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Assessing the psychosocial needs of women with breast cancer in Baghdad city

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Abstract--The purpose of this descriptive study is to investigate the psychosocial needs of breast cancer patients in Baghdad City. A descriptive study was designed and data were collected during the period from 1st of July to 30th of September 2022. The questionnaire consists of seven categories. The respondents had the option of answering 'important' or 'not important'. Data were handled using descriptive statistical data analysis approach. Mean of scores is considered as a cut-off point low, moderate, and high for evaluation. The study findings indicate that 75 (63%) of patients have psychosocial needs according to the psychosocial needs inventory categories and items. The study's overall findings can help other breast cancer care facilities in Iraq provide supportive treatment that meets their psychological needs. The study recommends that information requirements should include service recommendations as well as treatment strategies, medications and side effects.

Keywords--assessing, psychosocial needs, breast cancer, Baghdad city.

Introduction

Breast cancer (BC) is the most prevalent malignancy in women, accounting for about In 2018, there were 2 million new cases identified, a projected 0.6 million deaths, and a 5-year prevalence of 6.8 million persons globally (GCO, 2019). According to the most recent Iraqi Cancer Registry, breast cancer is the most frequent kind of female malignancy, accounting for almost one-third of all recorded female malignancies (ICB, 2007). Cancer diagnosis and treatment can have an influence on patients' physical, psychological, and social well-being (Wang, & Yin, 2017; Rashid, et al., 2012). It is critical to appropriately identify psychological and physical demands on a regular basis in order to adjust to changes in the illness trajectory. A prior study discovered that meeting their psychological needs is critical for managing their sickness (Homas, et al., 2001).

Cancer and its therapies have an influence on the psychological requirements of women diagnosed with breast cancer (Brédart, 2013; Budden, 2014; Park, 2012).

Several studies have been conducted to investigate the psychological requirements of cancer patients. However, past research has been confined to certain cancers and has a lack of cultural variety. Research addressing psychological concerns among women diagnosed with breast cancer in Iraq is very rare. As a result, it is critical to assess and identify critical psychosocial requirements of women diagnosed with breast cancer in poor countries like Iraq. It is envisaged that by gaining a thorough understanding of the prevalence of psychosocial needs in breast cancer patients, professional interventions to preserve psychological, social, and emotional well-being that satisfy their psychosocial needs would be provided and supported.

Method

A descriptive study was designed and data were collected during the period from 1st of July to 30th of September 2022. A convenient (non-probability) sample of (120) woman with breast cancer is selected for the study. All participants have signed consent form for their agreement to participate in the study. The Psychosocial Needs Inventory PNI, established by Thomas et al., was used to assess the psychosocial needs of this study (Thomas, et al., 2001). The questionnaire consists of seven categories as follows health professional, information, support network, identity, emotional and spiritual, practical, and child care. The respondents had the option of answering 'important' or 'not important'. The descriptive statistical data analysis technique was used to handle the data (frequencies, percentages, mean of scores, total scores and range). Mean of scores is considered as a cut-off point low, moderate, and high for evaluation. Mean of scores was measured as low (≤ 1.49), moderate (1.50-1.59), high (≥ 1.60). Internal consistency reliability for the study instrument is measured using the split-half approach and the psychosocial needs scale has a Cronbach alpha correlation value of ($r=0.96$). A panel of (12) experts determine the content validity of the study instrument.

Results

Table 1
Socio-demographic Characteristics of Women with Breast Cancer (N=120)

Variables	Frequency	Percentage	
Age	≤ 50	26	22%
	51 – 59	44	37%
	60 – 69	30	25%
	≥ 70	20	16%
Living Situation	Lives alone	20	17%
	Lives with others	100	83%
Tenure	Owner occupied	97	81%
	Rented	17	14%
	Others	6	5%

Use of a car	Yes	97	81%
	No	23	19%
Critical moment	Diagnosis	72	60%
	End of first treatment	23	19%
	Recurrence	17	14%
	Palliative care only	8	7%
Global health status	0-25	14	11%
	26-50	38	32%
	51-75	43	36%
	76-100	25	21%

N: Sample Size, %: Percent

The results out of this table show that all breast cancer patients were females 120 (100%). Most of the patients owned their own house 97 (81%), had the use of care 97 (81%), and were not living alone 100 (83%). The majority of patients were at the diagnosis moment 72 (60%), while the rest of patients at the other critical moments were similar to each other as follows end of first treatment 23 (19%), recurrence 17 (14%), and palliative care only 8 (7%). Patient's global health status was normally distributed (Table 1).

Table 2
Overall Evaluation of Psychosocial Needs of Cancer Patients

Adequate [70.6-94]	Inadequate [47-70.5]
75 (63%)	45 (37%)

(Percentage), [Range], %: Percent

Results, out of this table, indicate that 75 (63%) of patients have psychosocial needs according to the psychosocial needs inventory categories and items.

Table 3
Evaluation of Psychosocial Needs Categories of Women with Breast Cancer

Items	Adequate	Inadequate
Health Professional	106 (88%) [13.5-18]	14 (12%) [9-13.5]
Information	102 (85%) [5-7.5]	18 (15%) [7.6-10]
Support Network	98 (82%) [5-7.5]	22 (18%) [7.6-10]
Identity	65 (54%) [5-7.5]	55 (46%) [7.6-10]
Emotional and Spiritual	55 (46%) [15-22.5]	65 (54%) [22.6-30]
Practical	53 (44%) [8-12]	67 (56%) [12.1-16]

(Percentage), [Range], %: Percent

Results, out of this table, reveal that the almost all of the patients have psychosocial needs on the following items health professional 106 (88%), information 102 (85%), and support network 98 (82%). While the other adequate items were similar to each other as follows: identity 65 (54%), emotional and spiritual 55 (46%), and practical 53 (44%).

Table 4
Mean of Scores for Psychosocial Needs Categories of Patients (N=120)

List	Variables	Important		Not Important		Mean of Scores	Evaluation
		F	%	F	%		
A	Health Professional Items						
1	Confidence in the health professionals I meet	114	95	6	5	1.95	High
2	Health experts that have time to talk with me about difficulties	112	93	8	7	1.93	High
3	Quick and easy access to physicians	110	92	10	8	1.91	High
4	Honest information	109	91	11	9	1.90	High
5	Health care providers that treat me with dignity	109	91	11	9	1.90	High
6	Information given sensitively	107	89	13	11	1.89	High
7	Health experts who pay attention to me	107	89	13	11	1.89	High
8	Access to health providers other than doctors is simple and rapid.	103	86	17	14	1.85	High
9	Possibilities to engage in treatment decision-making	84	70	36	30	1.70	High
B	Information Items						
1	Information about treatment plans	106	88	14	12	1.88	High
2	Information about what to expect	106	88	14	12	1.88	High
3	Medication and side-effect information	102	85	18	15	1.85	High
4	Advice on available services and assistance	100	83	20	17	1.83	High
5	Access to other information sources	94	78	26	22	1.78	High
C	Support Network Items						
1	Support from family	108	90	12	10	1.90	High
2	Support from friends	108	90	12	10	1.90	High
3	Support from care professionals	97	81	23	19	1.80	High
4	Someone to talk to	91	76	29	24	1.75	High
5	Support from neighbors	84	70	36	30	1.70	High
D	Identity Items						
1	Assist with retaining independence in the face of sickness	78	65	42	35	1.65	High
2	Assist me in keeping a sense of control in my life.	73	61	47	39	1.60	High

3	Help me keep a sense of control in my life.	68	57	52	43	1.56	Moderate
4	Help in dealing with any changes in how people perceive me	58	48	62	52	1.48	Low
5	Help with dealing with any changes in my sense of self.	50	42	70	58	1.41	Low
E	Emotional and Spiritual Items						
1	Future hope	89	74	31	26	1.74	High
2	Help with any fears	72	60	48	40	1.60	High
3	Assist in dealing with the uncertainty of the future	73	61	47	39	1.61	High
4	Time for myself	66	55	54	45	1.55	Moderate
5	Assist in discovering a sense of purpose and significance	62	52	58	48	1.51	Moderate
6	Help with any sad feelings	59	49	61	51	1.49	Low
7	Assist in dealing with the emotions of others	56	47	64	53	1.46	Low
8	Opportunities for personal prayer	52	43	68	57	1.43	Low
9	Possibilities for meeting people in a similar circumstance	59	49	61	51	1.49	Low
10	Help with any loneliness	47	39	73	61	1.39	Low
11	Support from people of my faith	49	41	71	59	1.40	Low
12	Help with any anger	43	36	77	64	1.35	Low
13	Support from a spiritual advisor	32	27	88	73	1.26	Low
14	Assist with any thoughts of guilt.	29	24	91	76	1.24	Low
15	Assist me in considering my sexual needs.	30	25	90	75	1.25	Low
F	Practical Items						
1	Help with any distressing symptoms	64	53	56	47	1.53	Moderate
2	Help with transport	60	50	60	50	1.50	Moderate
3	Help in dealing with any tiredness	62	52	58	48	1.51	Moderate
4	Advice about food and diet	59	49	61	51	1.49	Low
5	Help with housework	52	43	68	57	1.43	Low
6	Assistance in getting out and about socially	52	43	68	57	1.43	Low
7	Help with financial matters	37	31	83	69	1.30	Low
8	Help in filling out forms	35	29	85	71	1.29	Low
G	Child Care						
1	Help with child care	8	7	$\frac{11}{2}$	93	1.06	Low

Low: ≤ 1.49 , Moderate: 1.50-1.59, High: ≥ 1.60 , %: Percent

This table's findings present that the six psychosocial needs categories, which are evaluated using a mean of scores. If the patient was rated 'important,' the psychological need is considered significant; if the patient was scored 'not important,' the need is not considered. Needs items are prioritized within each category. The evaluation is high on 24 items out of the 49 items which considered as important needs. The mean of scores are high for health professionals,

information, and supportive networks categories while they are moderate for identity category and low for emotional and spiritual, practical, and child care categories. Some individual items scored higher than others, for example 'confidence in the health professionals I meet' 114 (95%) and 'health professionals who have time to discuss issues with me' 112 (93%).

Discussion

In terms of overall evaluation, the patients who participated in this study required psychological needs by more than 60% in all categories. 'Health Professional' needs category 106 (88%) was identified as the most pressing psychological need among breast cancer patients. This research's findings were comparable to those of a previous study, which found that breast cancer patients were concerned and dissatisfied with the health professionals who would be in charge of monitoring their disease while they were in the hospital or receiving treatment (Stinesen Kollberg, 2014). Almost all patients 98 (82%) participated in this study, which require support from family 108 (90%), friends 108 (90%), and health care professionals 97 (81%). Breast cancer patients who were diagnosed and treated for the disease suffered psychological stress throughout the course of their illness^(3,4). As a result, significant needs of 'support network' remained as an important need among breast cancer patients in this study.

A prior study found that breast cancer patients had 'practical' needs to manage and sustain the demands of their life as a result of their reactions to illness and the repercussions or effects of cancer therapies(Beatty, et al.,2008). In this research, 'Practical' needs were reported as less important than the other categories according to the psychosocial needs 53 (44%). As a consequence, 'Information' needs category 102 (85%) was comparable to a prior study's conclusion that breast cancer patients rely greatly on health care experts and desire particular information about their treatment, drugs, and side effects(Yi & Park, 2014). In addition, a prior study discovered a shortage of breast cancer knowledge among breast cancer patients. They indicate that media awareness, therapeutic decision help, and patient education are vital for their psychological needs (Iskandarsyah,2014).

Conclusion

This descriptive research is being carried out to assess the psychological needs among breast cancer patients in Baghdad City. According to the findings of this study, participants in all groups required considerable psychological needs by more than 60%. Whereas the most essential psychosocial needs are the 'Health Professional' need in the 'Confidence in the health professionals I encounter' category. The study's overall findings can help other breast cancer care facilities in Iraq provide supportive treatment that meets their psychological needs.

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