

Assessment of Self-concept among Post Radical Cystoprostatectomy Patient

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Abstract

Background: Suffering and fears are even more devastating especially if the cancer treatment necessitates an extensive surgery that will result in severe debilitation, disturbed body image and self-concept and adverse effect will also result in life satisfaction and general well-being. **Aim:** The study aims to assess self-concept of patients with bladder cancer undergoing radical cystecto-prostatectomy. **Design:** A descriptive correlational design was utilized in this study. **Sample:** A convenience sample of 100 patients underwent radical cysto-prostatectomy. **Setting:** The study was conducted at Urology Department Kasr Al-Ainy hospital. The Urology department. **Data collection tools:** Sociodemographic and medical data sheet, and the Tennessee Self-concept scale. **Main Results:** More than half of the studied patients reported low identity and near half of them reported fair identity, also more than half of the studied patients had fair satisfaction, **Conclusion;** a positive statistically significant correlation was found between self-concept of patients with orthotopic neobladder. educate patient alternative coping methods, by encouraging them to participate in group teaching activities through the day treatment program is recommended.

Key words: Self-concept , Radical Cysto-prostatectomy

Date of Submission: 21-10-2018

Date of acceptance: 03-11-2018

I. Introduction

Bladder Cancer is more than a health condition. It is an emotional instability characterized by fears, stress, and uncertainty about the future (1). Although, now we live in the era of advanced technologies, cancer still causes the patient to feel more suffer of fears. These suffering and fears are even more devastating especially if the cancer treatment necessitates an extensive surgery that will result in severe debilitation, disturbed body image and self-concept and adverse effect will also result in life satisfaction and general well-being (2).

Over recent decades, radical cyst-prostatectomy has emerged as the predominant treatment modality for patients with high-grade, invasive urothelial cancers and for those with less-invasive disease who fail treatment with bladder-preservation strategies. Cysto-prostatectomy requires urinary diversion. The three options for diversion are the ileal conduit, a continent cutaneous urinary reservoir managed by intermittent self-catheterization, and the orthotopic neobladder. The ileal conduit has been the standard approach to urinary diversion following radical cystectomy for many years. More recently, however, orthotopic bladder substitution (or neobladder formation) emerged as an alternative to the ileal conduit. Various surgical techniques have been described; all involve the use of bowel to create a urinary ileal conduit has been the traditional approach, but it provides no storage capacity and requires the patient to wear an external pouch for urine collection (3).

Bladder cancer patients are faced with multiple stressors, including pain, fatigue, significant body changes and the altered sexual/urinary function (4). Besides, intense physiological, psychological and interpersonal challenges may emerge the first year after the cancer diagnosis. All these unique characteristics may cause and aggravate patients' psychological disorders, such as depression, anxiety and post-traumatic stress disorder, which are the most common psychological issues encountered with cancer patients (5).

Human beings are always enthusiastic in portraying themselves. Self-concept is generally used to refer to how someone discerns and thinks about himself (6). It has been always titled that the self-concept is multifaceted. The main facets of self-concept are emotional, intellectual and functional. The self-concept is unique to the individual and changes overtime with environmental context. Development of positive or negative self-concept mainly results from physical changes, appearance and performance changes, health challenges and on the feedback from significant others. Alteration in health status due to loss or severance of a body part can also affect the self-concept (7).

In addition to the physical complications of bladder cancer, psychological issues, such as anxiety, can also arise due to the extensive changes in patients' bodies and minds (The most destructive psychological impact of bladder cancer in men is on their body image. Body image is defined as 'the attitudes and perceptions of individuals toward their appearance and their beliefs (8, 9).

Self-concept is an individual's perception of self, including self-esteem, body image, and ideal self. A person's self-concept is often defined by self-description. The nurse should be observant for self-descriptive statements when assessing the patient's self-concept. A healthy self-concept is necessary for overall physical and mental wellness. Three basic components of self-concept are the ideal self, the public self, and the real self. The ideal self is the person the patient would like to be, such as a good, moral, and well-respected person. Sometimes, this ideal view of how a patient would like to be conflicts with the real self (how the patient really thinks about oneself, such as "I try to be good and do what's right, but I'm not well respected" (10).

It is worth highlighting that patients may have their psychological balance threatened by necessary changes in the course of the disease and of treatments, which includes changes in self-esteem and self-concept. The adaptation or the psychosocial adjustment to bladder cancer is a process in which people try to deal with their suffering, solve specific problems, and take control over events triggered by the disease (11).

II. Significance of the study

Urinary bladder cancer type remains the second most common genitourinary malignancy after prostate cancer in men worldwide. Globally, about 330 000 new UCB cases were diagnosed and 123 000 UCB patients died from the disease in 2012 (12).

Bladder cancer is the second most common malignancy of all genitourinary tumors after prostate cancer and is nearly three times more common in men than in women. (13). In Egypt, carcinoma of the bladder is the main oncologic problem. At the National Cancer Institute (NCI), Cairo, urinary bladder cancer constitutes 30.3% of all cancers, 40.6% of male cancers, and 14.3% of female cancers (14).

Unsurprisingly, it is of great importance to identify the associated factors for psychological disorders in bladder cancer patients, and psychosocial factors attracted great clinical attention because they could be modified through appropriate psychosocial interventions (15 & 16).

Results of this study will increase nurse's knowledge related to self-concept among patients with bladder cancer; this might be incorporated in the future plan of care for such group of patients. In addition, such data may have an impact on the provided care in the way to be cost effective and to decrease the load upon personal and hospital resources. It might also generate an attention and motivation for further researches into this area.

Aim of the Study

The aim of this study was to assess self-concept of patients with bladder cancer undergoing radical cystoprostatectomy.

Research questions:

Q1: What are self-concept levels among radical cysto-prostatectomy patient?

Q1: What's the relationship between self-concept and type of urinary diversion surgery?

Research Design

Descriptive correlational design was utilized in this study. This type of research design is appropriate to the current study as the researchers collected the data from the subjects at one-time meeting without changing any of the subjects' behavior or perception (17).

Sample

A convenience sample of 100 patients who were admitted to Urology Department Kasr Al-Ainy Hospital, Cairo University Medical School, were selected for conduction of this study. Inclusion criteria of 100 male patients, aged from 21 to 70 years, diagnosed as bladder cancer, free from any psychiatric disorders.

Setting

The study was conducted at Urology Department Kasr Al-Ainy hospital. The Urology department is the leading establishment in Urology in the Middle East and Africa. Founded in 1961, it is the first specialized surgical department in the field of genitourinary surgery in the region. Since then it has evolved to become the regional pioneer of all urologic subspecialties including laparoscopy, and laser surgery and an international authority on issues such as bladder cancer.

Tools for data collection

1. Sociodemographic and medical data sheet:

It includes age, educational level, marital status, length of disease occupation, residence, duration of illness, and smoking.

2. The Tennessee Self- concept scale: (Fits, 1965).

The questionnaire is an applicable instrument in measuring self-concept, and is widely used for counseling and diagnosis purposes. In counseling, this particular instrument is able to identify eight elements, which form the basis of a person's self-concept, which are physical, moral, and ethics, personal, family, social, identity, satisfaction and behavior. The questionnaire consists of 100 items. Each statement is rated on 5-point anchored Likert scale: 1 = completely untrue, 2 = untrue, 3 = unsure, 4 = true, 5 = completely true. Examples of items are "I am satisfied with myself now". The total self-concept scores is as follows, low "I have a healthy body" and " (1-50). The reliability of the tool <38 , and high self-concept = $(38-<30)$, fair self-concept = $(30<self-concept = (1-$ was measured by *Cronbach's alpha test = (.541)*. the scale consists of 4 subscale (identity, behavior, self-satisfaction and self-criticism).

Procedure

An official permission was granted from the head of the Urology Department Kasr Al-Ainy hospital, Cairo University after the investigators presented the documented papers, and introduced themselves to the head of the departments. Each patient was interviewed individually, after explaining the purpose of the interview and getting agreement of patients to participate in the research. The investigators assured the voluntary participation and confidentiality to each subject who agreed to participate. Patients were asked in a semi structured interview. The questionnaire was read, explained, and the choice was recorded by the investigators.

Ethical Considerations

All subjects' were informed that participation in the current study is voluntary, no names were included in the questionnaire sheet and anonymity and confidentiality of each participant was protected by the allocation of a code number for each response to the questionnaire. Patients were informed that, they can withdraw at any time during the study without giving reasons. Their withdrawal would not affect the care they were receiving and relationship with the investigators. Confidentiality was assured and subjects were informed that the content of the tool would be used for the research purposes only.

Pilot Study

The questionnaire was used on a sample equal to 10% of the total sample size that were not part of the main study. No further modification was done to the scale.

Statistical Analysis

Data were analyzed using Statistical Package for Social Study (SPSS) version 20. Descriptive statistics including number and percentages were used for qualitative variables and mean and standard deviation were used for quantitative data. Correlation coefficient and multiple regression were used to answer the current research questions. Relation between different measures was computed via Pearson's correlation coefficient. The level of the significance in this study was (<0.05) , a and (<0.01) considered highly significant.

Presentation and Data Analysis

As can be seen from table (1) the studied sample consisted of 100 patients with bladder cancer undergoing radical cystectomy. More than half of them (55%) were older than (50) years and (30%) were between 40 to less than 50 years. Also table (1) reveal that, more than three quarters 79% of the studied sample had symptoms from one month to less than one year with a mean (0.92 ± 0.97) .

Table (1).Frequency Distribution of the Studied Patients According to Sociodemographic Characteristics (n=100).

Items	No	%
2- Age (years)		
- less than 30	3	3
- 30 to less than 40	12	12
- 40 to less than 50	30	30
- 50 years and more	55	55
2. length of symptoms		
- One month to less than 12 Months	79	79
- 12 to less than 48 months	12	12
- 48 months to 36 months	9	9
M ± SD	0.92 ± 0.97 month	

Table (2) and Figures (1 -3), show that, 95%, of the studied sample were working and (5%) of them not working. As for residence, 55% of the studied sample were from rural areas and 45% from urban area. As regard social status, 71%, 15%, 12%, and 2% of the studied sample were married, single, widows, and divorced respectively.

Table (2) Frequency Distribution of the Studied Patients According to Socio-demographic Characteristics (n=100).

Items	No	%
Occupation		
- Working	95	95
- Not working	5	5
Residence		
- Rural	55	55
- Urban	45	45
Social status		
- Single	15	15
- Married	71	71
- Widow	12	12
- Divorced	3	3

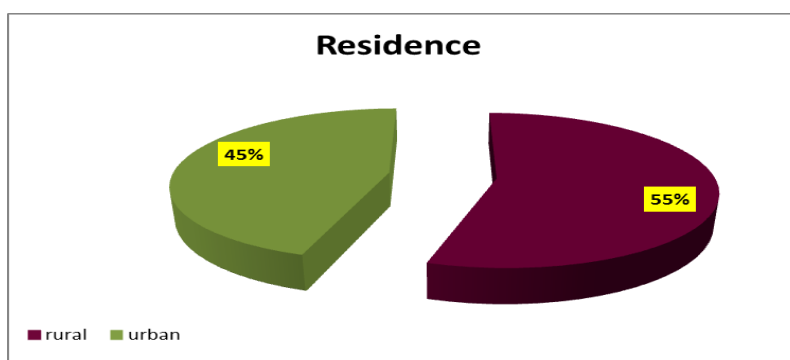


Figure (2) Frequency distribution of the studied patients according to residence

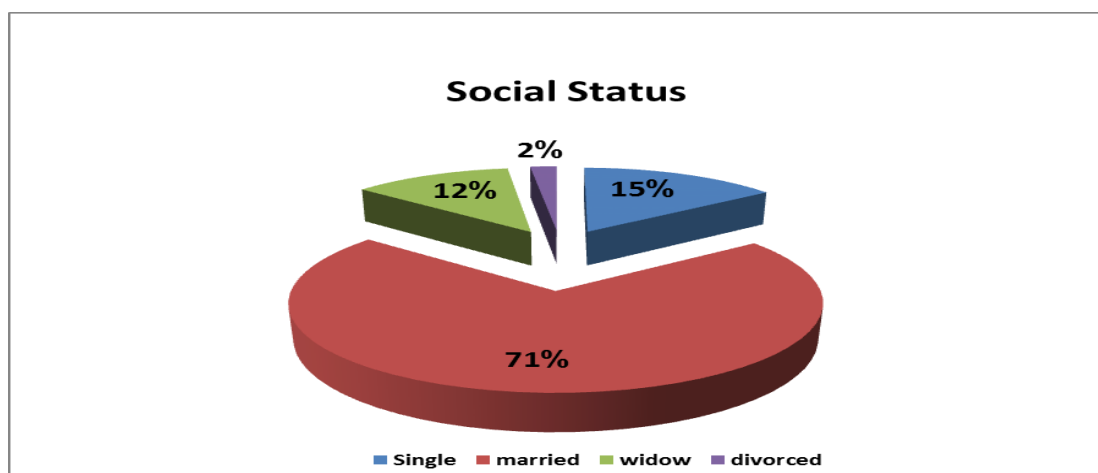


Figure (3) Frequency distribution of the studied patients according to social status (n=100)

Table (3) and Figures (4 -5), show that, 55% of the studied sample were smokers and 45% of them were non-smoker, in addition table (3) shows the level of education of the studied sample were (22%, 15%, 15%, 15%, 13%, 12%, and 8%) of the studied sample had completed secondary education, preparatory education, university education, illiterate, can read and write, primary education and postgraduate education respectively.

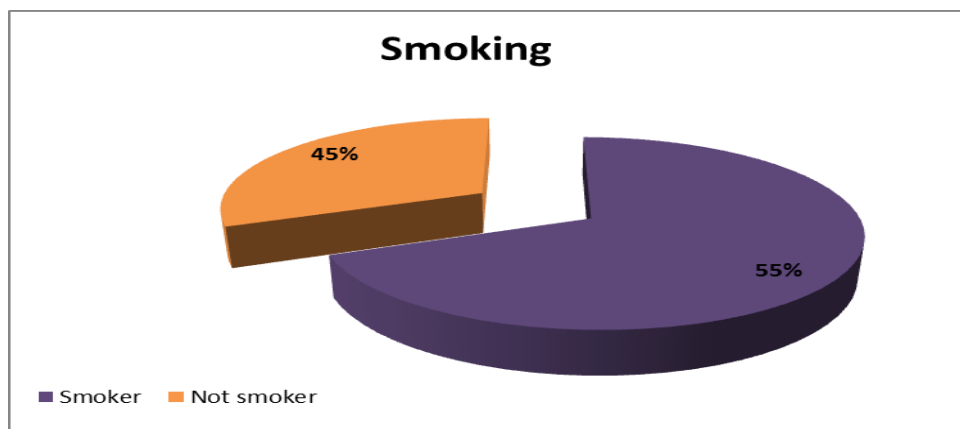


Figure (4) Frequency distribution of the studied patients according to smoking (n=100)

Table (3).Frequency Distribution of the Studied Patients According to Sociodemographic Characteristics (n=100).

Items	No	%
Educational level		
- Illiterate	15	15
- Can read and write	13	13
- Primary education	12	12
- Preparatory education	15	15
- Secondary education	22	22
- University education	15	15
- Postgraduate education	8	8

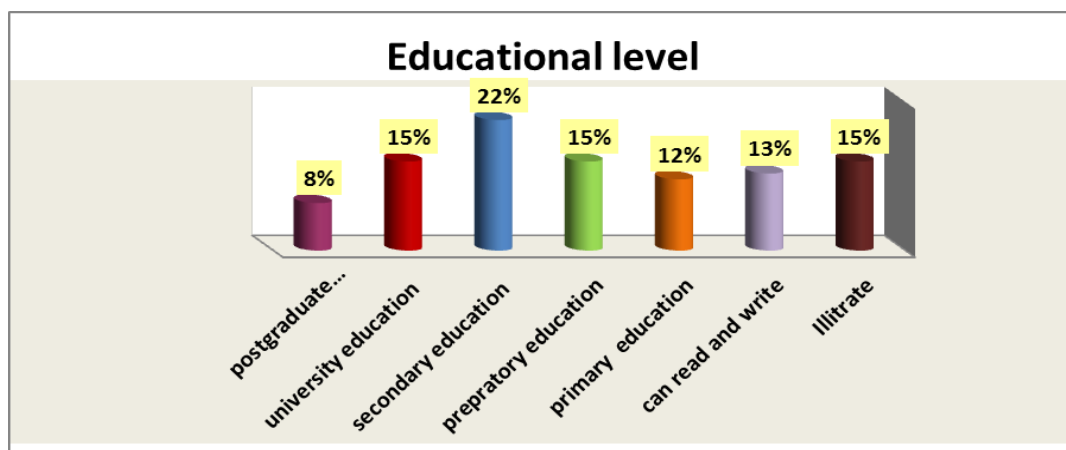


Figure (5) Frequency distribution of the studied patients according to educational level (n=100)

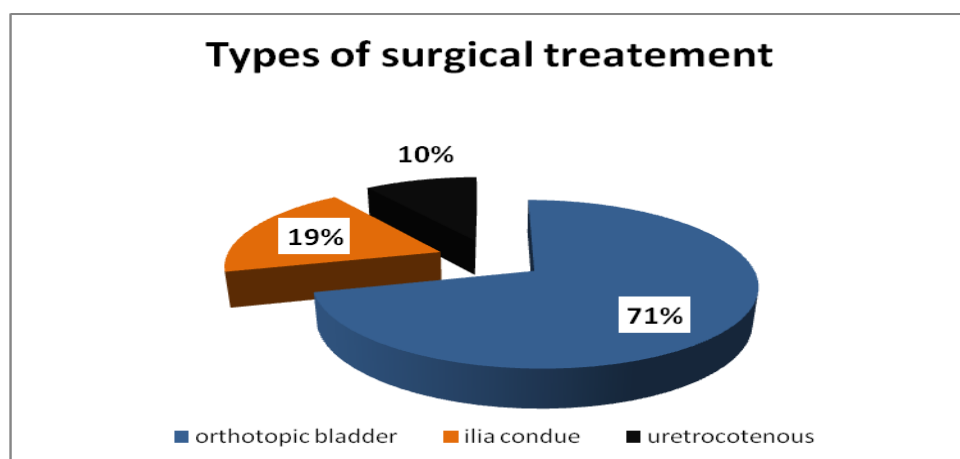


Figure (6) Frequency distribution of the studied patients according type of management (n=100)

As seen in figure (6) that, (71%) of the studied sample underwent orthotropic neobladder surgery, (19%) ilea conduit, and (10%) uretrocotenous diversion.

As regards self-concept component table (4) revealed that mean of self-concept component was (88.46±7.15, 97.12±8.97, 108.11±10.3, and 18.99±3.02) for identity, behavior, satisfaction, and self-criticism respectively.

Table (4).Self-concept component according to mean and standard deviations (n=100).

Self-concept	M ± SD
- Identity	88.46±7.15
- Behaviour	97.12±8.97
- Satisfaction	108.11±10.3
- Self-criticism	18.99±3.02

It is clear from table (5) that has regards patient’s identity, more than half (54%) of the studied patients reported low identity and 46% of them reported fair identity. As regards behavior 73% of the studied patient reported fair behavior. Moreover, the table showed that 55% of the studied patients had fair satisfaction. The entire studied sample showed low self-criticism.

Table (5).Frequency Distribution of the Studied Patients According to self-concept subscales (n=100).

Self-concept subscale	Low		Fair		High	
	No	%	No	%	No	%
1. Identity	54	54	46	46	0	0
2. Behavior	22	22	73	73	5	5
3. Satisfaction	5	5	55	55	40	40
4. Self- criticism	100	100	0	0	0	0

Table (6) Relation between socio-demographic characteristics with the self-concept subscale (n=100)

Socio-demographic	Identity		Behavior		Self-satisfaction		Self-criticism	
	R	p	r	P	r	p	r	p
Age	0.06	0.492	0.04	0.68	0.17	0.08	0.05	0.57
Occupation	0.029	0.77	0.108	0.28	0.03	0.79	0.02	0.8
Residence	0.028	0.78	0.05	0.58	0.02	0.78	0.05	0.62
Educational level	0.028	0.78	0.16	0.101	0.008	0.93	0.06	0.55
Social status	0.025	0.82	0.02	0.82	0.04	0.67	0.04	0.65
Length of symptoms	0.078	0.44	0.07	0.44	0.03	0.74	0.006	0.95

Table (6) revealed that, there was no statistically significant differences between socio-demographic characteristics and identity, behavior, self-satisfaction and self-criticism among the studied sample.

Table (7-a) Distribution of the type of surgery according to self-concept subscales (n=100).

Type of surgery	Identity				Behavior						Self-satisfaction						Self-criticism	
	low		Fair		low		Fair		High		low		fair		high		low	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Orthotopic neobladder	36	36	35	35	13	13	55	55	3	3	4	4	39	39	28	28	71	71
Iliacodue	13	13	6	6	5	5	12	12	2	2	1	1	8	8	10	10	19	19
Uretrocotenus	5	5	5	5	4	4	6	6	0	0	8	8	2	2	0	0	10	10

As seen in table (7-a) nearly one third of orthotopic neobladder patients had low and fair identity level (36%, and 35% respectively). While (55%) had fair behavioral level of self-concept. Moreover, these patients had (39%, and 28%) fair and high self-satisfaction level and (71%) low self-criticism.

It’s clear from table (7-b) that, self-concept of patients with orthotopic neobladder was affected as a positive statistically significant differences was found where p= 0.022 at X² =11.4.

Table (7-b) correlation between types of bladder surgeries and self-concept (n=100).

Type of bladder surgeries	Self-concept	
	X ²	p-value
Orthotopic neobladder	11.4*	0.022
Iliacodue	3.07	0.215
Uretrocotenus	1.07	0.301

*significance level at p<0.05

III. Discussion

As regard to age of our patients more than half of the studied subjects were above 50 years. Our result is in the same line with, Mansour, et.al (2016) who denoted that the majority of their patients were over the age of 50 years (19). Similarly, Hinkle & Cheever, (2014) stated that bladder cancer commonly occurs in people between the ages of 50 to 70 years (20).

On the other hand, the age of patients who underwent radical cyst-prostatectomy in the study of (Rawal, et.al 2012) ranged between 80 and 87 years. It is clear from our study as well as others that bladder cancer most commonly occurs in patients between the age of 50 to 70 years (21).

The majority of our patients were above age of 40 years and there seemed to be no change in self-concept which can be explained by the fact that these age group is more capable of proper self-satisfaction and adaptation to the disease and its consequent complication and change of body image.

The study results revealed that, (95%, and 5%) of the studied subject were working, and non-working respectively.

Fifty five percent of the studied sample was from rural areas. This may be explained by poor health awareness and poor health care services in rural areas. Moreover, people living in rural areas may have poorer health status and face greater health risk factors than people living in urban areas due to the nature of their work in agriculture and poor water supply and sanitation. This is supported by the findings of Gupta, et.al,(2014) who found that, the majority of the studied sample lived in rural areas (22). Also, Hinkle & Cheever, (2014) stated that majority of patients were illiterate farmers and ascribed this to the fact that the sample was originally from the rural areas (20).

As regard marital status, most of the studied sample (71%) were married. This is due to the fact that the age of occurrence of bladder cancer is above 40 years, and it is less common to find unmarried persons in this age group. The study result is congruent with Hinkle & Cheever, (2014) Most of their patients were married and had children (20). This is also similar to the result of Mansour, et.al , (2016) who found that 53 % of their patients were married, and 67.6 % of the total sample had children (19).

In relation to educational level the study results revealed that, more than third of the studied sample received secondary school education, and more than quarter of them were either illiterate or could only read and write. This is congruent with Mansour, et.al, (2016) who found that, (67 %) of the patients were either illiterate or could read and write. Regarding the occupation, 60% of our patients were farmers (19).

The study results revealed that, self-concept of patients who underwent radical cysto-prostatectomy orthotopic neobladder was affected as there was a positive statistically significant correlation between self-concept and patient underwent orthotopic neobladder. This in corroboration with Ramos, (2014) who stated that, self-concept of patients with radical Cystoprostatectomy may experience momentary changes as, for example, when individuals compare themselves to extremely successful people. With that, it will be possible to feel certain contrast that will inevitably be translated to the reduction or the increase of self-esteem (23).

The results revealed that there was no statistically significant correlation between patient's sex, age, area of residence, marital status, occupation, educational level, and socioeconomic status and their total self-satisfaction related to radical cystoprostatectomy with urinary diversion. These results are in the same line with, Lingyun, et.al (2016) who reported that there was no significant effect of the gender, age, education level, and occupation type on self-satisfaction (24).

Moreover, the study results showed that, nearly one third of orthotopic neobladder patients had low and fair identity level. More over the results showed that those patients had fair and high self-satisfaction level and most of them had low self-criticism. These findings are in the same line with Bertan, &Castro, (2010) who showed that, It was also necessary to maintain their emotional state healthy despite all shock (25). Thus, self-concept, responsible for instigating approval attitudes regarding the ability and the value that individuals have of themselves, depends on their emotional states, being also related to confidence level (26).

IV. Conclusion

The study results concluded that more than half of the studied patients reported low identity and near three quarter of the studied patient reported fair behavior. Moreover, majority of studied sample showed low self-criticism. Also, the study results concluded that self-concept of patients who underwent radical cysto-prostatectomy orthotopic neobladder was affected as there was a positive statistically significant correlation between self-concept and patient underwent orthotopic neobladder.

Limitations of the Study

It is necessary to highlight limitation in conducting the current study as:

1. The investigator faced many difficulties in assembling health statistics related to bladder cancer among in Egypt.
2. Patients were not all motivated and more effort was done to make them actively participate.

Recommendations

In the view of the previous findings of the present study, the following recommendations are suggested:

- More attention should be paid to educate patient alternative coping methods, by encouraging them to participate in group teaching activities through the day treatment program.
- In-service training should be applied for nursing staff in prediction and prevention of psychological problems.
- Further research should be based on a prospective longitudinal survey designed to establish the long-term psychological sequelae of bladder cancer patients.

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Eman Mohamed Ibrahim "Assessment of Self-concept among Post Radical Cystoprostatectomy Patient." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)* , vol. 7, no.06, 2018, pp. 09-16.