Explore Anxiety among Cancer Patients at Selected Hospital of Haryana

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ABSTRACT

The experience of being diagnosed with and treated for cancer is an extremely stressful experience for most individuals. The purpose of the study was to explore the anxiety among cancer patients. The study involved 100 cancer patients. The data was collected by using standardized tool i.e. state-trait anxiety inventory (STAI). Participants reported moderate low state-trait anxiety. The state anxiety was found associated with demographic variables that were religious activities (34.15) and importance of religious activities (21.33) and clinical variables were found to be associated with duration of diagnosis (26.23) and stage of disease (27.02) at 0.05 level of significance. The trait anxiety was found associated with demographic variables that were (14.13), marital status (10.90) and clinical variables were found to be associated with diagnosis (42.89), duration of diagnosis (27.64) and stage of disease (32.61) at 0.05 level of significance.

Keywords: cancer, state anxiety, trait anxiety

INTRODUCTION

Cancer is a serious and traumatic event that impacts millions of individuals each year. Cancer is the second biggest cause of death in India, growing at 11 per cent annually. There are 2.5 million cancer cases and four lakhs deaths a year in India. [1] Cancer has the ability to shake one’s worldview and significantly impact one’s assumption about life. After the diagnosis with cancer, the patient may feel shock, disbelief, fear, anxiety, guilt, sadness, grief, depression, anger, and more. There are many stressors that patient face diagnosed with cancer, including stress of being diagnosed with such a serious illness, fear of possible death, side effect of treatment and other stressor specific to disease and treatment are also pertinent. It is widely accepted that cancer impact on the psychology and behavior of the patient. [2] A total of 1,638,910 new cancer cases and 577,190 deaths from cancer are projected to occur in the United States in 2012. [3] As per Indian population census data, the rate of mortality due to cancer in India is alarmingly high this was 819354 in (2004) which drastically increases to 979786 in (2010). According to the Health department officials based the calculation on the basis of a report on cancer patients prepared by Pt Bhagwat Dayal P.G.I.M.S. Rohtak, Haryana in October 2012 stated that there are 27,827 cancer patients in Haryana [4] and a survey conducted in Punjab, the Punjab Health Minister Madan Mohan Mittal said that 23,874 cases of people suffering from cancer have been detected, the number of persons complaining of cancer symptoms were 84,453. According to the survey, 33,318 cancer deaths have occurred during last five years, out of which 14,682 were in the Malwa region alone. As
many as 4,000 of these happened in Ludhiana. [5]

Objectives:
1. To explore the anxiety among cancer patients.
2. To determine the association of the levels of anxiety with selected variables among cancer patients.

MATERIALS AND METHODS

Participants
The study used a cross-sectional exploratory design and it was carried out between 13th December 2012 to 12th January 2013. The study sample consisted of 100 patients diagnosed with a variety cancer (62 male and 38 female) who were consecutively admitted in the In-patient unit, Radiotherapy department of Post graduate institute of Medical Sciences (P.G.I.M.S), Rohtak, Haryana. They entered the study based on their acceptance to the questionnaire and willing to participate.

Data Collection
The data collection tools comprised a record sheet on Demographic and clinical characteristics of cancer patients, State-trait anxiety inventory. The data were collected face to face interviews conducted by researchers in the in-patient unit of radiotherapy department. The researchers introduced the questionnaire to the participants and explained the material covered. The average time for completing the questionnaires was 30-40 minutes.

Data Collection Instrument
The tools which were used in present study comprised of 2 sections: Demographic and clinical variables, State-Trait anxiety inventory.

Section 1: Demographic and clinical variables

Part A- It consisted of the record sheet which was constructed to collect data regarding patients’ characteristics (age, gender, residence, education, occupation, annual household income, marital status, present position in the family, importance of religious activities.

Part B- consists of diagnosis of cancer, duration of diagnosis, stage of disease and ongoing treatment.

State-Trait Anxiety Inventory
The State-Trait Anxiety Inventory is a 40-item self-report measure of state and trait anxiety. The reliability of Hindi version of state anxiety was .95 and .96 for trait anxiety. The trait subscale measures a more stable tendency to experience anxiety whereas the state subscale measures a temporary experience of anxiety or tension. Each item is rated on a 4-point intensity scale. [6-9]

Ethical Considerations
Regarding ethical considerations, the ethical approval was obtained from the Institutional Ethical Committee Maharishi Markandeswar University and formal approval was obtained from the H.O.D of Radiotherapy department. Written information was given to the participants and their oral consent was obtained. The patients were informed about the purpose of the research and assured of their right to refuse to participate in or to withdraw from the study at any stage. Anonymity and confidentiality of subjects’ data were guaranteed.

Statistical analysis
Data was analyzed and interpreted by employing descriptive and inferential statistics. SPSS version 16.0 was used to analyze the data, P value ≤0.05 was considered as significant.

RESULTS
About (51%) of the cancer patients were belonged to age group of 48-62 years, (62%) of the patients were male most of them (78%) of the were residing in rural area, (45%) of the patients were illiterate. Majority of (91%) were self employed. Most of the patients (63%) belong to income group of 50001-100000/-. The majorities (93%) of the patients were married and (67%) were adults. Most of (58%) of the patients were those who does religious activities once in a day and (51%) of the patients had a great importance of
religious activities. most of the patients (29%) were diagnosed were Ca Cervix and only (3%) were diagnosed with breast cancer. Most of cancer patients (57%) had duration of diagnosis between 6 months-1 year, most (50%) of cancer patients were in III stage of the disease. With regard to the type of treatment received (51%) received chemotherapy as the treatment.

The total score for state-trait anxiety inventory was 92.74 ± 29.94.

**TABLE 1 Frequency and Percentage Distribution of Cancer Patients according to Stress level in State-Trait Anxiety Inventory, N=100**

<table>
<thead>
<tr>
<th>Categories of Anxiety</th>
<th>State-anxiety scores Frequency (%)</th>
<th>Trait-anxiety scores Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (20-32)</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>Moderate low (33-44)</td>
<td>36</td>
<td>34</td>
</tr>
<tr>
<td>Average (45-56)</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>Moderate high (57-68)</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>High (69-80)</td>
<td>06</td>
<td>21</td>
</tr>
</tbody>
</table>

Minimum Score: 20; Maximum score: 80

The data presented in the table 1 revealed that (36%) and (34%) of cancer patients were in moderate low state anxiety level in state-trait anxiety inventory respectively and only (6%) of them were having high state anxiety level and (21%) of them were having high trait anxiety.

Thus, it concludes that majority of cancer patients were in moderate low stress level in state-trait anxiety.

**TABLE 2 Mean, Mean % and Standard Deviation of State-Trait anxiety Inventory of Cancer Patients, N=100**

<table>
<thead>
<tr>
<th>Scales</th>
<th>Possible scores</th>
<th>Obtained score</th>
<th>Range</th>
<th>Mean (S.D)</th>
<th>Mean %</th>
</tr>
</thead>
<tbody>
<tr>
<td>State anxiety inventory</td>
<td>20-80</td>
<td></td>
<td>21-77</td>
<td>43.82 ± 13.86</td>
<td>54.78</td>
</tr>
<tr>
<td>Trait anxiety inventory</td>
<td>20-80</td>
<td></td>
<td>24-79</td>
<td>48.92 ± 16.78</td>
<td>61.15</td>
</tr>
<tr>
<td>State-trait anxiety inventory</td>
<td>40-160</td>
<td></td>
<td>45-150</td>
<td>92.74 ± 29.94</td>
<td>57.96</td>
</tr>
</tbody>
</table>

The data presented in the table 2 indicates that mean score for state anxiety inventory was (43.82) with S.D of (± 13.86) and mean % (54.78). The mean score for trait anxiety inventory was (48.92) with S.D (± 16.78) and mean % (61.15).

The mean score for state-trait anxiety inventory was (92.74) with S.D (±29.94) and mean % (57.96).

**Findings Regarding Association of State-Trait Anxiety with Selected Variables**

The state anxiety was found associated with demographic variables that were religious activities (34.15) and importance of religious activities (21.33) and clinical variables were found to be associated with duration of diagnosis...
(26.23) and stage of disease (27.02) at 0.05 level of significance.

The trait anxiety was found associated with demographic variables that were (14.13), marital status (10.90) and clinical variables were found to be associated with diagnosis (42.89), duration of diagnosis (27.64) and stage of disease (32.61) at 0.05 level of significance.

**DISCUSSION**

It was observed that (51%) of the subjects belonged to the age group of 48 years and above. The findings were similar to findings reported in literature by Mc Pherson, Steel and Dixon (2000) i.e. the incidence of breast cancer increases with age and it is common among the age group of above 40 years. [10]

In trait anxiety it was found that most of female patients were having high stress level (36.84%) which are in consistent with the findings of D. Stark, M. Kiely, A. Smith et al. Female sex were more associated with anxiety disorder in multivariate analysis. [11]

**CONCLUSION**

Cancer is not only a medical problem; it also involves psychological, emotional and social problems. State-trait anxiety explores the stress level of cancer patients which are the key components of the pathway to gather more valuable data about the health of the patient and plan care accordingly.

**REFERENCES**