



Psychosocial Factors Associated with Breast Cancer Patients

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ABSTRACT: Breast Cancer is the most complex treatment in the present scenario. When the patient is diagnosed with breast cancer, it affects patients' psychosocial condition. During the treatment process, patients suffer from depression, loss of hope, stress and other associated psychological issues. This study suggests that psychosocial factors are highly significant for persons with breast cancer. This paper also discusses the methodology of the study, level of psychological factors and provide recommendations for the health care institution and health care professionals focusing on patients' mental health aspects.

Keywords: Breast Cancer, Psychosocial factor, Stress, mental health, Psychological Wellbeing



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1. Introduction

Breast cancer is the most common cancer among women. When the cells begin to grow out of control in the breast is the first indication of breast cancer. Breast cancer spreads through the lymph nodes, lymph vessels, and lymph fluid. Union Health Ministry ranked breast cancer as the number one cancer among Indian females, and it is estimated that in 2020, 17, 97, 900 may have breast cancer. The major reasons for breast cancer are lifestyle changes like late in childbearing, changes in menarche, hormones through the use of medical and lack of awareness on the signs and symptoms of breast cancer.

Patients who are diagnosed with breast cancer are suffering a sort of emotional issues like depression and other forms of psychological issues. The significant disorders are Depression, Post - Traumatic Stress Disorder and Generalized Anxiety Disorder.

When they have depression, appearance frequently changes, chances to develop negative thoughts related to their illness and reduce poor concentration. At least 10% of women diagnosed with breast cancer are undergoing PTSD. Whenever the patients experience the symptom of a disease, they feel intense anxiety which keeps them disturbed sleep and traumatic experiences. Patients may experience unease feelings of fear, mental exhaustion and trembling.

Matthew E Falagas et al., (2007) in their study resulted that 81% of the respondents were a statistically significant association with at least one psychosocial variable and the disease outcome. Jensen (1991) in his article stated the risk of getting breast cancer is also associated with the difficulties in expressing the feeling of aggression, stress and the ways to adapt the coping strategy. There is a possible connection between psyche and the biological system to develop any sort of illness.

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2. Methodology

2.1 Objectives of the study

1. To study the socio-demographic profile of the respondents
2. To analyze the level of psychosocial factors of respondents
3. To provide suggestive measures to cope with psychosocial problems

2.2 Hypothesis related to study

1. There is a significant difference between the marital status and the level of psychosocial issues of the respondents
2. There is a significant difference in the educational qualification of the respondents and the level of psychosocial problems

2.3 Sample Size

The sample size was determined by the tabulation of Krejcie and Morgan, from the table, it was decided to choose the sample size was 50.

2.4 Tools for Data Collection

Interview Schedule and Questionnaire were used to collect the data. The interview schedule was adopted in knowing about the socio-economic condition. DASS questionnaire was used in understanding the psychosocial factor.

3. Results and Discussion

TABLE 1: DISTRIBUTION OF RESPONDENTS BY THEIR SOCIO-DEMOGRAPHIC PROFILE

S. No.	Socio-demographic Profile	Number of Respondents	Percentage
1	Age		
	25-30	15	30
	31-35	05	10
2	Educational Qualification		
	Primary	03	06
	Middle and high school	12	24
	Preuniversity	15	30
3	Occupational Status		
	Employed	28	56
4	Family Type		
	Nuclear	38	76
5	Marital Status		
	Unmarried	08	16
6	Age of Onset		
	20 – 25	12	24
	25 – 30	18	36
	Above 30	20	40

The above table clearly shows that the majority of the respondents are in the age group of above 35 years. Many research indicated that younger women are at a higher risk of experiencing psychosocial issues. Younger women experience worries often about their career and also their

family.

Concerning the educational qualification, 40% of the respondents have completed graduation and above. It is clearly shown that the education level is also a significant predictor in dealing with stress.

Regarding occupational status, more than half (56%) of the respondents are employed. Many studies revealed that the role of occupational status is highly associated with psychosocial factors. Concerning the type of family, the majority of the respondents (76%) are belonging to the nuclear family. It is indicated that the family role is highly associated with determining the psychosocial condition of the individuals. Regarding Marital status, the majority (84%) of the respondents are married. It is clearly stated marital status is significantly linked with the health condition of the individuals. Married women are prone to get diagnosed with breast cancer. It is also noted that the age of onset for 40% of the respondents was during the age group of 40 years.

TABLE 2: 'T' TEST BETWEEN THE MARITAL STATUS AND PSYCHOSOCIAL FACTORS

S. No.	Dimension	Mean	S. D.	Statistical inference
1	Marital Status Married Unmarried	35.00 25.00	21.21 7.07	T = 0.5000 df = 1 Significant

This table states that respondents who were married (Mean = 35.00, S.D = 21.21), when compared to respondents who unmarried (Mean = 25.00, S.D = 7.07). The 'T' value is 0.5000. Thus the observed difference is statistically significant at the 0.05 level. Thus, it is inferred that married respondents were suffering more psychosocial problems than married respondents.

TABLE 3: 'T' TEST BETWEEN THE EDUCATIONAL QUALIFICATION AND PSYCHOSOCIAL FACTORS

S. No.	Dimension	Mean	S. D.	Statistical inference
1	Educational Qualification Primary Middle and high school PU UG and Above	35.00 25.00 81.22 78.98	21.21 7.07 6.164 4.880	t=3.489 P<0.05 Significant

This table states that respondents who completed primary education (Mean = 35.00, S.D = 21.21), respondents completed middle and high school (Mean = 25.00, S.D = 7.07) compared to respondents who were illiterate (Mean = 28.20, S.D = 7.07). The 'T' value is 2.1818. Thus the observed difference is statistically significant at the 0.05 level. Thus, it is inferred that the

respondents who completed primary education were suffering more psychosocial problems than other respondents.

4. Suggestions and Recommendations

The health care institution is having the prime responsibility in taking care of the patients related to their psychosocial condition. They need to understand the psychological needs of the patient and address the psychological needs along with their treatment process. Health care institution must follow the patient-centered approach and plan how to deliver it. This approach is greatly looked into the holistic way and ease to deal with their psychosocial condition.

Social Work Intervention is to be dealt with in enhancing the patient's strength emotionally and psychologically. A family-centered approach is an effective strategy in making the patient and patient's family members understand the treatment process and to cope with emotional issues.

5. Conclusion

Breast cancer is not only into physical symptoms and more into psychological aspects. The primary goal is to help women how to cope with their physical, psychological and social associated with their disease. Social Worker can emphasize on understanding the psychosocial factors and how to deal effectively in their treatment process. Social Case Method is highly effective with people who are affected psychologically and emotionally. Health care institutions need to invest their resources on patients' psychosocial wellbeing.

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