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A feasibility study of a psychoeducational intervention program for gynecological cancer patients

Ka Ming Chow [a,*], Carmen W.H. Chan [a], Joanne C.Y. Chan [a], Kai K.C. Choi [a], K.Y. Siu [b]

[a] The Nethersole School of Nursing, The Chinese University of Hong Kong, Hong Kong Special Administrative Region
[b] Department of Obstetrics & Gynecology, Prince of Wales Hospital, The Hospital Authority, Hong Kong Special Administrative Region

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A B S T R A C T

Purpose of the research: This study aimed to test the feasibility of implementing a psychoeducational intervention program for gynecological cancer patients.
Methods and sample: A single-blinded randomized controlled trial and mixed-method design were used. Study subjects were newly diagnosed gynecological cancer patients with surgery as the first-line treatment. They were randomly assigned to the intervention group, in which a psychoeducational intervention program based on a thematic counseling model was offered, or to the attention control group. Quantitative data on sexual functioning, quality of life, uncertainty, anxiety, depression and social support were collected at recruitment, post-operative and during the in-hospital period, and eight weeks after the operation. Participants in the intervention group and three nurses working in the clinical setting were invited to have semi-structured interviews.
Key results: Of the 30 eligible subjects, 26 were successfully recruited into the study. Following the psychoeducational intervention program, there was significant improvement in the level of inconsistent information about the illness within the category of uncertainty among participants in the intervention group. In addition, trends towards improvement were demonstrated in quality of life, uncertainty, depression and perceived social support with the provision of the interventions. Qualitative data indicated the interventions were desired and appreciated by the participants, as well as being feasible and practical to implement in Hong Kong clinical settings.
Conclusions: The findings suggest that it is feasible to deliver the psychoeducational intervention program and it may have beneficial effects in gynecological cancer patients. A full-scale study is warranted to confirm the results.

Introduction

The diagnosis and treatment of gynecological cancer have detrimental effects on sexual functioning, quality of life and psychological outcomes of the patients. According to the National Cancer Institute (2012), 50% of gynecological cancer survivors suffered from long-term sexual dysfunction. Sexual morbidity was found to be associated with greater depression and stress symptoms among the patients (Levin et al., 2010). Both of these outcomes had negative impact on patients' quality of life (Vaz et al., 2011).

It is recommended that psychoeducational interventions should be incorporated into routine practice for gynecological cancer care to improve patient outcomes (Hordern and Currow, 2003; Levin and Silver, 2007). Caldwell et al. (2003) delivered a 12-week group psychoeducational intervention to post-operative gynecological cancer patients and found that their sexual functioning and mood disturbance improved. Brotto et al. (2008) also developed a brief, three-session psychoeducational intervention for women suffering from gynecological cancer and indicated that there was significant improvement in sexual functioning, distress, mood, quality of life and depression level. Nelson et al. (2008) delivered a six-session psychoeducational intervention program to cervical cancer survivors and found that the interventions enhanced their quality of life significantly, resulting in better clinical outcomes including survival.

A systematic review of the effectiveness of psychoeducational interventions on gynecological cancer patients further confirmed

* Corresponding author. 7/F, Esther Lee Building, The Nethersole School of Nursing, The Chinese University of Hong Kong, Shatin, N.T., Hong Kong Special Administrative Region. Tel.: +852 39434431; fax: +852 26035269.
E-mail address: kmchow@cuhk.edu.hk (K.M. Chow).

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that the interventions might improve depressive symptoms among gynecological cancer patients. In addition, the interventions appeared to improve patients' sexual functioning, as well as reducing anxiety and distress to a certain extent (Chow et al., 2012). Furthermore, the review suggested the effective design of the interventions: theory-based, incorporating three components consisting of information provision, behavior therapy and psychological support, in which information concerning knowledge of the illness, treatment and self-care were given to the participants; behavior therapy, such as relaxation breathing exercises and coping skills, was carried out; psychological support was offered during the intervention process through counseling. Nurse was regarded as the most effective intervention provider, and a total of four sessions each lasting between 30 minutes and one hour, with the sessions starting before the beginning of the cancer treatment and continuing after discharge should be provided (Chow et al., 2012). The content covered in the psychoeducational interventions was driven by the thematic counseling model (Cain et al., 1986). The model was developed based on the findings of a long-term structured support group for gynecological cancer patients. This model was adopted in a previous study to design a psychosocial intervention for patients with soft tissue sarcoma to address their informational needs and psychological distress (Payne et al., 1997). A co-therapist format involving a clinical psychologist, research associate and surgeon was utilized as the intervention providers. The results showed that the participants had significantly reduced levels of feelings of isolation, anger, depression and anxiety. Moreover, they showed significant improvement in self-confidence. It was suggested that the intervention might enhance the quality of life of the patients (Payne et al., 1997).

In Hong Kong, current clinical practice offers no psychoeducational interventions for gynecological cancer patients after discharge from hospital. Most information related to the disease and treatment, as well as post-operative care is provided as requested and on an ad-hoc basis. Care and interventions in sexual area have been especially neglected (Katz, 2005). The reasons for not discussing sexual issues include lack of time, lack of privacy, lack of education, and the belief that it was unnecessary to handle (Hautamäki et al., 2007). From the perspective of gynecological cancer patients, they wished to get sufficient information about the disease and its effects on sexual life (Rasmusson and Thomé, 2008). Marital satisfaction was found to be significantly correlated with sexual satisfaction in Chinese families (Guo and Huang, 2005). With this observation in mind, a psychoeducational intervention program is needed to address patients' needs in Hong Kong.

In the current study, the psychoeducational intervention program was designed for gynecological cancer patients according to the findings of the systematic review and thematic counseling model. The program is congruent with the Chinese culture that patients prefer to receive practical information first, followed by psychological care (Chan et al., 2011, 2012; Li et al., 2002). However, Chinese women are known to be reticent when discussing sexual topics with others: including health care professionals and partners (Gu et al., 2010, 2013). Therefore, the pilot study aimed at testing the feasibility and acceptability of the interventions to the patients in the Hong Kong Chinese context.

On the other hand, cultural differences between other countries and Hong Kong may influence the effectiveness of the interventions. The effectiveness of the program on patient outcomes was also estimated in this study. As a result, the objectives of this feasibility study were to design a psychoeducational intervention program for gynecological cancer patients and test the feasibility of implementing the program in Hong Kong. The effectiveness of the program on sexual functioning, quality of life, uncertainty, anxiety, depression and social support of the patients was also estimated.

Methods

The study was a single-blinded randomized controlled trial with a mixed-method design. Blinding was only performed on randomization. All the interventions and outcome measures were conducted by the researcher. As the psychoeducational intervention program was a series of complex interventions consisting of multiple components, evaluation of it required the use of quantitative and qualitative evidence (Campbell et al., 2000). A mixed method design allowed the collection of both types of data in the study process, and parallel data analysis permitted comparison of both data during the interpretative stage to understand whether the psychoeducational intervention program was feasible and acceptable to the target population. Quantitative and qualitative data can be used to supplement each other to provide comprehensive comments on the interventions (Östlund et al., 2011).

The study setting was the obstetrics and gynecological department of a teaching hospital in Hong Kong. The study was undertaken between September 2012 and February 2013. Approval for the study was obtained from the Joint Chinese University of Hong Kong-New Territories East Cluster Clinical Research Ethics Committee (CREC). This randomized controlled trial has been registered in the Chinese Clinical Trial Registry (ChiCTR) with the registration number ChiCTR-TRC-12002663.

Inclusion criteria for recruitment included women who had been newly diagnosed with gynecological cancer, scheduled to have surgery as the first-line treatment for the disease, over 18 years old, able to understand spoken Cantonese, a Chinese dialect, and to read Chinese wordings. The researcher approached eligible subjects in the out-patient clinic of the department and explained the study aims. An information sheet about the study was given to the participants and written informed consent was signed by them. Those consented to participate in the study were randomized into either an intervention group or an attention control group by a computer generated random codes in serially numbered opaque sealed envelopes. The randomization was performed by an independent statistician.

Interventions

Participants in the intervention group received a psychoeducational intervention program which was designed according to recommendations derived from the systematic review which has been illustrated before (Chow et al., 2012). A total of four sessions were provided in the program. The first session was delivered on recruitment in the out-patient clinic where surgeons met gynecological cancer patients to discuss their treatment plan. The other three sessions were implemented post-operatively and during the rehabilitative period. An individual format was used in the first three sessions, and a group format was adopted in the last session in order to conduct group counseling so as to provide opportunity for the participants to talk about their feelings and gain support from other people in similar situations. All the sessions were conducted by the researcher who was a registered nurse with eight years of clinical experience in gynecological oncology and three years of teaching experience. The schedule and details of the intervention program are listed in Table 1.

In the attention control group, participants received attention from the researcher on four occasions over the same period as the intervention group. They met the researcher on recruitment, after the operation and during the in-hospital period. They were contacted four weeks after the operation via telephone, and invited to