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Descriptive study to assess the level of anxiety and hope in cancer clients undergoing radiation therapy in selected hospital at Raipur Chhattisgarh

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Abstract
Introduction: Cancer has emerged AS an important health problem in India. More than 1.5 million people suffer from cancer at any point of time in India-according to India cancer society. A considerably large number of cancer clients suffer from clinical depressive syndrome, grief response and discouragement and anxiety. But studies among cancer clients show that there are great individual differences in the way they cope with the disease and how the significance of the disease is appraise. Hope seems to be one of the strategies for coping with cancer. Even though many cancer clients confront cancer with a hopeful spirit, not all clients are hopeful.

Methods Research Approach: Research design used was descriptive research design. The conceptual framework based on theory of health belief model was used for the study which is designed by Rosenstoch's 1974 and beeker and Maimamn's 1975. The setting for this study was the selected areas of DR. Bhim Rao Ambedkar memorial, Raipur, Chhattisgarh NON Random purposive sampling technique was used for 100 cancer clients in selected hospital at the time of data collection in Dr. Bhim Rao hospital at Raipur. The tool developed which includes

Part-I Section-I: A) Demographic variables.

Section-II: B) Incidence of illness

Part –II: Zung self anxiety scale was designed by william w.k. Zung to quantify the level of anxiety for clients experiencing anxiety like symptoms. The ZSAZ scale is a 20 item self report assessment device which includes measure of state and trait anxiety. Each time a little time;" 'some of the time ", good part of the time ", most of the time.

Part-III: A standardized tool developed by keye herth (1992) and used to measure hope in the study. It is specially designed to measure the level of hope in cancer clients the tool is in 4 point likert format strongly disagree, disagree agree, strongly agree.

Results: It has been observed that in this study descriptive research design was used. The population in the study present study cancer clients. Total 100 samples were taken. Sample was collected through the use of Nonrandom purposive sampling technique. To reliability of tool data of the structured interviewing was analyzed by split half method. The reliability co-efficient of the tool was found to Below 0.93. Hence the tool was found to be valid, reliable and feasible.

Section I: Descriptive of sample characteristics.

Section II: Analysis of level of anxiety and level of hope of cancer clients diagnosed with cancer undergoing radiation therapy.

Section III: CO-Relation co-efficient analysis to find out the co-relation between the level of anxiety and level of hope of cancer client undergoing radiation therapy.

Section IV: Chi Square analysis to find out the association between the levels of anxiety and level of hope with selected socio-demographic variable.

Conclusion: Majority of the client had mild to moderate anxiety level (40%) and most of the client had average hope level (44%), Moderate degree negative correlation found between anxiety and hope level of client with -0.53 coefficient correlations. Significant relationship was found between anxiety and hope level with duration of radiation therapy and diagnosed with cancer.

Keywords: Anxiety, hope, cancer clients, undergoing radiation therapy

Introduction
Cancer has emerged as an important health problem in India. More than 1.5 million people suffer from cancer at any point of time in India –according to India cancer society. a considerably large number of cancer clients suffer from clinical depressive syndrome, grief response and discouragement and anxiety.

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Anxiety like a rocking chair it gives you something to do, but it doesn't get you very far." Cancer client confront cancer with a hopeful sprit, not all clients are hopeful. Recognizing that the patient is vulnerable, the nurse can help the patient to determine actual hopes as well as sources and threats to hope. Even with poor prognosis, the patient and family can have improved quality of life by discussing and planning what they can get out of remaining days.

Research design: The research design selected for the study was descriptive research design.

Research setting: The present study was conducted in the selected hospital Raipur Chhattisgarh.

Population: The population of the present study is cancer clients in selected hospital at Raipur Chhattisgarh.

Target population: Cancer clients are undergoing radiation therapy.

Accessible population: 100 cancer clients are undergoing radiation therapy.

Sample: In the present study the samples are cancer clients undergoing radiation therapy.

Sample size: The sample size consisted of 100 cancer clients.

Sample technique: In the o present study the sample was collected through purposive sampling re technique.

Criteria for selection of sample inclusion criteria
1. Clients diagnosed with any type of cancer.
2. Clients above 29 years of age both men and women.
3. Clients receiving radiation therapy for symptoms
4. Clients who are willing to participate in the study

Exclusive criteria
1. Clients who are not diagnosed with cancer
2. Client below 30 years of age both men and women.
3. Clients diagnosed with delirium or psychosis.
4. Client who are not willing to participate in the study.

Development and description of the tool: A structured interview. Schedule was developed on the basic of review of literature and non-research literature done in the area of anxiety and hope related to cancer clients.
1. Professional and personal experience of the researcher, consultation with guide and subject experts.
2. Development of blue Print
3. Construction of the demographic Performa and questionnaire
4. Content validity
5. Reliability.

Description of the tool
The final tools comprises in three parts.

Part-I Section A: A questionnaire was developed to identify the demographic data of the cancer client such as age, gender, religion, education, marital status., occupational status, family pattern, family income per month.

Section B: In incidence of illness including duration of diagnosis of cancer, stage of cancer, duration of radiation therapy, episode of radiation therapy, availability of emotional support and counseling facilities.

Part-II: Zung self-anxiety scale was designed by William W.K Zung to quantify the leb level of anxiety for clients experiencing anxiety like symptoms. The ZSAS scale is a 20 item self-report assessment device which includes measure of state and trait anxiety. Answering the statement person person should indicate how much each statement applies to him or her. Each question is based on a 4 point Likert scale based on the replies " a little time, " "some of the time', "good part of the time, most of the time, The total score range from 20-80 with a higher score denoting higher anxiety level. 20-44 Normal Range, 45-59 mild to moderate anxiety levels, 60-74 marked to severe anxiety levels, 75-80 extreme anxiety levels.

Part-III: A standardized tool developed by kaye herth (1992) and was used to measure hope in the study. It is specially designed to measure the level of hope in cancer clients. The instrument measure the construct of hope based on conceptualization of hope by default and Martocchio (1985) and a used as a framework for generating items for HHI. The instrument measures hope in 3 domains low, average, High.

Validity: The tool and content were given to experts. Based on the suggestions given by the valuators. After considering the experts suggestions and modifications, the tool was finalized.

Reliability of the tools: Reliability of structured interview schedule was established using karl Pearson's co-relation coefficient was found to be 0.82 for level of hope am and o.82 was found for the level of anxiety which indicate that the tool was reliable.

Ethical consideration
▪ Researcher had obtained approval from appropriate review boards to conduct the study.
▪ Researcher had taken formal permission from cancer clients undergoing radiation therapy
▪ Only the samples who had signed the consent form are included in the study
▪ Confidentiality of the data is maintained strictly.

Plan for data collection
▪ Ethical committee clearance
▪ Written permission was obtained from the medical superintendent of Dr. Bhim Rao Ambedkar hospital Raipur (C.G.)
▪ Consent from cancer client in selected hospital at Raipur
▪ The investigator approached the cancer client undergoing radiation therapy of selected sample, informed them regarding the objectives of the study and obtained their informed consent after assuring the confidentiality of the data.

Pilot study: PILOT study is defined as a small sample study conducted as prelude to a large scale study, often called parent study. After obtaining a formal administrative

permission from medical superintendent of Dr. Bhim Rao Ambedkar Memorial Hospital, Raipur Chhattisgarh, a pilot study was done from 21-01-2013 to 29-01-2013. After establishing good relationship and obtaining consent from the 10 cancer clients undergoing radiation therapry. Clients were selected by non –random purposive sampling to assess the level of anxiety and hope. The mean for anxiety was 33.2 and for hope was found to be 23.75. it was also designed to check the items for clarity relevancy and nature of response and to find out the feasibility and practicability of the tool and to decide on the plan of statistical analysis.

Results

Section I: Frequency and percentage distribution of selected Demographic variables of cancer client in relation to age the maximum subjects 36 (36%) belonged to the age group 30-40 years, 34 (34%) in age group 51-60 year, 30 (30%) in age group 1-50 years. based on gender shows that maximums of subjects were female 67 (67%) and male were 33 (33%) distributions of religion shows that highest of the client 87 (87%) were Hindu and 13 (13%) were Christian. The general education depicts that most of the subjects 74 (74%) were illiterate, 12 (12%) were having primary education, 10 (10%) were having secondary education and 4 (4%) were having secondary education. In relation to marital status married client was 77 (77%) and widow /widower were 23 (23%), considering the occupation most of the client 39 (39%) were unemployed, 32 (32%) were farmer and 20 (20%) were housewife and 9 (9%) was in service. In terms of type of family Maximum subjects 64 (64%) belongs to nuclear family, 29 (29%) belongs to joint family and 7 (7%) belongs to extended family. In terms of monthly family income per month most of the client 77(77%) comes under below 3000/-, 13 (13%) dad 5000-10,000/- and 10 (10%) had their monthly family income 10,000-20,000/-. INCIDENCE OF ILLNESS (PART B) in TERMS Of duration of diagnosed as a cancer most of the clients 46 (46%) had diagnosed since 0-1 month, 27 (27%) since 1-3 month. 19 (19%) since 23-6 month, 8 (8%) since more than 6 month. Considering the cancer stage most of the clients 68 (68%) were 3rd stage of cancer and 32 (32%) had 2nd stage of cancer. In terms of duration of receiving radiation therapy maximum clients 36 (36%) were receiving radiation therapies from past 3 months, 35 (35%) receiving radiation therapies from 1 month, 19 (19%) receiving radiation therapies from 6 month, 10 (10%) receiving radiation therapies from 15 days, Distribution of no. of radiation therapy shows that highest no. of radiation therapy was that is 62 (62%), 18 (18%) had 2 times of radiation therapy, 11 (11%) 3 times of radiation therapy, 10 (10%) 1 times of radiation therapy, In terms of emotion support shows that highest emotion support is provided by hospital staff and other that is 70(70%) and 30 (30%) by family members. In relation to availability of counseling is provided by hospital staff that is 74 (74%) and 26 (26%) by no counseling services.

Section-II: To assess the level of anxiety of cancer clients undergoing radiation therapy it reveals that the anxiety level of cancer subjects undergoing radiation therapy, the highest number of subjects have mild to moderate anxiety level is 40(40%), mean score was found (49.195), median was (50%), and standard deviation was found to be (3.796) followed by normal anxiety level is 27 (27%), mean score

was found (40.84), median was (41) and standard deviation was found to be (2.23) marked to severe anxiety level is 24 (24%) mean score was found (66.30%), median was 63 and standard deviation was found to be (5.199) and minimum number of subjects showed extreme anxiety level is 9 (9%), an score was found (76.44%), median was 76 and standard deviation was found to be (1.66) so it can be concluded that, maximum (40%) of cancer client had mild to moderate anxiety level.

Section III: To determine the level of hope of cancer clients undergoing radiation therapy :- it reveals that the hope level of cancer subjects undergoing radiation therapy, the highest number of subjects have average hope level is 44 (44%), mean score was found (30.32%), median was 32. And standard deviation was found to be (3.02) followed by an low level of hope is 32 (32%) mean score was found (22.25%), median was (23) and standard deviation was found to be (2.094) and high level of hope is 24 (24%), mean score was found (37.66) a, median was (38) and standard deviation was found to be (1.63) thus, maximum (44%) cancer client had average hope level.

Section IV: To find correlation between anxiety and hope level of cancer clients co-efficient of co-relation between of anxiety and hope level of clients undergoing radiation therapy. It reveals in that there was negative co-relation -0.53 is found between anxiety and hope level of cancer clients undergoing radiation therapy

Section V: TO determine association between the level of anxiety and hope of cancer clients with selected demographic variable:-it reveals that there was significant association between the level of anxiety with diagnosed with cancer (chi square 17.39) and duration of radiation (chi square 18.32) at 0.05 level of significance. There was no significant association between the level of anxiety with age, gender religion, education, marital status, occupation, type of family, family income per month, cancer stage, times of radiation therapy, emotional support and counseling facilities Association between the level of hope with selected socio demographic variable :- it reveals that there was significant association between the level of hope with diagnosed with cancer (chi square 13.20) and duration of radiation (chi square 13.25() at 0.05 level of significance. There was no significance association between the levels of hope with age, gender, religion. Education, marital status, occupation, type of family, family income per month, cancer stage and times of radiation therapy, emotional support and counseling facilities

Conclusion: Majority of the client had mild to moderate anxiety level (40%) and most of the client had average hope level (44%) moderate degree negative correlation found between anxiety and hope level of client with -053 coefficient correlation, significant relationship was found between level of anxiety and level of hope with diagnosed with cancer and duration of radiation therapy

Limitations
1. Non-probability purposive sampling limits the generalization of findings.
2. Selection of only such subjects who were co-operative and some of the sample characteristics like illiterate and

people from low economic status etc limit the generalization of findings.

3. It was difficult to translate some of the items in the tool used to measure the hope and anxiety to regional language (Hindi) needing some modification in the language.

Recommendations
1. A similar study can be replicated on a large sample with different demographic characteristics.
2. A study can be conducted using better research designs like experimental, exploratory and correlation and true experimental designs.
3. A study can be conducted to see the effectiveness of nursing interventions on anxiety and hope level.
4. The variables can be studied in relation to other psychological variables in similar and different population.

Acknowledgement

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