



The prevalence and predictors of emotional distress and social difficulties among surviving cancer patients in Jordan



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ARTICLE INFO

Keywords:

Cancer patients
Social difficulty
Emotional distress
Anxiety
Depression

ABSTRACT

Purpose: This study examines the prevalence and degree of emotional distress, anxiety and depression, and social difficulties and their effect on cancer patients' quality of life (QoL). It describes the characteristics of patients who are at high risk of emotional distress.

Methods: A descriptive cross-sectional design was used. A total of 226 patients with cancer completed the Hospital Anxiety and Depression scale (HAD), social difficulties inventory, comfort scale and EORTC-QoL-C30. Anxiety and depression were identified using the internationally recognized cut-off points of HAD-A \geq 8 and HAD-D \geq 8. Adjusted odd ratio was calculated using socio-demographic and clinical factors.

Results: Both anxiety and depression were common among Jordanian cancer patients, although depression was the main emotional problem with a higher prevalence than anxiety (67.6% vs. 43%). Patients with anxiety or depression were more likely to have lower QoL scores and higher scores for complaints about symptoms. They were more likely to have social difficulties in everyday life. The results of logistic regression indicated that a high depression score was predicted by older age, a poor QoL total score, and a high social difficulty score. A high anxiety score was predicted by advanced cancer stage, in female patients, hospital readmission and a poor QoL total score.

Conclusion: The significant level of emotional distress among cancer patients highlighted the importance of early assessment and identification of patients at greater risk of emotional distress, those with an advanced stage of cancer, having a poor quality of life and serious social difficulties.

1. Introduction

The incidence of cancer is increasing worldwide (Torre et al., 2015). In Jordan, cancer is considered the most common cause of death after cardiovascular diseases, and is responsible for 14.6% of all mortality cases. The incidence rate increased by 46% over the last 10 years, and in 2012 5013 new cases were reported. The male to female ratio, 0.88:1, was the same in both years (Jordan Cancer Registry, 2014). Cancer mortality and morbidity are expected to increase dramatically with the high rate of smoking, genetic factors and environmental factors (obesity, unhealthy diet and physical inactivity) among the Jordanian population (Abdel-Razeq et al., 2015; Ahmad et al., 2011).

Depression and anxiety are common among people diagnosed with cancer, particularly at the early stage of diagnosis (Krebbber et al., 2014; Mahendran et al., 2016). A number of studies show that psychosocial and emotional distress are considered the main issues emerging in

cancer survivors, playing an important role in cancer prognosis (Dempster et al., 2011; Fagundes et al., 2013; Gray et al., 2014; Omran et al., 2012). For example, cancer survivors with untreated depression or anxiety are at an elevated risk of not adhering to prescribed medications, and adopting negative coping behavior such as withdrawal from family or other social support systems (Arrieta et al., 2013; Huang and Hsu, 2013).

A systematic meta-analysis by (Yang et al., 2013) showed a high rate of both depression and anxiety among adult Chinese cancer patients; 55% and 50% had concurrent depression and anxiety. Another example is a cross-sectional study of 315 patients in a tertiary hospital in Singapore in 2014, which showed that 17% were diagnosed with depression and 10% with anxiety (Tan et al., 2014). A recent study among 206 cancer patients, across three time points, showed that 68–69% and 27–38% of patients were diagnosed with anxiety and depression respectively (Mahendran et al., 2016). Another study in

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London examined 106 cancer patients for the prevalence of anxiety and depression, revealing 34% and 23% respectively (Y. Hellstadius et al., 2016). A recent meta-analysis also indicates that emotional distress is common among cancer survivors worldwide (Krebber et al., 2014).

Identifying patients who are at risk of emotional distress may raise awareness in cancer healthcare professionals of the need for careful assessment and early intervention. Identifying socio-demographic and clinical risk factors could also guide nurses to design and modify the current practice according to well-known risk factors. Previous studies have helped to identify factors associated with increased risk of anxiety and depression, the most common being the advanced metastatic stage (Mahendran et al., 2016), patients' age and gender (Hong and Tian, 2014; Vodermaier et al., 2011), health status (Akyol et al., 2015), current medical treatment and cancer type (Hinz et al., 2010). However, inconsistencies regarding the influence of these factors on the prevalence of emotional distress could be related to: 1) variation in the type of instrument used to assess emotional distress; 2) variation in the time of assessment; 3) variation in the cut-off point between studies using the same instrument; and 4) variation in culture and characteristics in terms of cancer type, stage and treatment modality.

In addition, cancer survivors under current treatment experience decreased quality of life, social and economical problems (Glaser et al., 2013; Howard-Anderson et al., 2012), and greater need for medical services and mental health care (Weaver et al., 2012). They also report poor ongoing health secondary to the adverse effects of cancer treatments; physiological side effects such as anxiety and depression may be associated with the deterioration in patients' general health (Omran et al., 2012; So et al., 2010). Anxiety and other negative emotions are common among cancer survivors and their social networks (Husson et al., 2011). They are also known to interfere with cancer prognosis, and increase mortality (Satin et al., 2009). Such emotional difficulties as cancer complications are still not clearly detected and treated (Carr and Steel, 2013). Patients are remarkably heterogeneous in how they respond emotionally to cancer diagnosis and treatment (Faller et al., 2013; Gray et al., 2014; Mahendran et al., 2016) so personal and disease characteristics need to be identified to explain differential emotional well-being, particularly within the context of Arab culture. Routine screening for distress is internationally recommended as a necessary standard for good cancer care; however, this is not a standard service in developing countries such as Jordan. To our knowledge, no study in Jordan has examined the prevalence of psychological distress among cancer survivors who are under treatment, at any stage of the disease.

The existence of social difficulties among cancer survivors is well established in the literature. Social difficulties can be defined as those that patients with cancer may experience in everyday activities, at home and at work; they may involve health and welfare services, finances and relationships, sexuality, and body image and recreation (E. Wright et al., 2005). Patients report ongoing social difficulties, particularly with advancing stages of cancer (Glaser et al., 2013; P. Wright et al., 2012; P. Wright et al., 2011). However, the association between emotional response and social support systems within Arab culture, characterized by strong family support within the extended family, remains unclear. Therefore, this study has the specific objective of examining the prevalence and level of emotional distress and social difficulties among cancer survivors. Cancer survivors have been variously defined as those first diagnosed with cancer, to those living with a cancer diagnosis for five years or longer (Feuerstein, 2007). Others defined a cancer survivor from the time of diagnosis until the end of life; this definition will be adopted for the purpose of this study (Bell and Ristovski-Slijepcevic, 2012).

2. Aim

This study seeks to examine the level of emotional distress, anxiety and depression, and social difficulties and their effect on cancer

patients' quality of life. The following research questions emerged:

1. What is the prevalence of emotional distress and social difficulties among surviving cancer patients?
2. What characteristics of patients can predict a high level of emotional distress?
3. What is the association between emotional distress, social difficulties, and patients' quality of life (QoL)?

3. Methods

3.1. Design

A comparative, descriptive cross-sectional design was used in this study.

3.2. Setting and sample

Data were collected from outpatient clinics between February and June 2016 at the King Hussan Cancer Centre (KHCC), currently the only specialized tertiary hospital in the capital city of Jordan, which offers treatment to 60% of the all cancer cases in the country (Abdel-Razeq et al., 2015). A convenience sample of 250 cancer patients were targeted and approached, and 226 participated in the study. Participants were eligible for inclusion if they were conscious, oriented, able to read and write Arabic, were aged over 18 years, and were receiving active cancer treatment (e.g. surgery or palliative radiotherapy or chemotherapy). Participants were excluded from the study if they were unable to provide informed consent or complete the questionnaire. Willing participants were then handed an information sheet, a written consent form, and a copy of the self-completed questionnaire to complete and return to the medical team.

4. Measurement

4.1. Patients' report outcomes

The main outcomes were anxiety and depression, measured using the Hospital Anxiety and Depression (HAD) scale. The HAD scale is a well-validated instrument to screen for anxiety and depression (Zigmond and Snaith, 1983). Anxiety and depression subscales each comprise seven separate items and total scores range from 0 to 21. Scores below seven indicate no anxiety or depression, while a score of eight or above indicates the probability of depression or anxiety (Bjelland et al., 2002).

The Social Difficulties Inventory (SDI-21) was used to identify the impact of cancer diagnosis on patients' social life (P. Wright et al., 2011). SDI-21 has been evaluated extensively for use in cancer-care patients and has shown good validity and reliability (Muzzatti and Annunziata, 2012). It has 21 items and assesses a wide range of issues related to difficulties with personal care, dependants, finance, communication and mobility. The SDI has three main sub-scales: everyday living, money matters; and self and others. Additionally, five single items measure difficulties related to sexual matters, family planning, living place, holidays and other. The response for each item is measured on a scale from (0 to 3): 0 means no difficulty, 1 means a little difficulty, 2 a significant amount and 3 great difficulty.

Patients' Health Related Quality of Life (HRQoL) was assessed using EORTC-QoL-C30. The questionnaire has been used in several studies and found to have good validity and reliability with cancer patients (Kontodimopoulos et al., 2011). It has three main scales: functional, symptoms, and global QoL. The functional scale comprises five subsections (physical, role, cognitive, emotional and social). Symptoms comprise nausea and vomiting, fatigue, and pain, and additional assessment by a single item: dyspnea, loss of appetite, insomnia, constipation and diarrhea. The global QoL scale has two items. The scores

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