pISSN 2394-6032 | eISSN 2394-6040

Original Research Article

DOI: http://dx.doi.org/10.18203/2394-6040.ijcmph20181722

Impact of cancer diagnosis on different aspects of life of patients of cancer breast and cancer cervix uteri: a cross sectional study at Government Medical College, Amritsar, Punjab

Nandika Khullar, Tejbir Singh, Mohan Lal*, Jasleen Kaur

Department of Community Medicine, Government Medical College, Amritsar, Punjab, India

Received: 03 March 2018 Accepted: 02 April 2018 Accepted: 03 April 2018

*Correspondence:

Dr. Mohan Lal,

E-mail: drmohanlal2014@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Advancements in understanding about the etiology and pathogenesis of cancer has led to increased awareness regarding the clinical course of disease and its appropriate treatments. This is the major reason behind longer life expectancy in cancer patients. However, this longer life is not necessarily an easy one due to debilitating nature of both the disease and its treatment modalities. This study was done to assess the impact of cancer diagnosis on the psycho-social aspects of patient's lives.

Methods: All patients of cancer breast and cancer of cervix uteri, who reported between January 1, 2013 to December 31, 2015; at Radiotherapy Department, Guru Nanak Dev Hospital, Government Medical College, Amritsar and were residents of Amritsar District, were listed and a total of 127 patients were included in the study. Patients were interviewed using a pre-tested, pre-designed questionnaire at their place of residence.

Results: Assessing the demands of the altered lives of cancer patients in different aspects like modifications in daily living, loss of work and pleasure, reformed religious/spiritual opinions, social support received etc. It is seen that social life of patients is affected after diagnosis of cancer. However, social support received by the patients and families is similar as compared to before diagnosis.

Conclusions: Maximal impact of cancer, its diagnosis and treatment is on various aspects of the life of patients not only immediate family but relatives, friends and neighbours lend psychological, social and economic support in such situations which helps a cancer survivor cope with the trauma and carry on with their lives.

Keywords: Breast cancer, Cervix cancer, Impact of diagnosis, Psycho-social changes

INTRODUCTION

With the much dreaded diagnosis of cancer, a survivor of cancer embarks on a long journey that affects the physical health, mental well-being, and also relationships with loved ones. A patient's financial as well as social situations, may change greatly due to both the disease of cancer and its protracted treatment.¹

Cancer is now one of those diseases for which science has dedicated more efforts, creating technologies such as equipment, medicines and medical techniques that can treat and even cure patients. On the other hand, invasive procedures and the still significant number of cancer deaths make it a disease which is still seen as a synonym of death by the people. Over time, the view on death and its causes have changed.² Medical science has progressed, reducing mortality rates and prolonging life expectancy. Yet, in countries like India, the lack of proper healthcare

facilities for women leads to higher mortality rates for them, this being the "survival inequality". WHO reports mention that one woman dies of cervical cancer every 8 minutes in India and for every 2 women newly diagnosed with breast cancer, one woman dies of it in India. Breast cancer ranks number 1 and cervical cancer no 2 in all the cancers of women.³

Studies reveal that diagnosis of cancer along with its treatment regime often induces a psychosocial breakdown. This leads to elevated incidence of symptoms of depression and anxiety in cancer patients undergoing diagnosis and treatment as compared to populations not affected by cancer. 4 A disease with prolonged course and treatment as harsh as the disease itself, cancer is known to impact the lives of not only its victims but their immediate and at times, extended family members too. The impact is not limited to physical disabilities on part of the patient and consequently their becoming a burden on other members of the family. Cancer diagnosis and treatment brings changes in patients' personal life, in their day to day activities, profession, relationships, and most importantly, their role in the family. Cancer is popular for disrupting families and causing much physical as well as psychological anguish to both the patient and to the family members.⁵ People with cancer face the risk of substantial and permanent physical impairment, even disability, including inability to perform properly, activities of daily living. There is a good amount of psychological and social sequelae.⁶ For patients and families, the occurrence of the disease and its painful treatment are marked by small daily losses like general debilitation, hair loss, alteration of life plans and fear of death. It is associated with a high level of patient psychological stress which may show up as anxiety and/or depression.²

Cultural beliefs regarding family role, women's roles, perceptions of spousal support, and concepts of self-image differentially impacts women's experiences with cancer. Around the world, cancer continues to carry a significant amount of stigma, myths, and taboos. The social, emotional, and financial devastation that have become an integral part of diagnosis of cancer is, in largely, due to the cultural myths and taboos surrounding the disease. 8

Advancements in understanding about the etiopathogenesis of cancer has led to increased awareness regarding the clinical course of disease and its appropriate treatments. This is the major reason behind longer life expectancy in cancer patients. However, this longer life is not necessarily an easy one due to debilitating nature of both the disease and its treatment modalities. The impact is not only physical in nature but also affects all other aspects of lives of cancer patients and their families. This study was done to assess the impact of cancer diagnosis on the psychosocial aspects of patient's lives.

METHODS

The study was conducted from January 1, 2016 to December 31, 2016. Convenience sampling method was used and all patients of cancer breast and cancer of cervix uteri, who reported between January 1, 2013 to December 31, 2015; at Radiotherapy Department, Guru Nanak Dev Hospital, Government Medical College, Amritsar and were residents of Amritsar District were listed and a total of 127 patients were included in the study. The patients were explained the purpose of the study and their voluntary, informed, written, consent was obtained. Patients were then interviewed using a pre-tested, predesigned questionnaire at their place of residence. All patients diagnosed with breast cancer or cancer of cervix uteri were included in the study, irrespective of the stage of their disease. The patients were interviewed in the language understandable to them. The collected data was entered in Microsoft excel sheets. The data was compiled and analyzed using appropriate percentages and Chi-Square Test.

RESULTS

Out of the 232 patients listed, 127 could be traced and interviewed. Among these 127 patients, 88 were diagnosed with breast cancer and 39 with cancer of cervix uteri. 79 patients resided in urban areas and 48 in rural areas of Amritsar district. The mean age for breast cancer patients is 55.6 years and for cervix cancer patients is 54.6 years. The patient's ages ranged from 26 years to 75 years.

72.4% patients reported that they stopped working after diagnosis with cancer. 92.9% patients discontinued pursuing their hobbies and 95.2% patients stopped exercising. 61.4% patients decreased socializing activities after being diagnosed with cancer while 70.1% patients were unable to continue with their routine religious practices after diagnosis. Chances of change in attitude of patients from positive to negative were statistically significant (60.6%) (Table 1).

Out of 127 patients, 62 patients of breast cancer and 30 patients of cervix cancer, 92 (72.4%) patients did not resume work/occupation. All the 92 patients not resuming work reported incapacitation as the reason. Additionally, 6 patients also gave loss of interest as another reason for not continuing with their occupation after diagnosis (Table 2).

Out of 30 patients who pursued any hobby before diagnosis, only 9 affirmed continuing with the hobbies even after diagnosis. 21 (70%) patients who responded with non-resumption of hobbies gave reasons such as incapacitation due to disease as well as loss of interest (Table 3) while 97.7% patients mentioned incapacitation due to illness as the reason for not being able to carry on with their daily religious activities (Table 4).

Table 1: Impact of cancer diagnosis on different aspects of life of patients.

Activity	Before diagnosis (%)	After diagnosis (%)	P value
Work			
Working	127 (100)	35 (27.6)	< 0.01
Not working	0	92 (72.4)	<0.01
Hobbies			
Maintained	30 (23.6)	9 (7.1)	< 0.01
Not maintained	97 (76.4)	118 (92.9)	
Religious practices			
Following	127 (100)	38 (29.9)	<0.01
Not following	0	89 (70.1)	<0.01
Social activities			
Maintained	127 (100)	49 (38.6)	< 0.01
Not maintained	0	78 (61.4)	<0.01
Attitude			
Positive	121 (95.2)	77 (60.6)	< 0.01
Negative	6 (4.7)	50 (39.3)	<0.01
Exercise			
Yes	24 (18.9)	6 (4.7)	<0.01
No	103 (81.1)	121 (95.2)	

Confidence limit is 95%.

Table 2: Distribution of patients according to reasons for not resuming work since diagnosis.

Reason	Breast cancer (88) (%)	Cervix cancer (39) (%)	Total (127) (%)
Incapacitation	62 (67.3)	30 (32.6)	92 (72.4)
Loss of interest	4 (66.6)	2 (33.3)	6 (4.7)

Multiple answers were permitted.

Table 3: Distribution of patients according to reasons for not resuming hobbies since diagnosis.

Reason	Breast cancer (88) (%)	Cervix cancer (39) (%)	Total (127) (%)
Incapacitation	13 (14.7)	2 (5.1)	15 (11.8)
Loss of interest	4 (4.5)	2 (5.1)	6 (4.7)
Hesitation	2 (2.2)	1 (2.5)	3 (2.3)

Multiple answers were permitted.

Table 4: Distribution of patients according to reasons for not being able to carry out religious practices.

Reason	Breast cancer (88) (%)	Cervix cancer (39) (%)	Total (127) (%)
Incapacitation	64 (72.2)	23 (58.9)	87 (68.5)
Change in beliefs	0	2 (5.1)	2 (1.5)

Multiple answers were permitted.

Table 5: Distribution of patients according to change in socializing habits after diagnosis.

Habit	Total (127) (%)
Reduced meeting relatives	83 (65.3)
Reduced family outings	83 (65.3)
Reduced celebrations	83 (65.3)

Table 6: Distribution of patients according to reasons for change in social habits.

Reason	Breast cancer (88) (%)	Cervix cancer (39) (%)	Total (127) (%)
Shame	28 (31.8)	2 (5.1)	30 (23.6)
Weakness	25 (28.4)	10 (25.6)	35 (27.5)
Sadness	19 (21.5)	8 (20.5)	27 (21.2)

Multiple answers were permitted.

Table 7: Distribution of patients according to impact of diagnosis on relationship with peers.

Impact	Breast cancer (%)	Cervix cancer (%)	Total (%)
Positive	83 (94.3)	32 (82.2)	115 (90.5)
Negative	4 (4.5)	1 (2.5)	5 (3.9)
No response	1 (1.1)	6 (15.3)	7 (5.5)
Total	88 (69.2)	39 (30.7)	127 (100)

Table 8: Distribution of patients according to change in attitude of relatives due to diagnosis.

Change	Breast cancer (%)	Cervix cancer (%)	Total (%)
Yes	53 (60.2)	17 (43.5)	70 (55.1)
No	33 (37.5)	16 (41.2)	49 (38.6)
No response	2 (2.2)	6 (15.3)	8 (6.3)
Total	88 (69.2)	39 (30.7)	127 (100)

Table 9: Distribution of patients according to type of change in attitude of relatives due to diagnosis.

Type of change	Breast cancer (%)	Cervix cancer (%)	Total (%)
Supportive	50 (94.3)	16 (94.1)	66 (94.2)
Avoidance	3 (5.7)	1 (5.9)	4 (5.7)
Total	53 (75.7)	17 (24.3)	70 (100)

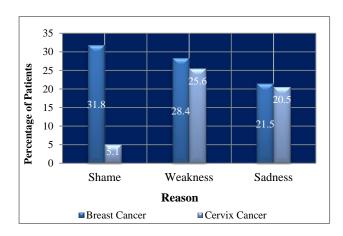


Figure 1: Distribution of patients according to reasons for change in social habits.

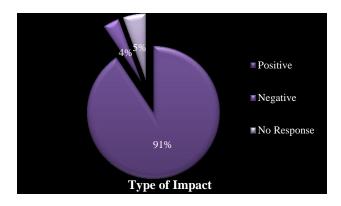


Figure 2: Distribution of patients according to impact of diagnosis on relationship with peers.

Out of 127 patients, 83(65.3%) reported a change in social habits, like reduction in meeting relatives and

family outings, since diagnosis of cancer (Table 5). The main reason reported for the decrease is weakness (42.1%) due to cancer followed by feeling of shame (36.1%) due to changes in body as a result of disease and its treatment side-effects while sadness (32.5%) was the least cited reason (Table 6, Figure 1).

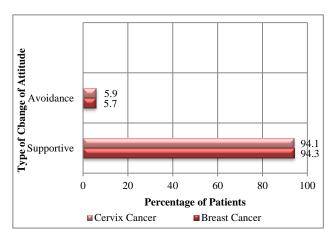


Figure 3: Distribution of patients according to type of change in attitude of relatives due to diagnosis.

Among 127 patients, 115 (90.5%) reported a positive relationship with peers since diagnosis while 5 (3.93%) reported a negative one. Another 7 (5.5%) patients did not respond to the question (Table 7, Figure 2). 70 (55.1%) patients out of 127 revealed that their relatives had a change of attitude towards them since diagnosis whereas 49 (38.5%) patients reported no change in attitude of relatives towards them since diagnosis while 8 (6.3%) patients gave no response to the question (Table 8). Among the 70 patients whose relatives showed a

change in attitude towards them since diagnosis, 66 (94.2%) reported a supportive change while 4 reported avoidance by the relatives towards patients and their families (Table 9, Figure 3).

DISCUSSION

Cancer survivors experience altered lives. 9 According to Pandey et al the diagnosis of breast cancer and its subsequent treatment has a significant impact on the woman's physical functioning, mental health and her well-being, and thereby causes substantial disruption to quality of life. 10 In another study by Pandey, cancer patients have been found to become more fearful and anxious, develop sleep difficulties, and experience a reduction in interest and pleasure. 11 In addition to coping with the worry and stress brought about by their diagnosis, patients with cancer and their families must cope with the stresses induced by physically demanding (and also often life-threatening) treatments for the illness and the permanent health impairment and disability, fatigue and pain that can result, even when there are no longer any signs of the disease. Emotional distress and mental health problems have a greater incidence among cancer patients. This in turn leads to substantial social problems, such as the inability to work and reduced income. Psychological and social stressors that predate the onset of cancer, such as low income, lack of health insurance, and weak or absent social supports act as magnifying glass on the emotional distress.⁶ Young and low socio-economic strata patients are at disadvantage as they bear more risk as they were thinking seriously about their children's education and bear guilt that they were unable to perform their duties properly towards their family.12

The experience of a wife being a cancer patient and her perception of her husband's support in the context of breast loss requires attention. Since, in Indian scenario, the family is the backbone of support, the individual interpretation of the care and comfort received from the family members especially from partners and children, provide the lived experience of women in the context of Indian families.

Ramanakumar et al conducted a qualitative study in Mumbai, India among both cervical and breast cancer patients. According to their study results, "a good proportion of survivors started visiting temples more frequently than earlier. Cancer diagnosis turned the patients towards prayers and religious activities. Three in four have visited some place of religious importance and four out of ten visited some pilgrimage in last one year. Four-fifth expressed a strong belief that only god will save them from this disease". The most frequently reported distressing thoughts of patients were that they were a burden on their family, their illness was worsening and that their illness was a punishment from God. Turning to religion (leaving the responsibility of cure to

God) was the most common coping mechanism among 80% of the patients. 14

The diagnosis of a cancer in the family also had its social stigma. Optimistic attitude and reassuring family environment played key roles in achieving both completion of treatment and prolonging survival. Factors which turned out of great importance in helping a cancer survivor cope ably with their disease included timely health seeking behavior and ample emotional solace from friends and family members. Spirituality also played a vital role in the coping mechanism of participants.¹²

Ramanakumar et al in their study reported that friends and relatives visited patients frequently, however; onefifth of the patients did not disclose the diagnosis even to close friends due to the fear and stigma in the society. Fatigue caused some patients to reduce or cease outdoor activities like shopping although most of the patients still actively participated in the community functions like marriages. Encouragement and reassurance were received upon disclosure of diagnosis to neighbours and relatives. Not much effect was observed on social, functional and emotional well-being. This probably reflected the social and cultural fabric of India where social and family support are very well provided when someone is in distress, though similar results have been reported by studies from other countries as well. 12 Another group of researchers (Awasthi et al) examined illness beliefs and health seeking behavior of educated, uneducated, rural and urban women suffering from the cancer of cervix in northern India. Environmental or supernatural causes took a back seat as compared to individual and psychosocial causes in the perceptions of the patients. The viewpoint on the consequence of illness was negatively correlated with the degree of social support that was available to patients.¹⁵

CONCLUSION

From above discussion it may be concluded that maximal impact of cancer, its diagnosis and treatment is on various aspects of the life of patients as both the disease and the therapies are debilitating in their own separate ways. This leads to some degree of disability in patients to carry on with their daily lives in the same manner as before. All this is reflected in the fact that patients report loss of work/occupation, change in lifestyle habits etc. as every aspect of life starts revolving around the disease and its treatment. This leads to disruption of family life too as in Indian scenario; it is women only who manage the household along with their jobs, if any. On the other hand, it is also seen in Indian/oriental scenario only that not only immediate family but relatives, friends and neighbours lend psychological, social as well as at times; economic support in such situations which helps a cancer survivor cope with the trauma and carry on with their lives. All this is seen, despite the myths and taboos associated with the dreaded and devastating disease called cancer. First and foremost need to alleviate fears and problems faced by patients and their families is counseling, regarding disease, treatment, pain management, rehabilitation, stress and anxieties etc. is the need of the hour. If properly and timely guided, many of the problems can be nipped in the bud and many myths and taboos broken down.

ACKNOWLEDGEMENTS

We are deeply grateful to all the patients who agreed to become a part of the study and shared their pain, reliving their dreadful experiences. We are thankful to Radiotherapy Department faculty and staff for helping in listing all the eligible patients. Role of Mr. Sukhjinder Gill, supervisor NRHM for promptly providing the contacts of all ASHA workers and ANM's of villages where the patients were residing and all ASHA workers and ANM's in helping locate the patients is highly appreciable.

Funding: No funding sources Conflict of interest: None declared

Ethical approval: The study was approved by the

Institutional Ethics Committee

REFERENCES

- 1. Emotional and Psychosocial Effects of Cancer. https://www.cancerquest.org/patients/psychosocial-problems#2. Accessed on 25 February 2018.
- 2. Costa MCM, Melo CF, Baiao DC, Cavalcante AKS. Communication of a new message: the diagnosis of cancer in perspective of patients and professionals. J Nurs UFPE on line. 2017;11(8):3214-21.
- 3. Statistics. National Institute of Cancer Prevention and Research. Available at: http://cancerindia.org.in/statistics/. Accessed on 24 February 2018.
- 4. Stanton AL, Rowland JH, Ganz PA. Life after diagnosis and treatment of cancer in adulthood: contributions from psychosocial oncology research. Am Psychol. 2015;70(2):159-74.
- 5. Baqutayan SMS. The Effect of Anxiety on Breast Cancer Patients. Indian Journal of Psychological Medicine. 2012;34(2):119-23.
- Alder NE, Page EK Ed. Psycho-social Needs of Cancer Patients: In Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs.

- Washington, DC: The National Academies Press. 2008. Accessed on 25 February 2018.
- Ashing-Giwa KT, Padilla G, Tejero J, Kraemer J, Wright K, Coscarelli A, et al. Understanding the breast cancer experience of women: a qualitative study of African American, Asian American, Latina and Caucasian cancer survivors. Psychooncology. 2004;13(6):408-28.
- 8. Daher M. Cultural Beliefs and Values in Cancer Patients. Annals Oncol. 2012;23(3):66-9.
- 9. Ferrell BR, Dow KH, Leigh S, Ly J, Gulasekaram P. Quality of life in long-term cancer survivors. Oncol Nurs Forum. 1995;22(6):915-22.
- Pandey M, Thomas BC, SreeRekha P, Ramdas K, Ratheesan K, Parameswaran S, et al. Quality of Life determinants in women with breast cancer undergoing treatment with curative intent. World J Surg Oncol. 2005;3:63.
- 11. Pandey M, Thomas BC, Ramdas K, Ratheesan K. Early effect of surgery on quality of life in women with operable breast cancer. Jpn J Clin Oncol. 2006;36(7):468-72.
- 12. Ramanakumar AV, Balakrishna Y, Ramarao G.. Coping Mechanisms Among Long-term Survivors of Breast and Cervical Cancers in Mumbai, India. Asian Pacific J Cancer Prev. 2005;6:189-94.
- 13. Pai K, Mehrotra S, Vidyasagar MS. Conducting brief group interventions for hospitalized cancer patients in India: An experiential account of therapy issues. J Personality Clin Studies. 2003a;19:211-20.
- 14. Pandey M, Latha PT, Mathew A, Ramdas K, Chaturvedi SK, Iype EM, et al. Concerns and coping strategies in patients with oral cancer: A pilot study. Indian J Surg. 2003;65:496-9.
- 15. Awasthi P, Mishra RC, Shahi UP. Health beliefs & behaviour of cervix cancer patients. Psychol Dev Societies. 2006;18:37-58.

Cite this article as: Khullar N, Singh T, Lal M, Kaur J. Impact of cancer diagnosis on different aspects of life of patients of cancer breast and cancer cervix uteri: a cross sectional study at Government Medical College, Amritsar, Punjab. Int J Community Med Public Health 2018;5:2053-8.