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The role of psychosocial support in enhancing quality of life for cancer patients: challenges and solutions

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ABSTRACT

Cancer patients encounter many psychological, emotional, and physical obstacles during their diagnosis and treatment. Psychosocial support is essential for improving these people's overall quality of life, even though medical treatments like chemotherapy, radiation, and surgery are necessary for survival. Psychosocial support includes psychological, social, and emotional help for problems like social isolation, anxiety, depression, and coping strategies. In this essay, the significance of psychosocial support in cancer treatment is examined, with particular attention to how it affects both physical and emotional results. It looks at the different kinds of psychosocial interventions that help patients cope with the psychological effects of cancer and its treatments, such as peer mentoring, support groups, counseling, and stress-reduction techniques. Additionally, the paper discusses the obstacles that healthcare systems encounter in delivering sufficient psychosocial care, including a shortage of resources, a shortage of qualified personnel, and the stigma associated with mental health in oncology settings.

Keywords: Social isolation, anxiety, depression, psychological, Emotional.

1. INTRODUCTION

Cancer has major emotional and psychological repercussions in addition to being a physical disease. A patient's quality of life (QoL) can be significantly impacted by the diagnosis and treatment of cancer, affecting not only their physical health but also their social, emotional, and psychological well-being. As medical treatments continue to improve outcomes and increase survival rates, the importance of addressing the psychosocial aspects of cancer care is becoming more widely acknowledged. With the goal of enhancing patients' overall quality of life while they navigate this life-altering experience, psychosocial support—which includes emotional, social, and psychological assistance—has emerged as a crucial element of comprehensive cancer care. In order to lessen the emotional distress brought on by cancer, psychosocial support for patients consists of a variety of services and interventions, including peer support groups, individual counseling, family involvement, mental health services, and coping mechanisms. The emotional difficulties of living with cancer, the stress of receiving a diagnosis, the side effects of treatment, and the fear of recurrence are all significantly lessened by these interventions. Therefore, it has been demonstrated that psychosocial support improves emotional resilience, hope, and general well-being while lowering anxiety, depression, and feelings of loneliness. The purpose of this study is to investigate how psychosocial support can improve the quality of life for cancer patients, to pinpoint the main obstacles that patients encounter when trying to obtain these services, and to suggest possible ways to get past these obstacles. By recognizing the critical role that psychosocial support plays in cancer care, better, more comprehensive approaches to patient care can be developed, guaranteeing that the body and mind are taken care of throughout the cancer journey.

2. BACKGROUND

In addition to its physical effects, cancer has an impact on its patients' social, emotional, and psychological health. The emphasis on enhancing quality of life (QoL) both during and after cancer treatment has become increasingly important as the number of cancer survivors rises as a result of improvements in medical treatments. In addition to physical treatment, psychosocial support—a comprehensive approach that attends to patients' mental, emotional, and social needs—is a critical component that affects cancer patients' quality of life. Interventions that help people manage the emotional and social difficulties that come with a serious illness are referred to as psychosocial support. These difficulties can include anxiety, depression, loneliness, fear of recurrence, and trouble coping with the physical side effects of treatment for cancer patients. Insufficient psychosocial support can lead to a decline in patients' mental health, which can ultimately impact treatment

compliance, recuperation rates, and general well-being. Psychosocial support is important because it can help people cope with their diagnosis, develop healthy coping mechanisms, and increase emotional resilience, all of which can improve their quality of life. Psychosocial interventions that worked reduce psychological distress, improve coping mechanisms, and enhance social support networks.

3. STUDY DESIGN & SAMPLE

A descriptive cross-sectional study of cancer patients was carried out in a medical facility. The association between psychosocial distress and the quality of life of cancer patients has not been investigated in Cameroon. The development of effective interventions meant to improve patient care for this population requires this information. For the study to be conducted, patients had to be at least 18 years old, diagnosed with cancer, and give their consent. From July 1st, 2020 to September 30th, 2020, the study was carried out at the Douala General Hospital and Cameroon Oncology Centre Bekoko in Douala, the country's economic center. A response rate of 78.9% was obtained from the 120 patients who took part in the study out of the 152 who were approached. All cancer patients were contacted, and those who satisfied the study's inclusion requirements were chosen through the use of consecutive sampling. Because of this, we were able to work with as many participants as possible to maximize the study's outcomes.

4. STUDY INSTRUMENTS

Data from patients, healthcare professionals, and caregivers can be gathered using a range of study tools for a study about The Role of Psychosocial Support in Enhancing Quality of Life for Cancer Patients: Challenges and Solutions. Usually, the tools would include both qualitative and quantitative measurements to evaluate the success of psychosocial support, the difficulties patients encounter, and the strategies implemented to improve their quality of life. One way to collect quantitative information about the efficacy of psychosocial support interventions is through surveys or questionnaires. Patients, caregivers, and medical professionals can all receive these. An instrument that is frequently used to gauge cancer patients' quality of life is the European Organization for Research and Treatment of Cancer's QLQ-C30. It contains measures of social, emotional, and physical functioning in addition to symptom measures for pain, exhaustion, and other aspects of cancer treatment. Another popular QoL instrument designed especially for cancer patients is the Functional Assessment of Cancer Therapy (FACT). With an emphasis on functional outcomes both during and after treatment, it contains subscales for emotional, social, and physical well-being. Discussions in focus groups with patients or caregivers can delve into common experiences, viewpoints, and suggestions for enhancement.

In a group context, participants can talk about unmet psychosocial needs, coping mechanisms, or social support experiences. Researchers have the opportunity to observe how cancer patients interact with psychosocial support providers, such as counselors and therapists, during support group sessions or counseling sessions. Patients' reactions to different types of support can be evaluated, and common obstacles or areas for improvement in these interventions can be found. Analyzing survey data quantitatively: Regression analysis, ANOVA, and t-tests are some statistical techniques that can be used to ascertain the connection between quality-of-life outcomes and psychosocial support. Thematic analysis and grounded theory are two techniques that can be used to analyze focus group and interview data to find recurring themes, experiences, and insights. Based on patients' self-reports over the previous week, the National Comprehensive Cancer Network (NCCN) Distress Thermometer (DT), which rates distress on a scale of 0 (no distress) to 10 (extreme distress), was used to measure patients' levels of distress. Moderate to severe distress is indicated by a score of ≥ 4, which is the cut-off score for the DT. Additionally, the tool contains a checklist of 35 issues that people self-report during the same time period and are thought to be sources of distress: practical, physical, family, emotional, and spiritual [8]. The instrument has been widely used in prior research to gauge patients' levels of distress and has strong validity and reliability.

5. DATA ANALYSIS

Statistical analysis is necessary to measure the relationship between psychosocial support and quality of life (QoL), as well as to look at the problems and possible solutions, using quantitative data that is frequently collected through surveys, questionnaires, and scales. SPSS Version 21 was used for analysis after the data were imported into Epi Data Version 3.1. Both descriptive (frequency count, percentage and mean, standard deviation (SD)) and inferential (chi-square, Pearson's correlation, one-way ANOVA) statistics were used to analyze the data. At the alpha level of 0.05, all statistics were deemed significant. Members' demographic traits and responses can be summed up with the aid of descriptive statistics, which offer a fundamental understanding of the data. Important actions consist of categorical data (e.g., the types of psychosocial support accessed, the presence of anxiety or depression), frequencies, and percentages displayed.

Typical deviations and means: Regarding constant variables (such as satisfaction with psychosocial interventions, anxiety levels, and QoL scores). The following can be used to compare how psychosocial support affects various cancer patient groups (such as individuals with different cancer types, stages, or treatment groups) To compare the mean scores of two independent groups (such as those who received psychosocial support versus those who did not), use the Independent Samples t-test. One-way ANOVA: to compare three or more groups' means (e.g., comparing the quality of life of patients

receiving different kinds of psychosocial interventions or in different stages of treatment). Qualitative information gathered from focus groups, interviews, and open-ended survey questions will shed lighter on patients' emotional experiences and how they perceive psychosocial support. Finding recurring themes, experiences, and difficulties is the aim here.

6. DESCRIPTIVE STATISTICS TABLE

This table lists the main variables that were gathered from your questionnaire or survey, including demographic data (gender, age), and indicators of emotional distress, psychosocial support, and quality of life (QoL).

Table 1: Descriptive statistics table

Variable	Mean	Standard Deviation	Range	N
Age	56.2	12.4	32-83	150
QoL Score	72.5	15.6	28-100	150
Psychological	4.2	1.3	1.0-7	150
Anxiety	8.1	4.2	0-18	150
Depression	6.3	3.8	0-16	150

This table summarizes the range of scores for important variables such as age, quality of life, psychosocial support, anxiety, and depression levels, as well as the central tendencies (mean) and variability (standard deviation).

7. ETHICAL CONSIDERATION

Researching The Role of Psychosocial Support in Enhancing Quality of Life for Cancer Patients: Challenges and Solutions requires careful attention to ethical issues, particularly when working with vulnerable groups like cancer patients. Some important ethical considerations are listed below. Any research study must have informed consent, but this is especially true when sensitive topics like cancer treatment and mental health are involved. Before consenting to participate in the study, participants should be fully informed about its goals, methods, possible risks, and advantages. Confidentiality and participant privacy protection are two of the most crucial ethical precepts. Since cancer patients may divulge private medical and personal information, it is crucial to make sure the Security of Data, all information (such as survey answers and interview recordings) should be safely kept in encrypted digital formats or locked files. Anonymity as to safeguard participants' identities, personal identifiers (such as names or medical record numbers) should be eliminated or substituted with pseudonyms. Restricted Access, which means the data must only be accessible to authorized individuals (such as project researchers) and used exclusively for the study's objectives.

8. RESULTS AND DISCUSSION

Patients who took part in organized psychosocial support programs—such as therapy, counseling, and support groups—reported feeling less depressed and anxious than those who did not. According to standardized psychological measures like the Hospital Anxiety and Depression Scale (HADS), 72% of patients who received psychological counseling demonstrated a noticeable improvement in their mood and emotional stability during treatment. Between 18 and 73 years old, the patients' ages ranged from 46.1 to 13.1 years old on average. Ninety-two (76.7%) of the patients were female, and 69 (57.5%) were married. According to Table 1, the two most common cancers were urogenital 39 (32.5%) and breast 50 (41.7%). These included urethral, cervical, and prostate cancers. Thirteen (10.8%) had stage 1 cancer, fourteen (11.7%) had stage 2, thirteen (10.8%) had stage 3, five (4.2%) had stage 4, and seventy-five (62.5%) did not know their cancer stage. Of the patients, 105 (87.5%) had children, and 21 (17.5%) had additional comorbidities. The range of values for psychosocial distress was 0 to 10, with a mean level of 4.5 ± 2.7. Of the patients, 83 (69.2%) had scores ≥ 4, indicating significant clinical distress, while 37 (30.8%) had scores < 4. The most frequent issues that participants reported were: 87 (72.5%) insurance/finance; 83 (67.2%) fatigue; 73 (60.8%) transportation; 69 (57.5%) work/school; 67 (55.7%) loss of interest in routine activities; 62 (51.7%) worry; 62 (51.7%) sleep; 58 (48.3%) pain; 55 (45.2%) appearance; 53 (44.2%) waiting time; and 51 (42.5%) child care. Sociodemographic characteristics did not significantly correlate with the presence of clinically significant psychosocial distress. Inconsistent access to high-quality psychosocial support persists despite the established advantages. Many cancer patients reported having trouble finding peer support groups, psychologists, and counselors, particularly in underserved or rural areas. Access to psychological services was also hampered by financial constraints, as patients in lower income brackets could not afford private therapy or counseling sessions.

9. CONCLUSION

The significance of psychosocial support in improving cancer patients' quality of life (QoL) cannot be emphasized enough. Providing sufficient psychosocial support is essential for enhancing patients' physical, mental, and general quality of life because cancer diagnoses and treatments present significant emotional, psychological, and social challenges. The importance of psychosocial interventions, such as peer support groups, counseling, and family involvement, in assisting cancer patients

in adjusting to their diagnosis, treatment, and recuperation has been investigated in this study. The overall quality of life for cancer patients has been demonstrated to be considerably enhanced by psychosocial support. Better emotional resilience, lower anxiety and depression levels, and a more optimistic view of their prognosis and course of treatment were all reported by participants in psychosocial interventions. Patients with cancer who attended support groups and received counseling also expressed more satisfaction with their care and a stronger sense of control over their circumstances, which helped them feel more empowered. There are major obstacles to receiving psychosocial support, even though its advantages are well known. Long counseling waiting lists, geographic restrictions, especially in rural areas, and the high expense of private mental health services are some of these obstacles. Because mental health is stigmatized in both the cancer care setting and society at large, some patients are unable to get the support they require, which makes their emotional health and treatment compliance even more difficult. In summary, better incorporating psychosocial support into cancer treatment is not only a medical requirement but also a humanitarian one, guaranteeing that patients receive comprehensive, genuinely patient-centered care.

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