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Psychosocial Aspects of Cancer in Hospitalized Adult Patients in Romania

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Abstract

This is the first extensive interdisciplinary research in Romania focusing on psychosocial aspects of hospitalized adult cancer patients that includes data from a multi-center questionnaire screening and multivariate analysis. According to the tumor location, our mixed sample includes 420 adult oncology patients, 342 with malignant and 78 with benign tumors. Results show that in our sample 16.9% of cancer patients are not aware of their oncologic diagnosis, 47.5% are clinically depressed, 46.7% experience anxiety disorders and 28.1% report low quality of life. Based on our results, we propose the routine use of self-administered questionnaires for better identification of psychosocial needs.

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1. Introduction

Although cancer morbidity and mortality are not considered incidents of civilization (Lapis, 2001), still in Europe each year around 3.2 million new cancer cases are diagnosed and 1.7 million deaths are recorded due to neoplastic diseases (Ferlay et al., 2007). According to the WHO, a 50% growth in cancer incidence is expected by 2020, which is 16 million new cancer patients and 10.3 million cancer deaths worldwide over the next decade (WHO-IARC, 2008; WHO, 2008a, 2008b).

Cancer development, pathology and prognosis have multifactor origins and aspects. Based on a psycho-oncologic approach and relevant literature, we can assume that psychosocial factors have a particular role in cancer diseases, since they contribute to the continuation or exacerbation of this chronic disease (Riskó & Túry, 2008).

Earlier studies concluded that the role of disease-related psychosocial variables and effects in the cancer process and progression is more coinciding, convincing and reliable than the impact of psychosocial factors on

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cancer diagnosis and development. However, based on recent empirical data, there are still numerous unexplained or unanswered questions in the relation, interconnection between the cancer process, progression and various psychosocial aspects (Garssen, 2004).

Assessment of distress and quality of life variables in cancer patients has equal importance to revealing the bio-psycho-social etiology and cancer risk, since it has been evidenced that quality of life is a significant prognostic factor of cancer progression and mortality, comparable with medical and treatment-related factors. For example, in the past 20 years, the high proportion of unmet, untreated psycho-social needs in cancer patients has not changed, except for significant progress in pain relief, alleviation of adverse reactions to oncologic treatments and the significant development of psycho-oncology, meaning increased awareness of the fact that psychosocial factors influence physiological processes which stimulate carcinogenic growth and invasion (Barg et al., 2007).

We started our research on psychosocial aspects of cancer by applying the bio-psycho-social research framework. In our clinical study we put emphasis on psychosocial aspects (e.g. diagnosis, depression, and quality of life), because objective characteristics, such as particularities of tumors, give uncertain indications for understanding how cancer patients cope with the chronic condition.

The basic aim of our research is to explore and examine cancer-related distress and quality of life aspects, with specifics of cancer diagnosis disclosure in Romania.

2. Objectives

Our study investigated actual bio-psycho-social and spiritual states of hospitalized adult cancer patients in Transylvania, Romania, and their well-being (quality of life). The relevancy of our clinical research should be addressed and evaluated starting from the fact that in Romania there are no relevant or scientific data about cancer diagnosis non-disclosure, cancer distress (depression and anxiety) and cancer-related quality of life, based on multivariate statistical analyses. Also, we have no knowledge of psycho-oncologic studies, such as surveys carried out on large hospitalized samples in Romania.

2.1. Key objectives

- to analyze demographic, medical and psychosocial factors that may explain the non-disclosure of cancer diagnosis to patients;
- to measure prevalence of psychosocial distress, especially depression and anxiety symptoms, mental health disorders and low-level quality of life;
- to identify explanatory variables and effect-mechanisms, mode of action related to depressive symptomatology and quality of life in cancer patients;
- to compare cancer disclosure and non-disclosure, clinical and non-clinical depression and also low and high quality of life in cancer patients in relation to demographic, medical, lifestyle and psychosocial factors.

3. Methods

3.1. Study population

According to the tumor location, our heterogenic, mixed sample includes 420 adult oncology patients, 342 with malignant and 78 with benign tumors. Data collection was performed in four clinical settings, in the most comprehensive and largest oncologic institutions in the Transylvania region of Romania. The study was approved by the Ethical Committee of “Iuliu Hatieganu” Medicine and Pharmacy University from Cluj Napoca, Romania. The sampling methods and other specific measurements are published in detail elsewhere (Dégi, 2009a, 2009b, 2009c; Degi, 2008).

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