SHORT ARTICLES

Self-Esteem of Patients Receiving Chemotherapy Treatment in a Tertiary Care Hospital Karachi, Pakistan

Daizi Jafar, Fozia Pesnani, Shireen Arif, Alia Nasir Ziauddin University College of Nursing, Karachi, Pakistan.

ABSTRACT

Background: Cancer is becoming serious and emerging health concern around world. In Pakistan, 8% of all deaths are due to cancer as one of the major cause. Treatment of cancer consists of surgical management, radiation, chemotherapy, hormone therapy, immunotherapy, and combined therapy. Psychological imbalance is observed during treatment and cause altered self-esteem, which requires psychological modification. The study aimed to assess the alteration in self-esteem after receiving chemotherapy.

Methods: This research study was cross-sectional study, in which fifty individuals were selected between ages of 18-80 years from oncology unit of tertiary care hospital. A self-administered questionnaire consist of Rosenberg self-esteem scale assessing the self-esteem was administered. Teaching sessions for developmental change towards giving education on increasing self-esteem of patients were conducted for oncology nurses. Results were analyzed using SPSS version 22.

Results: Since, 44% male and 56% female were participated. In all surveyed individuals 96% participants identified with average normal self-esteem, 3% participants had low self-esteem, whereas, only 1% participants had high self-esteem.

Conclusion: This research study revealed that most of the patient suffering cancer had average self-esteem. Therefore, there is need to work on strategies to promote psychological well-being of patients, aiming to uphold and rehabilitate emotional aspects of cancer patients.

Keywords: Body Image; Quality Of Life; Concept; Cognition; Anti-neoplastic Agents.

Corresponding Author: Daizi Jafar

Ziauddin University College of Nursing, Karachi, Pakistan. Email: daizipices@gmail.com doi.org/10.36283/PJMD9-3/012

INTRODUCTION

Cancer is becoming serious problem in public health. Caner influences psychological well-being and cause stress¹⁻⁴. Cancer is becoming the second source of death. In 2018, 9.6 million deaths have occurred. In Pakistan, 8% of all deaths are due to cancer as one of the major cause^{5.6}. Cancer alters individual's physical and psychological well-being but also social and occupational aspects, which effects family life⁷⁻⁹. Spiritual well-being an important aspect that is the fundamental base of human health relates with positive self-esteem and attitudes¹⁰. Research Studies have identified that patients who receive chemotherapy cognitive

pattern are altered which includes memory retention, attention and processing of information in daily life functions^{11,12}.

Chemotherapy is used as an "adjuvant therapy" It results in a number of consequences encompassing nausea, vomiting, reduced craving for food and hair loss these side effects alter perception of body image and lessens quality of life. Different quantitative studies have recognized that guilt and sadness occurs when self-esteem is lost because of hair loss, which then results in minimizing social activities and meeting people¹³⁻¹⁵. Antineoplastic chemotherapy delivers abundant advantage to patients of malignant and nonmalignant cancers⁵.

It is observed that during treatment the most emphasizing part is psychological imbalance due to stress related to effects of chemotherapy, which results in altered self- esteem¹. It is seen in breast cancer patients that due to change in physical appearance with mastectomy self-esteem is impaired which then influences negatively on body^{16,17}. The study aimed to assess the alteration in self-esteem among patients after receiving chemotherapy.

METHODS

This research study was cross-sectional and conducted in an oncology facility in tertiary care hospital located in Karachi, Pakistan. Through consecutive sampling, data was obtained from fifty patients who attended the oncology facility for chemotherapy. Data was collected from May to June 2017. A quantitative study questionnaire was used including variables of socio-demographic regarding receiving chemotherapy and patients' approach to life¹⁸. Before administering questionnaire to patients' instrument was refined and fulfilled by three oncology nurses. The assessment of self-esteem levels was measured by selecting the Rosenberg Self-Esteem Scale (RSES). Rosenberg established it and the original tool was in English, which was later interpreted and validated in 2001 for Portuguese¹⁹.

In determining self-esteem RSES scale is used in research. It contains total 10 items with five positive and five negative feelings, items are constructing on Likert scale evaluating four points from a range of strongly agree to strongly disagree. According to RSES the score above 30 is labeled as high self-esteem, score "between" 20-30 is labeled as average self-esteem whereas score less than 20 is low self-esteem¹⁹. Furthermore, teaching sessions for oncology nurses were conducted to capture developmental change by giving education on increasing self-esteem of patients. Oncology nurses were provided with teaching material consisting of ways to boost self-esteem during receiving chemotherapy treatment and to discuss it with patients while dealing patients receiving chemotherapy. A sustainability tool was formed consisting of behavioral attributes of oncology nurses after session, development attributes of staff

after session and nursing interventions on selfesteem. The sustainability tool was handed over to HOD oncology department to evaluate the needs with completion of form every fifteen days of session commencement and then submitted to head nurse of oncology department. Regular follow-ups were maintained by meeting with HOD and head nurse of oncology staff. Results were analyzed using SPSS version 22.

RESULTS

Table 1 reveals the frequencies of numerical characteristics of study individuals. Out of 50 participants, 44% (22) remained male participants whereas 56% (28) were female participants. In pertinent to age, most of the participants 66% were in age group of 51 and above years while a small number 12% of respondent lied in age group of 20-30. As for as monthly income status concern, participants having monthly income 10,000- 30,000PKR were 38%, while 31,000-60,000PKR were 38% and 91,000 PKR and above income were 5%.

Table 1: Demographic characteristics of the participants.

Demographic Variables	(n)%					
Gender						
Male	22(44%)					
Female	28(56%)					
Age						
20 - 30	6(12%)					
31 - 40	3(6%)					
41 - 50	8(16%)					
51 - Above	33(66%)					
Income						
10,000 - 30,000	19(38%)					
31,000 - 60,000	19(38%)					
61,000 - 90,000	7(14%)					
91,000 - above	5(10%)					

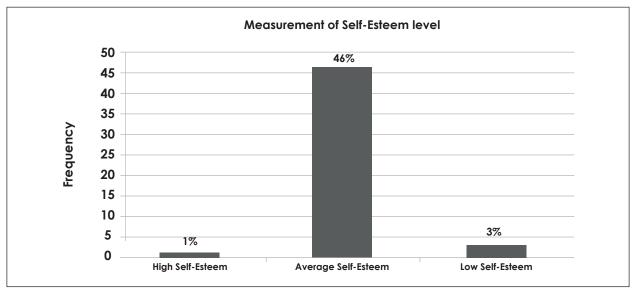
Table 2: Self-esteem level of study participants.

Questions based on self esteem	Strongly Agree	Agree	Disagree	Strongly Disagree
On the whole I am satisfied with myself	50%	4%	4%	2%
2. At times I think I am not good at all	8%	8%	28%	26%
3. I feel that I have a number of good qualities	46%	4%	10%	0%
4. I am able to do things as well as most other people	58%	6%	14%	2%

5. I feel that I do not have much to be proud of	12%	2%	28%	28%
6. I certainly feel useless at times	6%	0%	18%	46%
7. I feel that I am a person of worth	62%	0%	6%	2%
8. I wish I could have more respect for myself	52%	8%	2%	8%
9. All in all I am inclined to feel that I am a failure	8%	2%	20%	60%
10. I take a positive attitude towards myself	78%	4%	4%	4%

Table 2 revealed self-esteem level of study participants 10 questions related to self-esteem were asked from participants. Out of all 52% wished, they could have more respect for themselves. On asking, "I feel that I am a person of worth" participants revealed strongly agree 62%. Graph 1 is representing the measurement self-esteem levels

with high, average and low self-esteem. Among various types of cancer in the study participants, the higher frequency 12% was found in breast cancer while, 8% with ovarian cancer and only 4% with oral cancer. Majority of the participants (46%) were with average self-esteem.



Graph 1: Presenting frequency of self-esteem level.

DISCUSSION

The current research was carried out to analyze self-esteem among the cancer patients receiving chemotherapy. The results of the present research study presented generally, the average self-esteem with 96% in contrast one study was conducted in Brazil has revealed 28% with average self-esteem¹. Another cross sectional study conducted in Brazil by Chavaz and colleagues with a sample of 100 participants has recognized average self-esteem level was 7.07%²⁰.

In different studies conducted in patients receiving chemotherapy identified that religious people have greater capacity in dealing adverse circumstances related to ill health with using of spirituality, thus spirituality plays a major role in improving quality of life. Moreover, another important factor hope

is identified worldwide as one of the major mechanism in crucial states of life especially when suffering terminal illness where it is observed as average self-esteem²¹⁻²⁴. There are two important components, which need to be understood for the development of healthy personality and includes self-image and self-esteem. It is the highly need of individuals to have positive self-esteem respect and value while dissatisfaction with body image can cause low self-esteem which is found as 77.6%^{25, 26}. While in current study, 3% were found with low self-esteem. Factors associated with low self-esteem were found to be psychological includes anxiety, weakness, irritability, guiltiness, hopelessness and socially increase burden in daily living circumstances. Another cross-sectional study with 178 participants receiving chemotherapy conducted in Egypt has found 84.83% of low self-esteem while receiving chemotherapy²⁷.

A study conducted in Brazil explores that psychologically wellbeing can bring high positive levels of self-esteem, self-assurance, emotional steadiness and good thoughts²⁸. Consistent to this finding another study conducted in Brazil in an oncology department with 156 participants identified patients with higher frequency of self-esteem 76% while receiving chemotherapy¹, while in this study only 1% of patient was found with high self-esteem in receiving chemotherapy where finding are consistent with another study that revealed high level of self-esteem with 57.2%²⁹.

CONCLUSION

We concluded that patients with cancer receiving chemotherapy evaluated in this research study showed average self-esteem. Therefore, self-esteem in patients suffering cancer undergo chemotherapy is multifaceted; subsequently this study includes specific features of each person, which could help in approaching cancer patients and their management.

ACKNOWLEDGEMENTS

The authors would like to acknowledge all nursing staff and doctors of the oncology facility for providing their support and commitment.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

ETHICS APPROVAL

The research committee of Ziauddin Hospital and College of Nursing provided the approval for conducting the study.

PATIENT CONSENT

Patient was informed and written consent was taken prior to study participants.

AUTHORS' CONTRIBUTION

DJ was primary author and contributed thoroughly from selection until completion. SA analyzed and interpreted the data. FP and AN were the supervisors for the study.

REFERENCES

- 1. Leite M, Nogueira D, Terra. Evaluation of self-esteem in cancer patients undergoing chemotherapy treatment. Rev Lat Am Enfermagem. 2015; 23(6):1082-1089.
- 2. Sercekus P, Besen D, Gunusen N, Edeer A. Experiences of Family Caregivers of Cancer Patients Receiving Chemotherapy. Asian Pac J Cancer

Prev. 2014;15(12):5063-5069.

- 3. Torre LA, Bray F, Siegel RL, Ferlay J, Lortet-Tieulent J, Jemal A. Global cancer statistics, 2012. CA Cancer J Clin. 2015;65(2):87-108.
- 4. World Health Organization [Internet]. Cancer Fact Sheet; 2018 [updated 2018 September 12, cited 2020 June 10]. Available from: https://www.who.int/news-room/fact-sheets/detail/cancer
- 5. U.S. Department of Health & Human Services [Internet]. Global health Pakistan leading causes of death in Pakistan ischemic heart disease, cancer, and lower respiratory infections are the top 3 killers in Pakistan, a South Asian country; 2019 [updated 2011 September 12, cited 2020 June 12]. Available from: https://www.cdc.gov/global-health/countries/pakistan/default.htm
- 6. World Health Organization [Internet]. Noncommunicable diseases (NCD) country profiles; 2018. p.223.
- 7. Abbasian F, kia N, Mirmohammad khani M, Ghahremanfard F, Ghods E. Self-esteem and spiritual health in cancer patients under chemotherapy in Semnan University of Medical Sciences in 2014. Health Spiritual Med Ethics. 2016;3(4):29-37.
- 8. Bevan M, Sternberg E. Caregiving burden, stress, and health effects among family caregivers of adult cancer patients. JAMA. 2012;307(4):398-403.
- 9. Lkhoyaali S, Haj M, Omrani F, Layachi M, Ismaili N, Mrabti H, et al. The burden among family caregivers of elderly cancer patients: prospective study in a Moroccan population. BMC Res Notes. 2015;8(347): 1-4.
- 10. Zaidi A, Ansari T, Khan T. The financial burden of cancer: Estimates from patients undergoing cancer care in a tertiary care hospital. Int J Equity Health. 2012;11(60):1-6.
- 11. Neuss M, Polovich M, McNiff K, Esper P, Gilmore TR, LeFebvre KB, et al. 2013 updated American society of clinical oncology/oncology nursing society chemotherapy administration safety standards including standards for the safe administration and management of oral chemotherapy. J Oncol Prac. 2017;9(2):1-13.
- 12. Gokal K, Munir F, Wallis D, Ahmed S, Boiangiu I, Kancherla K. Can physical activity help to maintain cognitive functioning and psychosocial well-being among breast cancer patients treated with chemotherapy? A randomised controlled trial: study protocol. BMC Public Health. 2015;15(414):2-8. 13. Guy Jr GP, Ekwueme DU, Yabroff KR, Dowling EC, Li C, Rodriguez JL, et al. Economic burden of cancer survivorship among adults in the United States. J Clin Oncol. 2013;31(30):3749-3757.
- 14. Kim I, Cho J, Choi E, Kwon I, Sung Y, Lee J, et al. Perception, attitudes, preparedness and experience of chemotherapy-induced alopecia among breast cancer patients: a Qualitative Study. Asian Pacific J Cancer Prev. 2012;13:1383-1388.
- 15. Lemieux J, Maunsell E, Provencher L. Chemotherapy-induced alopecia and effects on quality of life among women with breast cancer: a literature review. Psychooncol. 2008;17: 317-328.

- 16. Ha EH, Cho YK. The mediating effects of self-esteem and optimism on the relationship between quality of life and depressive symptoms of breast cancer patients. Psychiatry Investig. 2014;11(4):437-445
- 17. Enache R. The relationship between anxiety, depression and self-esteem in women with breast cancer after surgery. Procedia Soc Behav Sci. 2012; 33, 124-127.
- 18. Joscelyne A, Knuckey S, Satterthwaite M, Bryant R, Meng M, Qian M, et al. Mental health functioning in the human rights field: findings from an international internet-based survey. PLoS ONE. 2015;1-12
- 19. Tinakon W, Nahathai W. A comparison of reliability and construct validity between the original and revised versions of the Rosenberg self-esteem scale. Psychiatry Investig. 2012;9:54-58.
- 20. Mata L, Chávez G, Faria B, Antunes A, Silva M, Oliveira P. Self-esteem and distress in patients undergoing cancer surgery: a correlational study. Braz J Nurs. 2016;15(4)664-647.
- 21. Courneya K, McKenzie D, Gelmon K, Mackey J, Reid R, Yasui Y, et al. A multicenter randomized trial of the effects of exercise dose and type on psychosocial distress in breast cancer patients undergoing chemotherapy. AACR. 2014;1-17.
- 22. Mesquita A, Chaves E, Avelino C, Nogueira D, Panzini R, Carvalho E. The use of religious/spiritual coping among patients with cancer undergoing chemotherapy treatment. Rev Latino-Am Enfermagem. 2013;21(2):539-545.
- 23. Broadhurst K, Harrington A. A mixed method

- thematic review: the importance of hope to the dying patient. J Advan Nurs. 2015;72(1):18-32.
- 24. Phelps A, Lauderdale K, Alcorn S, Dillinger J, Balboni M, Wert M, et al. Addressing spirituality within the care of patients at the end of life: perspectives of patients with advanced cancer, oncologists, and oncology nurses. J Clin Oncol. 201 2;30(20):2538-2544.
- 25. Balboni M, Sullivan A, Amobi A, Phelps A, Gorman D, Zollfrank A, et al. Why is spiritual care infrequent at the end of life? Spiritual care perceptions among patients, nurses, and physicians and the role of training. J Clin Oncol. 2013;31(4):461-467. 26. Lettnin G, Dohms K, Mendes A, Stobaus C, Mosquera J, Neves S. Evaluating self-esteem levels of brazilian and portuguese adolescents. Sci Res Publish. 2015;6:314-322.
- 27. Sherief LM, Kamal NM, Abdalrahman HM, Youssef DM, Alhady MA, Ali AS, et al. Psychological impact of chemotherapy for childhood acute lymphoblastic leukemia on patients and their parents. Medicine. 2015;94(51):1-6.
- 28. Ferrari E, Petroski E, Silva D. Prevalence of body image dissatisfaction and associated factors among physical education students. Trends Psychiatry Psychother. 2013;35(2):119-127.
- 29. Bidstrup P, Christensen J, Mertz B, Rottmann N, Dalton S, Johansen C. Trajectories of distress, anxiety, and depression among women with breast cancer: Looking beyond the mean. Acta Oncol. 2015;54(5):789-796.