

Influence of Cancer on Emotional Wellbeing of Patients in Laikipia West Sub-County, Laikipia County

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Abstract: Globally, cancer has been a silent killer disease and has affected many lives. This study aimed at establishing the influence of cancer on emotional wellbeing of cancer patients in Laikipia West Sub-County in Laikipia County and was based at the Nyahururu Hospice. This is one of the areas where cancer is prevalent. Nyahururu Municipality, Igwamiti and Muthengera locations were the key areas of interest because from these areas at least four people die out of cancer every month. The Hospice handles at least 15 cases of cancer per week. The study adopted descriptive survey research design. Target population was 504 from Laikipia West-Sub County. The sample size was 222 patients selected from the three localities by using purposeful stratified method of sampling. A ratio of 2:1:1 was used on the sample size to give the sample size for Nyahururu Municipality, Muthengera location and Igwamiti locations respectively. Instrumentation involved two data collection instruments; Questionnaire and interview schedule. Cronbach's Alpha Coefficient was used to establish the reliability coefficients of the research instruments. The instruments were considered reliable after yielding a coefficient of 0.7 and above. Data was analyzed by use of a Statistical Package for Social Sciences, (SPSS Version 22) using descriptive statistics which involved frequencies and percentages based on the objectives of the study. Data was presented in form of frequency tables, pie chart and bar graphs. The study showed that Cancer treatment results to loss of patient's body strength and worsens patients' body image and leads to loss of confidence and low self-esteem. Majority of cancer patients are not involved in decision making in the treatment processes, are not in full control of their treatment process and are not consulted before treatment is made. Cancer treatment influences emotional wellbeing and adversely affects patients' behavior making them feel rejected and isolated. Some have low self-esteem and tend to withdraw from social activities because of loss of body shape and strength. Study further revealed that onco-psychotherapy is an important aspect of cancer treatment that equips patients with skills to cope with cancer. However, there is a shortage of onco-psychotherapists to handle cancer patients in Laikipia West sub-County and that is why most patients do not undergo counselling before and after treatment.

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I. INTRODUCTION

The risk factors for cancer that is known can be broadly divided into environmental and internal (host) factors. Environmental factors include chemicals, radiation and viruses. Chemicals that have been identified as carcinogenic (cancerous) include tobacco smoke, alcohol (if consumed excessively) and asbestos, as well as certain industrial chemicals and medical drugs. Diet is also thought to initiate or promote various cancers. Internal or host factors include hormones, immune conditions and inherited mutations. In Kenya, most cancer cases are often diagnosed when the disease is far advanced which makes the patients suffer from a lot of distress when this is disclosed to them (Mailu, 2016). Lack of facilities in Kenyan health care tells us that onco-medics are a scarce commodity and hence onco-psychotherapists. In Laikipia West Sub County, the situation is not different, with the area having at least four people dying every month due to cancer (Biringi & Clare, 2016). Palliative care is only given from the hospice and cancer drugs given at a fee which some may not afford. Due to these misgivings of life, the patient is likely to lose hope and stress may take the greater portion of his life. This explains why the patients find themselves suffering from psychological and psychosocial syndrome with minimal attention coming from the onco- psychological experts, who may not be available at all.

Problem Statement

Cancer deaths have shown an upward trend of late in our country with Laikipia West Sub County posting significant frequencies of deaths that cannot be ignored. In 2013 there were 13 reported cases, 2014 they were 19 cases, 2015 they were 21. These were patients who had their records in the hospice and whose death

cases were (Biringi & Clare, 2016). It was therefore inevitable to find out the influence cancer has on the emotional wellbeing of the patient and what can be done to improve their lives psychologically. This came as a result of many of the cancer patients dying earlier than one would expect after realizing that they had the disease while those who were treated without knowing that they had it lived longer. With the notion that cancer is a terminal disease the patient immediately thinks about death sentence. Those who were diagnosed of the disease and they were made aware of it through an onco-therapist were able to accept themselves better and they accepted the subsequent treatments of chemotherapy and radiotherapy without any psychological torture. However, onco-psychotherapy is very limited in the country and the only one available is found in Kenyatta Hospital. The case study attempted to address this gap of lack of onco-psychotherapists alongside the onco-medics in an attempt to convince the government through the Ministry of Health to train and hence employ qualified and enough manpower of onco-psychotherapists to work alongside onco-medics.

Literature Review

Cancer is a non-communicable disease affecting a large number of people from all walks of life but whose effect on the psychology of the client has not been properly addressed. When it is diagnosed in an individual it poses certain challenges to the patient and the family as well. The disease comes as a result of damage to a number of regulatory mechanisms within the cell. These damaged cells grow to form a tumour- an abnormal mass of tissue which can be cancerous or benign (non-cancerous). Unlike the cells in benign tumours, cancer cells can invade nearby tissues and spread via a process known as metastasis(National Cancer Institute, 2015). Metastasis occurs when cells become detached from the initial tumour and are carried through the bloodstream and lymphatic system to other parts of the body. This eventually interferes with the function of normal cells and can lead to the death of the patient. There are over 100 different types of cancer, each with its own pattern of growth and spread. While the risk factors for different cancers may be showed or unique, the cause may still be unknown(Sloan & Gelband, 2007).Every day in Kenya, about seventy-six lives are claimed by cancer(Ministry of Health, 2016).A series of psychological variables contribute to the cancer pain experience and suffering, such as perception of control, the meaning of pain, fear of death, depressed mood, and hopelessness. The level of psychological distress experienced by each patient varies depending on personality, coping ability and social support(Afshar, et al., 2015).Medical distress and psychological factors such as depression and anxiety intensify the pain experienced. Emotional disturbance has been reported to be predictors of pain in advancing later stages of cancer(Li, Xiao, Yang, & Zhao, 2017).

Theoretical Framework

This study was guided by the Existential Theory(Rogers, 1951). The theory is based on the belief that there are inner conflicts within an individual which are caused by the challenges the individual faces in life(Irvin , 2003) and that under all circumstance's life has meaning (Frankl, 1920). The theory stresses that the way one leads his life is determined by the individual's choice and sometimes one may be unable to cope with the inner feelings. In this context, cancer patients have conflicts within themselves in a bid to fight against the reality of death. This is where the onco-psychotherapist comes in to assist the patient in accepting their situation rather than living in denial. Existentialism suggests that it is possible for people to face the anxieties of life face to face by applying coping mechanisms on their challenges and be free to take responsibility of their limitations(Deurzer, 2002).In this case, however, cancer disease is not a choice but a fate that can meet with anybody of all walks of life from any Nation, race or tribe and at any time in life. Beliefs and attitudes affect feelings and behaviour of the individual and this means that the way one thinks about situations may affect the way they feel and consequently the way they behave. One must be equipped with coping skills to be able to handle the situation(Beck, 1963). Cancer patient must be exposed to the coping skills to be able to live with the disease as well as to handle the side effects of the treatments. This makes the patients accept their own mortality and overcome the phobia of death.

Research Design

The study research used descriptive survey research design which was used when the respondents were observed or interviewed in their natural set ups without manipulation of the environment. In this design, the variables of interest and the inferences made were not interfered with,(Kerlinge, Kiebent, & De , 2001). Emotional wellbeing and psychosocial behaviour were considered as a resultant from the independent variable.,

Study Area

The study location was done within Nyahururu Municipality, Muthengera and Igwamiti divisions. Muthengera is to the North East and Igwamiti to the West of Nyahururu Municipality respectively. These areas were suitable for the case study due to their proximity to the hospice. This is an area that had a population of 504 patients most of whom frequent the hospice which is located within Nyahururu referral hospital in

Nyahururu Municipality (Biringi, 2015). Other divisions within the sub-county that register fewer cases included, Maina, Rumuruti, Ngarua and Sopili. Its proximity to Nyahururu Town made it reachable for information gathering. The Hospice had most of the drugs that cater for cancer patients which made most of them go for consultation and medication. This area had different cultural backgrounds of Kikuyus, Kalenjins and Pokot as well as Samburus who were useful in providing the necessary information for the case study.

Study population

The target population comprised of 504 patients who were gathered from Laikipia West Sub-County within the localities of Nyahururu Municipality, Muthengera and Igwamiti divisions. These areas had been having frequent cases of cancer unlike other divisions like Maina, Sopili, Ngarua and Rumuruti which were also within the sub-county (Biringi & Clare, 2016).

The following table was used to get the target population from each locality.

Table 1 Population of the study

Location				
Type of Cancer	Nyahururu Municipality	Muthengera	Igwamiti	Sub-Total
Breast cancer	197	101	72	370(women)
Cervical cancer	30	16	30	76(women)
Prostate cancer	5	15	5	25(men)
Oesophageal cancer	2	3	10	15(Both Gender)
Stomach cancer	7	2	1	10(Both Gender)
Others	Lung cancer 5	Blood cancer 2	Throat cancer 1	8(Both Gender)
Total	246	139	119	504

Source (Biringi & Clare, 2016):

Sample Size

The sample size was 222 patients who were selected using purposeful stratified method and distributed among the three localities of Nyahururu Municipality, Igwamiti and Muthengera divisions in the ratio of 2:1:1 respectively as the table below shows. These localities had been chosen to represent the whole sub-county because they had frequent cases of cancer as indicated by Nyahururu hospice Newsletter (Biringi, 2014).

Table 2 Sample size distribution

Number of patients			
Type of cancer	Nyahururu Municipality	Muthengera	Igwamiti
Breast cancer	70(Women)	26(Women)	26(Women)
Cervical cancer	18(Women)	15(Women)	15(Women)
Prostate cancer	10(Men)	7(Men)	7(Men)
Oesophageal cancer	6(Both Gender)	5(Both Gender)	5(Both Gender)
Stomach cancer	4(Both Gender)	2(Both Gender)	2(Both Gender)
Others	2(Any Gender)	1(Any Gender)	1(Any Gender)
Total	110	56	56

Source: (Biringi & Clare, 2016)

Study Tools

The researcher used two data collection instruments; Interview schedules and Questionnaire. Structured Interview Schedule were used on the patients. These tools were very appropriate for the patients because the researcher was able to predict the intensity of the responses given. An interview schedule provides access to what an individual knows or the attitude and the feelings the individual has concerning a given area or occurrence in life (Ludwig, 2007). Structured Questionnaires were used for the hospital staff who acted as key informants. The respondents filled appropriately depending on the questions which were asked based on the influence of cancer on emotional wellbeing and psychosocial health of the patient. This disclosed the number of cancer patients who visit the hospital and the condition in which they found them. It also helped to know whether the patients were given proper counselling at the right time and whether there were qualified onco-psychotherapists who attended to their needs. Information on the influence cancer medication has on patients was also established. Both tools explored the availability of onco-psychotherapists alongside onco-medics as well as the effect of cancer medication on the emotional wellbeing and the psychosocial health of the patient. Likert type scales of measurement were used

Data Collection Procedure & Data Analysis

The researcher obtained permission from Mount Kenya University and a research permit was sought from the National Commission for Science, Technology and Innovation (NACOSTI). The researcher then sought permission from Nyahururu Medical Hospital to conduct the research and then administer the questionnaires to the patients with the assistance of the Head of Department Nyahururu Hospice. Questionnaires were explained to the respondents and then distributed and collected as soon as they were filled. Interview schedule were done by the researcher to the head of Department Nyahururu Hospice. This exercise took two weeks to ensure that the anticipated number of patients was captured. Descriptive statistics were used to analyse the data on research questions in order to establish the Influence of Cancer on Emotional Wellbeing of Cancer Patients and in which quantitative data gave frequencies and percentages. Data was analysed as per the objectives by support of a computer package, of a Statistic Package for Social Sciences (SPSS) version 22. The results were presented in form of bar- charts and frequency tables.

II. RESULTS AND DISCUSSION

The results of the current study indicate that majority of the respondents had gone through chemotherapy (64.5%) majority being female an indication that majority of cancer patients who go through chemotherapy in Laikipia County are women. On radiotherapy, the findings of the current study indicate that a comparatively greater portion of the respondents had not gone through radiotherapy as compared to those who had. Out of those who had undergone radiotherapy, majority of them were men. Majority of the respondents had gone through surgery for cancer treatment compared with those that had not were males. Concerning Immunotherapy mode of cancer treatment, almost all of the respondents (99%) of them had not gone through immunotherapy while only 1% had gone through immunotherapy treatment. Hormone therapy is not a common cancer treatment in Laikipia sub-county. The results also show that none of the respondents had gone through stem cell treatment implying that stem cell treatment is not common in Laikipia County. Majority of the cancer patients were neither consulted nor allowed to decide on the kind of treatment that was suitable for them irrespective of their gender. Majority of the cancer patients were not granted an advance notification about the side effects of the cancer treatment that they went through and this could affect their psychological stability. Majority of the respondents also pointed out that they were not comfortable with the cancer treatment that they were subjected to. However relatively more males (98.9%) than females (96.4%) expressed dissatisfaction. From the findings, majority of the cancer patients asserted that they did not have an effective communication with their doctors.

Majority of the respondents admitted to feel depressed during treatment indicating that depression is a major psychological issue affecting cancer patients in the Laikipia West-sub County. Majority of cancer patients had thought of committing suicide in Laikipia West sub-county with the males having a higher probability than females. This suggests that suicidal feeling is a common psychological issue that affects cancer patients in Laikipia West sub- County and which is attributable to the societal believe that diagnoses with cancer is tantamount to death. Majority of the respondents (97.5%) agreed that after diagnosis with Cancer they suffered death phobia. The study also sought to know the current position of the respondent in living with cancer and majority of the respondents asserted that they had failed to accept their condition and move on implying that most of the cancer patients are struggling to accept their situation and move on with life. On the feeding habits, majority of the respondents agreed that cancer treatment affects the feeding habits of the patients by making them feed poorly at some stage in their treatment. Moreover, majority of the respondents (96.5%) agreed that they suffered stress before and after going through cancer treatment. Additionally, majority of the cancer patients (93.1%) indicated that they suffered rejection from the community; of whom males were more affected than females.

III. CONCLUSION

Cancer treatment adversely, affects the behavior of the patients where they feel rejected and isolated. Some even have low self-esteem due to poor body image and they also tend to withdraw from social activities because of loss of body strength.

RECOMMENDATIONS

The Kenya National Cancer Control Strategy (KNCCS) should focus on training and recruitment of more onco-psychologists to offer desired counselling to the patients after diagnosis and during treatment and further insist on the importance of such regular counselling. This should result to better living and a sense of self-acceptance to the patient and relieve stress during treatment.

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