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"A STUDY TO ASSESS THE EFFECTIVENESS OF ONCO-MENTAL HEALTH PROGRAMME ON THE MANAGEMENT OF PSYCHOSOCIAL PROBLEMS AMONG BREAST CANCER SURVIVORS AT TERTIARY CARE HOSPITAL IN SELECTED AREA".

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Abstract: Depression and anxiety and stress are the most common disorders that can be present in breast cancer patients through their illness from diagnosis to the end of the disease and Quality of Life (QOL) is impaired through their course of diagnosis, staging, and treatments consequences which may result in physiological effect of cancer.

METHODOLOGY: A Quasi experimental design with 60 breast cancer patients were non-randomly selected by purposive sampling method and divided into experimental and control groups, 30 participants in each group. The study was conducted in the tertiary care hospital in selected area and the data were collected using a Depression Anxiety Stress Scale 21 (DASS21) questionnaire. In experimental group, the researcher assessed the level of depression, anxiety, stress in the pre-test and Onco- mental health programme was given to the breast cancer patients daily for about 40-45mins for 4 weeks and the post-test assessment was done using the same questionnaire, and in control group pre-test and post-test was collected using the same tool without any intervention. The collected data were analysed using descriptive and inferential statistics

Index Terms* -: *Onco-mental health programme, breast cancer, psychosocial problems

I. INTRODUCTION

II. "The natural healing force within each one of us is the greatest force in getting well." -Hippocrates The word cancer still conjures up deep fears of a silent killer that creeps up on us without warning. Cancer is evoking such desperation that it has become a metaphor for grief and pain, a scourge straining our intellectual and emotional resources. The numbers are such that each of us will be touched either as a patient, a family member or a friend. There are over 20 million people living with cancer in the world today. The majority of clients live in the developing world.

III. Ro Harlem Brundtland (2002) Recent times have seen an increase in the incidence of cancer. This is mainly attributed to urbanization, industrialization, lifestyle changes, population growth and increased life

span. In India, the life expectancy at birth has steadily risen from 45 years in 1971 to 62 years in 1991, indicating a shift in the demographic profile. It is estimated that life expectancy of the Indian population will increase to 70 years by 2021–25. This has caused a paradigm shift in the disease pattern from communicable diseases to non-communicable diseases like cancer, diabetes and hypertension. Cancer is a class of diseases characterized by out-of-control cell growth. There are over 100 different types of cancer, and each is classified by the type of cell that is initially affected. Cancer harms the body when damaged cells divide uncontrollably to form lumps or masses of tissue called tumours (except in the case of leukaemia where cancer prohibits normal blood function by abnormal cell division in the blood stream). Tumours can grow and interfere with the digestive, nervous, and circulatory systems and they can release hormones that alter body function. Tumours that stay in one spot and demonstrate limited growth are generally considered to be benign. More dangerous, or malignant, tumours form when two things occur: Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is caused by both external factors (tobacco, infectious organisms, chemicals, and 3 radiation) and internal factors (inherited mutations, hormones, immune conditions, and mutations that occur from metabolism). Every day, our bodies are exposed to cancer-causing agents in the air, food and water.

Typically, our immune system recognizes those abnormal cells and kills them before they produce a tumour. There are three important things that can happen to prevent cancer from developing the immune system can prevent the agents from invading in the first place. DNA can repair the abnormal cells or killer T-cells can kill off cancer cells. Research has shown that stress can lower the body's ability to do each of those things. Breast cancer is an uncontrolled growth, or malignant tumour of breast cells. Breast cancer may include a lump in the breast, a change in breast shape, dimpling of the skin, and fluid coming from the nipple, a newly-inverted nipple, or a red or scaly patch of skin. In those with distant spread of the disease, there may be bone pain, swollen lymph nodes, shortness of breath, or yellow skin. It has been seen as a traumatic experience to women due to its impacts on their self-image and sexual relationship, so most of the breast cancer patients have psychological reactions such as denial, anger, or intense fear toward their disease and treatment process, and many of have psychiatric morbidities. Breast cancer is the most common cancer type among females worldwide, as 1 in 8 women will be diagnosed with the disease in their lifetime. (Christensen and Marck, 2017).

ROLE OF PSYCHIATRIC NURSE

Nurse plays a center role in psychosocial problems such as depression, anxiety and stress care management of breast cancer through family onco-mental health programme. Imparting the knowledge, regarding psychosocial problems and its symptoms and management. Also influences the clients to handle circumstances peacefully and reduction of depression, anxiety and stress by onco-mental health programme. The main core is establishing therapeutic relationship with the client. As the part of multidisciplinary team, the nurse should inculcate the awareness about the consequences of psychosocial problems of breast cancer. The main aim of the nurse should ensure the quality of life of breast cancer client.

STATEMENT OF THE PROBLEM

"A study to assess the effectiveness of onco-mental health programme on the management of psychosocial problems among breast cancer survivors, at selected community Area.

OBJECTIVES OF THE STUDY

1. To assess the pre-test level of psychosocial problem of breast cancer survivors such as anxiety, depression and stress.
2. To assess the post-test level of psychosocial problem of breast cancer survivors after onco-mental health programme.
3. To compare the pre-test level of psychosocial problem with post-test level of psychosocial problems.
4. To associate between socio demographic variables with post- test level of onco-mental health programme.

OPERATIONAL DEFINITIONS

ASSESS: It refers to making a judgment about the amount, number, or value of something. In this study assess refers to judging the level of depression, anxiety and stress among 12 breast cancer clients receiving treatment as determined by Depression, Anxiety and Stress Scale (DASS 21)

EFFECTIVENESS: It means producing or capable of producing a desired effect. In this study it refers to the intended change that occurs after Onco-Mental Health programme in the level of depression, anxiety and stress among breast cancer clients receiving treatment as measured by DASS 21 in experimental group.

ONCO-MENTAL HEALTH PROGRAMME: It refers to a wide variety of techniques, including simple visualization and direct suggestion using imagery, metaphor and storytelling, fantasy exploration and game playing, dream interpretation, drawing, and active imagination where elements of the unconscious are invited to appear as images that can communicate with the conscious mind. In this study it refers to the technique of visualization and imagination as means of relaxation by listening to verbal commands, to reduce the level of depression, anxiety and stress among 30 breast cancer clients receiving treatment.

PSYCHOSOCIAL PROBLEMS: In this study it refers to psychosocial dysfunction or psychosocial morbidity, in which lack of development or diverse atrophy of the psychosocial self, often occurring alongside other dysfunction that may be physical, emotional or cognitive in nature. In this study it refers to depression, anxiety and stress are the psychosocial problems among breast cancer survivors.

DEPRESSION: It is an alteration in mood that is expressed by feelings of sadness, despair, and pessimism. There is a loss of interest in usual activities, and somatic symptoms may be evident. Changes in appetite and sleep patterns are common. 13 In this study it refers to a state of intense sadness and negative attitudes towards one's present condition evidenced by dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia and inertia.

ANXIETY: A diffuse apprehension, that is vague in nature and is associated with feelings of uncertainty and helplessness. In this study it refers to the anticipation the client has towards his/her diagnosis, prognosis and the treatment evidenced by autonomic arousal, skeletal muscle effects, situational anxiety and subjective experience of anxious affect.

STRESS: Stress is a state of mental or emotional strain or tension resulting from adverse or demanding circumstances. In this study it refers to emotional pressure experienced by cancer clients due to adverse circumstances highlighted by levels of non-chronic arousal through difficulty in relaxing, nervous arousal and being easily upset/agitated irritable/overreacted and impatient.

ASSUMPTIONS:

•Cancer patients experience depression, anxiety and stress

• Onco-Mental Health programme is effective in reducing the level of depression, anxiety and stress among cancer clients.

HYPOTHESES

• H1: There will be significant difference between pre and post-test level of Onco-Mental health programme on psychosocial problems such as depression, anxiety and stress among breast cancer survivors.

• H2: There will be significant association between post-test level of psychosocial problems of depression, anxiety and stress with selected socio-demographic variables.

DELIMITATIONS: The proposed study is delimited to

1. Breast Cancer clients between the age group of 20 – 80 years only.
2. The sample size of 60 only.
3. Those who were willing to participate in the study
4. The data collection period is limited to 4 weeks only.
5. Breast Cancer clients receiving treatment at medical and surgical oncology ward at Tertiary care hospital Jalgaon.

RESEARCH APPROACH

The research approach selected to accomplish the objectives of the study was Quantitative research approach. Since the purpose of the study was to find out the effectiveness of specific psychiatric nursing intervention on management of psychosocial problems among breast cancer survivor, Quantitative research approach was considered to be most appropriate.

RESEARCH DESIGN

A research design is invented to enable the researcher to answer research questions as validly, objectively, accurately and economically as possible. (Polit and Beck 2005) The research design selected for this study

was "Quasi Experimental Research Design" used to assess the onco-mental health programme on the management of psychosocial problems among breast cancer survivors.

RESEARCH VARIABLE

Independent variable: The variable is believed to cause or influence the dependent variable. In the present study the independent variable is Onco-Mental Health programme regarding management of psychosocial problems among breast cancer survivor's

Dependent variable: The variable hypothesized to depend on or intended to change by the variable (the independent variable): the outcome variable of interest in the present study is management of psychosocial problems among breast cancer survivors.

Demographic variables: The demographic variables of the breast cancer clients which includes age, religion, marital status, number of children, type of dietary pattern, education, occupation, income, type of family, area of living and

CRITERIA FOR SAMPLE COLLECTION

Sample for the study were selected based on the following criteria.

(a) INCLUSION CRITERIA Female Breast Cancer patients with depression, anxiety and stress. Female Breast Cancer Patients who are on stage I to III of oncology department Female Breast Cancer patients admitted in tertiary care centre wards. Female Breast Cancer patients with age group of 20 -60 years. Who can speak,

read and understand Marathi Patients willing to participate in the study.

(b) EXCLUSION CRITERIA The study excludes Clients who has other co-morbid medical condition Clients who are not willing to participate in study Clients who are receiving radiation during study period Patients who are receiving any other form of relaxation technique Patients who are receiving anxiolytics and anti- depressants Patients who had cognitive impairment and are critically ill Patients with sensory deficit such as

hearing impairment Male clients excluded.

STUDY POPULATION

Population refers to the entire aggregation of cases that meets the design criteria. (Polit & Beck 2004)

Target Population The target population of the study was all the breast cancer survivors got admitted in Tertiary care Hospital, Jalgaon.

Accessible Population The accessible population of this study was breast cancer survivors admitted in medical and surgical oncology wards of Tertiary care Hospital, Jalgaon.

SAMPLE

Sample is a subject of population selected to participate in a research study. (Polit& Hungler, 2010) Samples were breast cancer clients, who fulfil the inclusion criteria and those who are accompany with breast cancer clients in Tertiary hospital Jalgaon

SAMPLE SIZE

A total of 60 samples were selected at Tertiary care Hospital, Jalgaon. 30 participants from inpatient medical oncology ward were selected for study group and 30 participants from inpatient surgical oncology ward were selected for control group.

SAMPLING TECHNIQUE

Sampling is the process of selecting a portion of the population who represent the entire population. (Polit and Beck 2001) In the present study the sample selection was done by non-probability purposive sampling technique.

SCORING PROCEDURE

The Depression Anxiety and Stress Scale (DASS21) consists of a set of 21 questions equally divided to measure depression, anxiety and stress. The minimum score for each question is 0 and the maximum score is 3.

The minimum total score is 0 and the maximum score is 21 for each component.

The scores are obtained by adding the numerical values.

Key:
0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree or a good part of time
3 Applied to me very much or most of the time

Sr No	RANGE	DEPRESSION	ANXIETY	STRESS
1	Normal	0-4	0-3	0-7
2	Mild	5-6	4-5	8-9
3	Moderate	7-10	6-7	10-1
4	Sever	11-13	8-9	13-16
5	Extremely sever	14+	10+	17+

Plan of Analysis:

Demographic variables in categories were given in frequencies with their percentages. *Depression score, Stress score and Anxiety score were given in mean and standard deviation.

*Association between demographic variables and level of Depression score, Stress score and Anxiety score were analysed using Pearson chi-square test

*Quantitative experiment and control group mean Depression score, Stress score and Anxiety score difference was calculated using student independent t-test

*Quantitative Pretest and post-test mean Depression score, Stress score and Anxiety score difference was calculated using student paired t-test

*Qualitative Pretest and post-tests level of Depression score, Stress score and Anxiety score difference was calculated using McNemar's test

*Differences and generalization of reduction score between pre-test and post-test score was calculated using and mean difference with 95% CI and proportion with 95% CI.

*Correlation between Depression score, Stress score and Anxiety score was calculated using Karl Pearson correlation coefficient method

*Simple bar diagram, Multiple bar diagram and Simple bar with 95% Standard Error bar diagram were used to represent the data.

The obtained data was calculated based on the following objectives:

1. To assess the pre-test level of psychosocial problem of breast cancer survivors such as Anxiety, Depression and stress.
2. To assess the post-test level of psychosocial problem of breast cancer survivors after onco-mental health programme.
3. To compare the pre-test level of psychosocial problem with post-test level of psychosocial problems
4. To associate between socio demographic variables with post- test level of onco-mental health programme.

The collected data were tabulated and presented according to the objectives of the present study under the following headings.

Section-I: Deals with socio demographic variables Breast cancer clients in study group and control group.

Section-II: Assessment of the pre-test score of depression, anxiety and stress in experimental group and control group

Section-III: Comparison of the post level of psychosocial problems of depression, anxiety and stress among breast cancer clients in experimental group and control group.

Section-IV: Comparison of of pret-test scores and post-test score of depression, anxiety stress in experimental group and control group with selected demographic variables.

Section-V: Association between the post test of Onco-Mental Health programme regarding the management of psychosocial problems of depression, anxiety and stress among breast cancer clients with their selected demographic variables.

According to age, 24 clients (80%) were in the age group of 41-60 years, 6 of them (20%) were in the age group of above 60 years, in study group whereas 23 clients (76.67%) were in the age group of 41-60years, 7 of them (23.33%) were in the age group of above 60 years in control group.

Regarding Religion, 23 clients (76.67%) were from Hindu, 3 clients (1O%) were from Muslim, 4 clients (13.33%) were from Christian in study group whereas 24 clients (80%) were from Hindu, 3 clients (1O%) were from Muslim, 3 clients (10%) were from Christian in control group.

In relation to marital status, all 30 cancer patients (100%) were married in study group and all 30 cancer patients (100%) were married in control. There were no divorcees, separated and widows in both experimental and control group.

According to number of children, 9 clients (30%) were have single child, 13 clients (43.33%) were have two children, 8 clients (26.67%) were have three and above children in study group where as 6clients (20%) were have single child, 17clients (56.67%) were have two children, 7 clients (23.33%) were have three and above children in control group.

With regarding to dietary pattern, 4 clients (13.33%) were vegetarian diet,26 clients (86.67%) were non-vegetarian, in study group whereas 3 clients (10%) were vegetarian, 27 of them (90%) were non-vegetarian in control group. 47

With regarding to education, 9 breast cancer patients (30%) were primary school and 13 of them (43.33%) were Highschool and 8 of them (26.67%) were Higher secondary school and none of them graduate in experimental group whereas 8 breast cancer patients (26.67%) were primary school and 12 of them (40%) were High school and 10 of them (33.33%) were Higher secondary school and none of them graduate in control group.

In relation to occupation,20 breast cancer patients (66.67%) were house wife and 7 of them (23.33%) were employees and 3 of them (10%) were business and none of them professionals in experimental group where as18 breast cancer patients (60%) were house wife and 9 of them (30%) were employees and 3 of them (10%) were business and none of them professionals in control group

With regarding to family income, 2 clients (6.67%) were earned below Rs 4000 and 4 of them (13.33%) were earned Rs 4001 to 8000, and 21 of them (70%) were earned Rs 8001 to 12,000 and 3 of them (10%) earned above Rs 12,000 in study group whereas 2 clients (6.67%) were earned below Rs 4000 and 3 of them (10%) were earned Rs 4001 to 8000, and 23 of them (76.66%) were earned Rs 8001 to 12,000 and 2 of them (6.67%) earned above Rs 12,000 in control group.

In relation to family type, 22 clients (73.33%) were from nuclear family, 8 of them (26.67%) were in joint family, and none of them were from extended family in study group whereas 21 clients (7o%) were from nuclear family, 9 of them (30%) were from joint family, none of them were from extended family in control group.

With regarding to place of domicile, 11 breast cancer clients 36.674%) were live in urban area, 15 of them (50%) were live in semi-urban area, 4 of them (13.33%) were live in rural area in study group whereas 10 clients (33.33%) were live in urban area, 14 of them (46.67%) were live in semi-urban area, 6 of them (20%) were live in rural area in control group.

TABLE-1: COMPARISON OF PRETEST LEVEL OF DEPRESSION SCORE

Level	Experiment		Control		Chi square test
	N	%	N	%	
Normal	0	0.00%	0	0.00%	$\chi 2=0.34$ p=0.56 DF=1 Not significant
Mild	0	0.00%	0	0.00%	
Moderate	0	0.00%	0	0.00%	
Severe	7	23.33%	9	30.00%	
Extremely Severe	23	76.67%	21	70.00%	
Total	50	100.00%	50	100.00%	

p>0.05 not significantDF= Degrees of Freedom

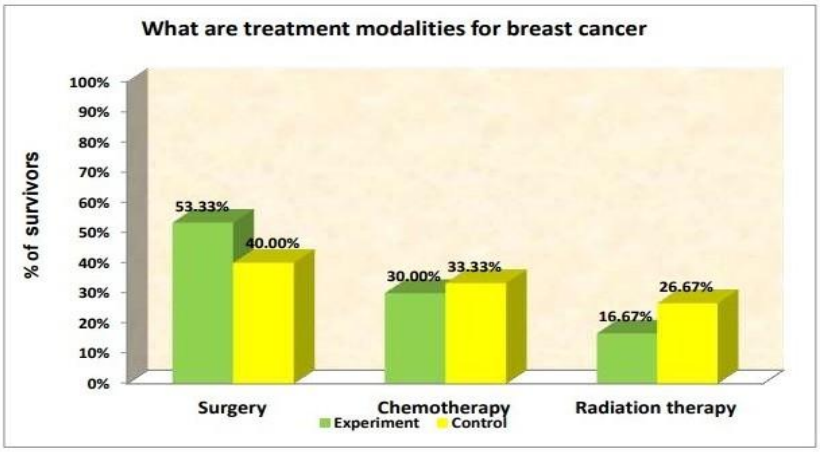

Fig.4.12 shows thee distribution of sample knowledge regarding treatment modalities for breast cancer if detected early.

Table 1: compares the level of Depression score between experiment and control group. In pretest, In experimental group, none of the survivors are having normal, mild and moderate level depression score (23.33%) of them are having severe level of score, (76.67%) of them having extremely severe level of score In control group, none of the survivors are having normal, mild and moderate level depression score, (30.00%) of them are having severe level of score, (70.00%) of them having extremely severe level of score.
Statistically there is no significant difference between pre-test and post-test score.

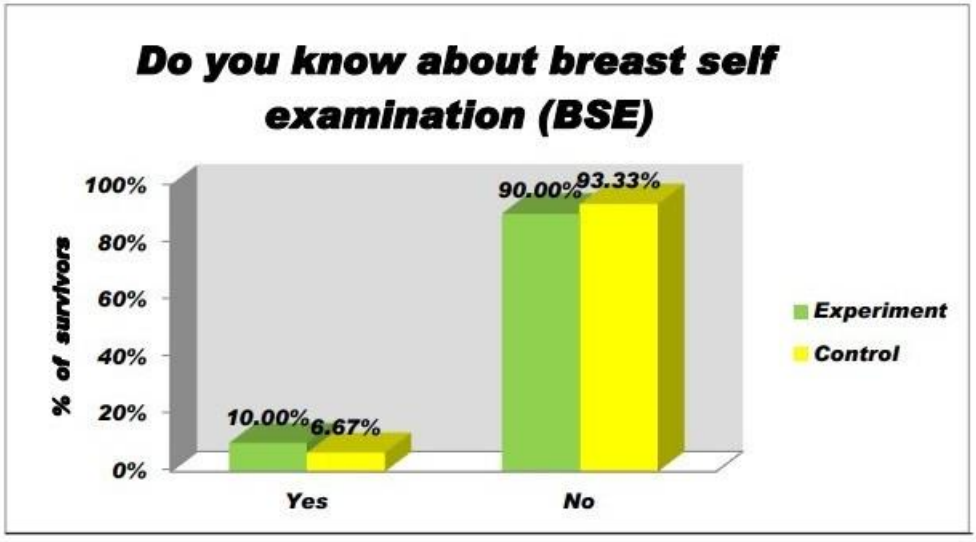

Fig. 4.11 shows the distribution of samples according the knowledge of Breast Self Examination.

TABLE :2 COMPARISON OF PRETEST LEVEL OF ANXIETY SCORE

Level	Experiment		Control		Chi square test
	N	%	N	%	
Normal	0	0.00%	0	0.00%	$\chi 2=0.42$ p=0.52 DF=1 Not significant
Mild	0	0.00%	0	0.00%	
Moderate	0	0.00%	0	0.00%	
Severe	5	16.67%	7	23.33%	
Extremely Severe	25	83.33%	23	76.67%	
Total	50	100.00%	50	100.00%	

p<0.05 * significantDF= Degrees of Freedom

Table no.2compares the level of Anxiety score between experiment and control group. In pre-test, in experimental group, none of the survivors are having normal, mild and moderate level anxiety score, (16.67%0 of them are having severe level of score, (83.33%) of them having extremely severe level of score. In control group, none of the survivors are having normal, mild and moderate level anxiety score, (23.33%) of them are having severe level of score.

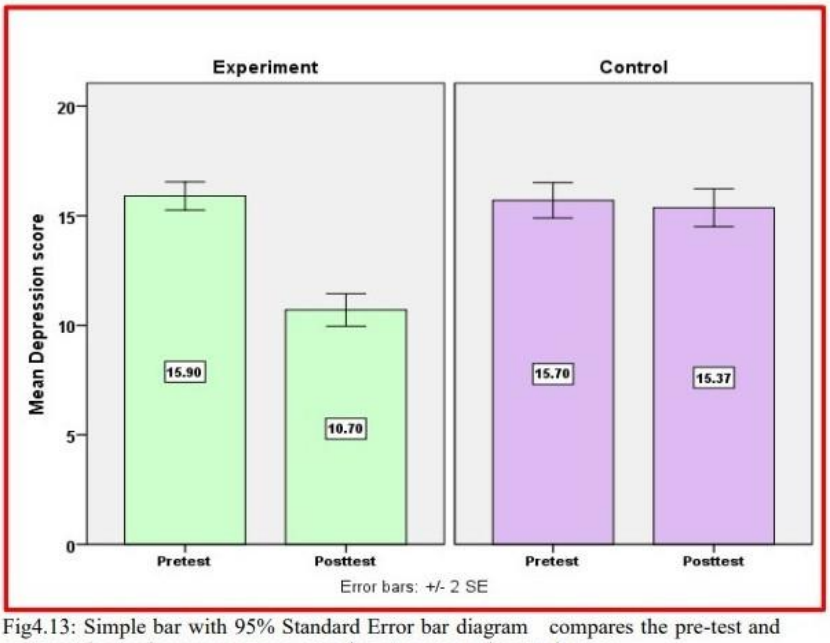

Fig4.13: Simple bar with 95% Standard Error bar diagram compares the pre-test and post-test depression score among experiment group and control group

MAJOR FINDINGS OF THE STUDY :Based on socio demographic variables of breast cancer clients: Among the 60 of breast cancer, Sample characteristics of Experimental and Control Group According to age, 47 clients (78.33%) were in the age group of 41-60 years, 13 of them (21.67%) were in the age group of above 60 years Regarding Religion,.47 clients (78.33%) were from Hindu, 6 clients (1O%) were from Muslim, 7 clients (11.66%) were from Christian In relation to marital status, all 60 cancer patients (100%) were married 103 According to number of children, 15 clients (25%) were have single child, 30 clients (50%) were have two children, 15 clients (25%) were have three and above children in study group With

regarding to dietary pattern, , 7 clients (11.66%) were vegetarian diet, 53 clients (88.34%) were non-vegetarian, With regarding to education, 17 breast cancer patients (28.33%) were primary school and 25 of them (41.66%) were high school and 18 of them (30%) were higher secondary school and none of them graduate in experimental group In relation to occupation, 38 breast cancer patients (63.33%) were house wife and 16 of them (26.67%) were employees and 6 of them (10%) were business and none of them professionals in experimental group With regarding to family income, 4 clients (6.67%) were earned below Rs 4000 and 7 of them (11.66%) were earned Rs 4001 to 8000, and 44 of them (73.33%) were earned Rs 8001 to 12,000 and 5 of them (8.33%) earned above Rs 12,000 In relation to family type, 43 clients (71.66%) were from nuclear family, 17 of them (28.33%) were in joint family, and none of them were from extended family With regarding to place of domicile, 21 breast cancer clients (35%) were live in urban area, 29 of them (48.33%) were live in semi-urban area, 10of them (16.66%) were live in rural area.

CLINICAL VARIABLES OF BREAST CANCER CLIENTS The clinical variables of the present study revealed that, among 60 awareness about BSE breast cancer client's 55 (91%) of them doesn't know about breast self-examination and 5 (9%) of them were know about breast self-examination. According to the performance of BSE weekly regular none and 1 (3.33%) irregular, 2 (6.67%) on & off and 57 (91%) were never performance breast self-examination. Regarding suggestion on cancer can treatment if detected early 33 (55%) were answered yes, 27 (45%) were answered no. Regarding family history, 19 (31.67%) of them have a family history of cancer and 41 (68.33%) have no family history of cancer. Regarding the knowledge of treatment modalities for breast cancer 28 (46.66%) were suggested surgery, 19 (31.67%) of them chemotherapy, 13 (21.67&) of them radiation therapy. 104 Regarding the current status of breast cancer clients 60 (100%) having primary stage without metastasis.

FINDINGS OF THE PRE-TEST LEVEL OF PSYCHO SOCIAL PROBLEMS AMONG BREAST CANCER CLIENTS: As per the pretest level of psychosocial problems depression, anxiety and stress of breast cancer clients among 60 samples before administration of onco-mental health programme.

DEPRESSION: In pretest, In experimental group, none of the survivors are having normal, mild and moderate level depression score, 23.33% of them are having severe level of score,76.67% of them having extremely severe level of score. In control group, none of the survivors are having normal, mild and moderate level depression score, 30.00% of them are having severe level of score, 70.00% of them having extremely severe level of score. Statistically there is no significant difference between pre-test and post-test score. (76.67%) of them having extremely severe level of score. Statistically there is no significant difference between pre-test and post-test score.

CONCLUSION

The following conclusions were drawn from the study: There was significant reduction in Post-test level of depression, anxiety and stress. When compared to Pre-test level among cancer patients receiving treatment in experimental group. In experimental group overall comparison between pre-test and post-test was found to be significant There was significant association exist between depression, anxiety and stress in breast cancer patients receiving treatment and the selected demographic variables like age, religion, marital status, number of children, type of diet pattern, educational status, occupation, family income, type of family area of living, and with clinical variables awareness about breast self-examination and modalities of treatment for breast cancer. The study was conducted to find the effectiveness of Onco-Mental health programme on the management of psychosocial problems among breast cancer clients. Before the Onco-Mental health programme maximum of them had depression (76.67%) anxiety (83.33%) stress (56.67%) of psychosocial problems, after the Onco-Mental health programme the maximum of reduction of psychosocial problems such as depression (56.67%) anxiety (10%) stress (13.33%) among breast cancer survivors. Hence the investigator concludes that Onco-Mental health programme(p=0.001) to improve the management of psychosocial problems among breast cancer survivors.

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