of the grieving so that their needs can be effectively met. The basic inference is that lack of social support tends to worsen the grieving process and should be avoided at all costs. Social support should be implemented with the main objective of eliminating cases associated with social isolation.

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