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Impact of Counseling on Cancer Patient's Depression Level

Himalay Choudhary[1], Lalita Rathore[2], Lokesh Bhardwaj[3], Yashawant Ramawat[4], Jim Samuel[5], Yogeshwar Kumar Mutha[1], Shatrughan Pareek[6,*]

Abstract

Introduction: *When given the dreaded and possibly fatal cancer diagnosis, patients go through a great deal of pain. Depression is one of the psychiatric problems that can arise after a cancer diagnosis. The purpose of the current research is to evaluate how well counseling therapy can lower depression levels in cancer patients.* ***Methodology:*** *Geetanjali Hospital in Udaipur provided the data for this study, which utilized a single-group, quasi-experimental analysis employing a pre-test, one-group post-test design. A practical sampling method was employed to select a total of 60 samples from the hospital's IPD (In-Patient Department) units.* ***Result:*** *As per findings, majority of patients (68.33%) had moderate, while 31.67% have mild depression. After the intervention, most of the patients (88.33%) were normal followed by 8.33% had mild depression and 03.33% had moderate depression. Moreover, stages of cancer and therapy method were having significant association with depression score.* ***Conclusion:*** *The current research found that counseling was highly effective in lowering stress levels in cancer patients. It is necessary to create a strategy for providing emotional support to all cancer patients.*

Keywords: Counselling therapy, depression, cancer patient, emotional support, cancer diagnosis

INTRODUCTION

Cancer is one of the most common factors of sickness and death worldwide, with approximately 14 million new cases reported each year. The total amount of new instances is expected to rise by 70% over the span of the next 20 years. In 2015, cancer was the 2nd-leading cause of death worldwide, taking the lives of 8.8 million individuals. The cause of nearly 1 in 6 deaths globally is cancer. Patients who are ill physically, especially those who have cancer, frequently also have mental health issues [1]. Depression is frequently observed in cancer patients and may impact their capacity for decision-making, adherence to therapy, quality of life, and clinical course; as a result, it should be accurately identified by their doctors. Numerous studies have shown that people who are physically ill, especially cancer patients, frequently experience psychological illnesses [2, 3]. The prevalence of depression among individuals with cancer varies depending on the areas, stages, and diagnostic criteria used for the disease. An official cancer diagnosis can have a significant impact on the majority of individuals, families, and jobs. Depression, and anxiety are all normal and acceptable responses to this event that changes your existence. Nobody should have to

***Author for Correspondence**
Shatrughan Pareek
E-mail: shatrughan.pareek@gmail.com

[1]Nursing Officer, Department of Nursing, All India Institute of Medical Sciences, Patna, Bihar, India
[2]Nursing Officer, Department of Nursing, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India
[3]Associate Professor, Department of Nursing, Imperial College of Nursing, Jaipur, Rajasthan, India
[4]Senior Nursing Officer, Department of Nursing, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India
[5]Principal, Department of Nursing, Saraswati College of Nursing, Udaipur, Rajasthan, India
[6]Sr. Nursing Superintendent, Department of Nursing, Indian Railway Health Services, Bikaner, Rajasthan, India

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endure the severe mental pain caused by cancer alone. While the cancer treatment team may primarily focus on physical health, they also prioritize mental wellness. It is essential to keep engaging with them, staying informed, utilizing accessible resources, and learning about available support options [4].

Psychological support should be offered to severely depressed patients. It is well documented that counseling and psychotherapy can improve the quality of life for cancer patients. The goal of counseling and psychotherapy is to help patients to make functional, emotional, spiritual adjustment necessary to maintain their quality of life. Cancer patients may receive counseling as part of their therapy, and it occasionally benefits family members as well, but counseling will not, of course, cure cancer [5, 6].

A debilitating condition called depression affects 15 to 25% of cancer patients. Cancer affects both men and women equally. Studying depression in cancer patients is challenging since its symptoms may take many different forms and are unique to each patient. Depression among cancer patients is common [7]. When having a cancer diagnostic test, awaiting the outcome, getting a cancer diagnosis, going through cancer treatment, or expecting a cancer recurrence, one may feel anxious. Cancer-related depression can worsen pain perception, interfere with sleep, cause vomiting and nausea, and affect a patient's quality of life. If untreated, extreme anxiety can drastically shorten a patient's life [8]. Appropriate antidepressants that are prescribed in conjunction with cancer treatment are important for the patient in instances of clinical depression. As part of a treatment strategy, palliative counseling for those undergoing treatment and emotional support for their families are advised. The present study was conducted with aim to assess the effectiveness of counseling on depression on patient with cancer.

MATERIAL AND METHODOLOGY

In present study, a quasi-experimental with one group pre-test post-test design was applied for the study. Total 60 samples were collected using non-probability convenient sampling. The tool selected for the present study was self-instructed depression scale which was validated by nine experts of field and the reliability of the tool was assessed ('r'=0.94) by using Split Half Technique. After conducting the pilot study, the actual data collection was done.

Data Collection Procedure

The information was gathered over the course of a 4 weeks period at the Geetanjali Hospital in Udaipur. The researcher had taken written permission from the Geetanjali Hospital for conducting the study. After obtaining the written permission, patients with cancer were selected for the study. The written consent was taken from samples; approximately 10 to 12 samples were taken for counseling sessions from 9.00 am to 4.00 pm daily. In the first session, it was the pre-interaction and introductory phase in which rapport was maintained. Each sample was counseled for a period of 30 min. Individuals and their personal experiences, as well as their general health, were considered while conducting the session. The samples were taken for a second session after 7 days in which the feelings of the patient were explored. Again, the working phase was conducted after 1 week in which the researcher helped the patient to develop a positive strategy towards the disease. During the 4th session, the client's feelings and practices of individual coping was assessed. On fourth session, the level of depression was re-assessed by using the rating depression scale.

Inclusion Criteria

1. Sample between 25 and 65 years.
2. Able to communicate his or her feelings and condition.
3. Admitted in oncology ward, diagnosed with cancer.

Exclusion Criteria

1. Patient who has some other psychological problem.
2. Previously attending any counseling session.
3. Patient who is receiving palliative care.

Data Analysis

Collected data were organized, tabulated and analyzed by using the frequency and percentage distribution, and by using descriptive statistics (mean, SD, and mean score percentage). Further analyzing data is done by using inferential statistics (paired 't' test Chi-square) so as to find out the association between the selected demographic variables with that of the samples with the depression among cancer patients.

RESULT

Frequency and percentage distribution of different samples according to the demographic variables are observed and mentioned in Table 1.

Based on the findings in Table 2, the majority of patients (68.33%) had moderate depression, while 31.67% had mild depression. After the intervention, the majority of patients (88.33%) were classified as normal, followed by 8.33% who had mild depression, and 3.33% who still had moderate depression.

Table 1. Frequency and percentage distribution of samples according to the demographic variables (N=60).

S.N.	Demographic variables	Frequency	Percentage (%)
1	*Age (years)*		
	25–35	19	31
	36–45	25	42
	46–55	10	17
	56–65	6	10
2	*Gender*		
	Male	10	16
	Female	50	84
3	*Education status*		
	Illiterate	21	35
	Primary education	23	38
	Secondary education	9	15
	Senior secondary education	7	12
4	*Duration from diagnosis*		
	<6 months	15	25
	7–12 months	35	58
	13–24 months	10	17
5	*Site of cancer*		
	Ca-breast	28	46
	Ca-stomach	8	14
	Ca-cervix	24	40
6	*Stages of cancer*		
	Stage I	11	18
	Stage II	38	64
	Stage III	11	18
7	*Mode of treatment*		
	Chemotherapy	50	83
	Radiation therapy	6	10
	Combination	4	7

Table 2. Pre-test and post-test levels of depression among the subjects (N=60).

Levels of depression	Pre-test	Post-test
Normal	00 (00%)	53 (88.34%)
Mild	19 (31.67%)	05 (8.33%)
Moderate	41 (68.33%)	02 (3.33%)

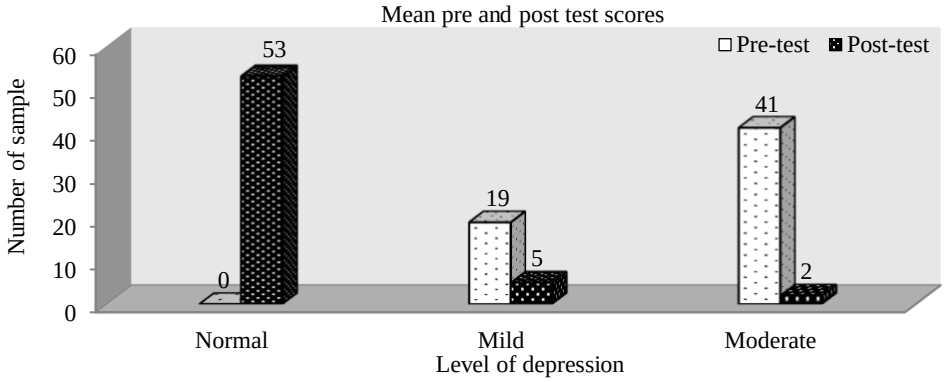

Figure 1. Bar diagram showing mean pre and mean post-test scores for depression level.

Table 3. Maximum possible score, mean, SD, range and mean difference and paired' value on depression level (N=60).

Level of depression	Maximum score	Mean	Range	Mean difference	Paired 't' value	p-value
Pre-test	80	60.9	52–68	16.6	19.72*	<0.000001
Post-test	80	44.3	34–55			

** Significant at P<0.05 level; (df)58=2.00.*

Table 4. Chi-square value for mean pre-test depression level and demographic variables (N=60).

Variables	Chi-square value	Df	p-value
Age in years	0.73^{NS}	3	0.866
Duration of cancer	0.15^{NS}	1	0.698
Education	0.33^{NS}	3	0.954
Duration from diagnosis	0.412^{NS}	2	0.814
Site of cancer	1.55^{NS}	2	0.461
Stages of cancer	6.595*	2	0.037
Mode of treatment	8.13*	2	0.017

**significant at 0.05 level; ^{NS}non-significant.*

Table 3 showed that mean pre-test score percentage on depression was 60.9 and the mean post-test score percentage on depression was 44.63 with standard deviation of 9.56 and mean difference f 16.6 and paired 't' value was found to be 19.72, which was higher than the table value (t_{58}=2.00) at P<0.05 level of significance. As a result, it can be seen that there is a substantial difference between the samples' mean pre- and mean post-test depression levels.

Regarding association of demographic variables with pre-test depression score show that age (χ^2=0.73), duration of cancer (χ^2=0.15), Education (χ^2=0.33), duration of diagnosis (χ^2=0.412), site of cancer (χ^2=1.55) was not associated with pre-test depression score whereas Stages of cancer (χ^2=6.59) Mode of treatment (χ^2=8.13) were significantly associated with pre-depression score (Table 4).

DISCUSSION

After therapy, participants reported significant reduction in the level of depression. Another study's findings are consistent with our study [9]. Regarding association in our study's findings shows that chemotherapy patients have more level of depression as compared to radiotherapy and this finding is consistent with another study's finding [10]. Prevalence of depression varies with the stage of cancer in present study. Prevalence of depression increases with advanced stages of cancer and this finding is supported by studies conducted in guidance of Hotopf *et al*. [11]. In the present study, depression was not significantly associated with both extremes of age, duration of diagnosis. Nikesh Agarwal *et al*. studied prevalence of depression among patients in tertiary care centre Jaipur and finding of this study supported the present study's findings [12]. However, depressive disorder in those patients is frequently undiagnosed.

CONCLUSION

Finally, depression is just the tip of the iceberg. All cancer sufferers experience depression. A cancer patient's depression is normal. Every person with cancer is going to experience excruciating pain and pass away horribly. The fact that depression can be treated is essential to comprehend. Without medical intervention, depressive symptoms might linger for months or even years. Therefore, it is advisable to talk to your doctor if you think you may be sad so that you can get therapy right away. According to the current research, counselling therapy significantly reduced depression in cancer patients.

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