

Effect of Counseling on Palliative Cancer Patient's Anxiety

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ABSTRACT

The objective of this study was to review the literature on Anxiety in palliative cancer care in order to identify which assessment methods and classification systems have been used in studies of Anxiety... The present study is to find out to anxiety in palliative cancer patient before given palliative care counseling and after given palliative care counseling. The total sample consisted of 30 Cancer Patient (15 male of Palliative Cancer Patient and 15 female of Palliative Cancer Patient) were selected from Siddhpur Cancer Care Center Siddhpur Gujarat.. For purpose of the study "Sinha Anxiety scale" by "Sinha" was administered level of measure their mental health. Scoring has been done as per manual, further; the data were analyzed by using descriptive statistics mean, SD and t-test. Result was found that, between after and before counseling of palliative cancer patient. The result shows that there is significant different in anxiety of before and after counseling of palliative cancer patient's anxiety test score of 0.05 level.

Keywords: *Palliative care, Counseling, Cancer, Patient, Anxiety.*

Counseling as a logical process which gives individuals and chance to explore, discover and clarify ways of living more resourcefully, with a greater sense of happiness. Counseling may be concerned with addressing and resolving specific troubles, making decisions, coping with crisis, working through disagreement, or humanizing relationships with others.

During Supportive counseling, the counselor listens to a client's doubts with care and patience. The method used is client-centered or directive counseling, a method developed by Carl Rogers and his associates. Rogers emphasized that a patient is capable of making interpretation on her/his own and that the counselor should attempt to direct the client's attention to a specific topic or condition.

Results of counseling can include:

- Insight and sympathetic of oneself, with better self-awareness.
- Changing of one's beliefs and psychological (Mental) models.
- Increased acceptance and approval of him-self.
- Improved emotional intelligence.

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Effect of Counseling on Palliative Cancer Patient's Anxiety

- Improved ability to control him-self and one's urges.
- Development of skills and abilities that need self-management.
- Increased motivation towards actions that is good for him-self.
- thoughtful of others and why they act as they do.
- Improved appreciation and care for others.
- Improvement in relations with others.
- Change of relations with family, friends and others.
- Making amends for past negative actions.

In summary, counseling typically leads to resolution of a living difficulty, learning of some kind and/or improvements in community inclusion.

Palliative means not curable of disease. Cancer and its treatment often cause side effects. Relieving a person's symptoms and side effects is an important part of cancer care. This approach is called symptom management, supportive care, or palliative care. Palliative care is any treatment that focuses on reducing symptoms, improving quality of life, and supporting patients and their families. Any person, regardless of age or type and stage of cancer, may receive palliative care.

Anxiety is a normal reaction to cancer. One may knowledge anxiety while undergo a cancer screening test, waiting for test results, getting a diagnosis of cancer, undergoing cancer treatment, or anticipate a recurrence of cancer. Anxiety associated with cancer may increase feelings of pain, interfere with one's ability to sleep, cause nausea and vomiting, and interfere with the patient's (and his or her family's) quality of life. If left untreated, anxiety may even be connected with lower survival rates from cancer.

Patients may benefit from other treatment options for anxiety, including: counseling, psychotherapy, group therapy, family therapy, spiritual counseling, Pain management, participate in self-help groups, hypnosis, and relaxation techniques such as guided descriptions (a form of focused concentration on mental imagery to assist in stress management). Patients should not avoid anxiety-relieving medications for fear of flatterer addicted. Their doctors will give them sufficient medication to improve the symptoms and decrease the amount of the drug as the symptoms reduce.

Objective:

1. The purpose of the present investigation was Anxiety of Palliative Cancer patient before and after counseling and how is it being investigation thorough this study.
2. The purpose of the present investigation was anxiety of male and female of palliative cancer patient before counseling.
3. The purpose of the present investigation was anxiety of male and female of palliative cancer patient before counseling.
4. The purpose of the present investigation anxiety of male palliative cancer patient before n after counseling.
5. The purpose of the present investigation anxiety of female palliative cancer patient before n after counseling.

Effect of Counseling on Palliative Cancer Patient's Anxiety

Hypothesis:

- Ho 1: There is no significant different in Anxiety of Palliative Cancer patient before and after counseling.
- Ho 2: There is no significant different in anxiety of male and female of palliative cancer patient before counseling..
- Ho 3: There is no significant different in anxiety of male and female of palliative cancer patient after counseling.
- Ho 4: There is no significant different in the anxiety of male palliative cancer patient before n after counseling.
- Ho 5: There is no significant different in anxiety of female palliative cancer patient before n after counseling.

METHODOLOGY

Sample:

The sample of the present study consisted of 30 Palliative cancer patient in Sidhpur Cancer Care Center North Gujarat. First selected 30 palliative cancer patients, after taken anxiety scale data and after doing counseling n again taken anxiety scale data of palliative cancer patient.

Design:

Variable	<i>Before counseling Palliative Cancer Patients</i>	<i>After counseling Palliative Cancer Patients</i>
Male	15	15
Female	15	15
	30	30

Tool:

The "Sinha's comprehensive Anxiety Test" analysis scale developed by A.K. P. Sinha and L. N. K. sinha and present guja rati version Dr.D.J. Bhatt was used for the study the scale consisted of 90 items each has two response alternative i.e. "Yes" or "No" test retest reliability is 0.85 coefficient of the inventory and braun formula is 0.92. The validity coefficient was found to be 0.62

Procedure:

The palliative cancer patient were randomly selected before counseling and given anxiety scale and score collect n after given counseling about anxiety and again given scale and collect anxiety score & data collection the obtain data was analyzed with help of Mean, SD and 't' value

RESULT & DISCUSSION

The statistical method used to analyzed obtained data are Mean, SD and 't' test.

Table: 1, Mean, SD and 't' test according to anxiety of Palliative Cancer patient before and after counseling..

Patient	N	Mean	SD	t	Significant
Before Counseling PCP	30	39.53	10.48	6.19	0.05
After Counseling PCP	30	25.23	7.14		

Effect of Counseling on Palliative Cancer Patient's Anxiety

Table 1 show that means of anxiety of Palliative Cancer patient before and after counseling. For the before counseling PCP the mean is 39.53 and for the after counseling PCP it is 25.23 SD for before counseling PCP is 10.48 and after counseling PCP is 7.14 for both group 't' level value is 6.19 and its level of significant is 0.01.

Table 2, Mean, SD and 't' test according to anxiety of male and female of palliative cancer patient before counseling.

Patient	N	Mean	SE _D	t	Significant
Before Counseling PCP Male	15	37.73	2.44	1.47	NS.
Before Counseling PCP Female	15	41.33			

Table 2 shows that mean of anxiety of male and female of palliative cancer patient before counseling. For the Before Counseling PCP Male the mean is 37.73 and for the Before counseling PCP Female it is 41.33, and both SE_D 2.44 for both group 't' level value is 1.47 and its level of significant is 0.05.

Table 3, Mean, SD and 't' test according to anxiety of male and female of palliative cancer patient after counseling.

Patient	N	Mean	SE _D	t	Significant
After Counseling PCP Male	15	26.00	3.25	0.63	NS
After Counseling PCP Female	15	24.80			

Table 3: shows that mean of anxiety of male and female of palliative cancer patient after counseling. For After Counseling PCP Male the mean is 26.00 and for the after counseling PCP female mean is 24.80, SE_D for 3.35 both group 't' level value is 0.63 and its level of significant is 0.01.

Table 4, Mean, SD and 't' test according to anxiety of male palliative cancer patient before n after counseling.

Patient	N	Mean	SE _D	t	Significant
Before Counseling PCP Male	15	37.73	3.22	3.41	0.01
After Counseling PCP Male	15	26.53			

Table 4 shows that mean of anxiety of male palliative cancer patient before n after counseling.. For the before counseling PCP male the mean is 37.73 and for the after

Effect of Counseling on Palliative Cancer Patient's Anxiety

counseling PCP male means is 26.53 SD for both SED value is 3.22 for both group 't' level value is 3.41 and its level of significant is 0.01

Table 5, Mean, SD and 't' test according to anxiety of female palliative cancer patient before n after counseling.

Patient	N	Mean	SE _D	t	Significant
Before Counseling PCP Female	15	41.33	2.84	5.85	0.01
After Counseling PCP Female	15	24.80			

Table: 5 show that mean of anxiety of female palliative cancer patient before n after counseling. For the before counseling female the mean is 41.33 and for the after counseling PCP female mean is 24.80 SED is 2.84 and both group 't' level value is 5.82 and its level of significant 0.01.

CONCLUSION

1. There is significant different in Anxiety of Palliative Cancer patient before and after counseling.
2. There is no significant different in anxiety of male and female of palliative cancer patient before counseling..
3. There is no significant different in anxiety of male and female of palliative cancer patient after counseling.
4. There is significant different in the anxiety of male palliative cancer patient before n after counseling.
5. There is significant different in anxiety of female palliative cancer patient before n after counseling.

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Effect of Counseling on Palliative Cancer Patient's Anxiety

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Conflict of Interest

There is no conflict of interest.

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