

Hope and Mental Well Being among Male and Female Cancer Patients

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ABSTRACT

Hope and Mental well being are important for an individual's life and same goes for the cancer patients. The aim of the present study is to see the hope and mental well being among male and female cancer patients. The hypotheses of the study was to examine that there will be no difference between male and female cancer patient on hope and on mental well being. The sample of this study included 60 subjects (30 male and 30 female subjects) selected by purposive sampling from Aligarh district of U.P. In this study two inventories were used viz., Herth Hope Index and Warwick-Edinburgh Mental well-being scale. Investigator used mean, standard deviation and t-test, and in order to draw out the results. A quantitative approach was used by the researcher to conduct this study; data collection and data analysis were done using this approach. The results of the study are that there exists no difference found between male and female cancer patients on hope, and there exist no difference between male and female cancer patients on mental well-being.

Keywords: *Cancer, Hope and Mental Well-Being*

Cancer is often viewed as an acute and usually fatal disease. The word cancer comes from the Greek word for Crab, Karakinos. We are familiar with cancer as a tumor-an invasive and malignant growth. The ancient Greek physician who first described cancer noticed that some malignant tumor resemble a Crab-a hard mass with claw like extensions.

There are more than 100 identifiable forms of cancer. It is the second leading cause of death globally. Nearly 1 in 6 deaths is due to cancer. Approximately 70% of deaths from cancer occur in low and middle income countries. . The most common cancers in 2016 are projected to be breast cancer, lung and bronchus cancer, prostate cancer, colon and rectum cancer, bladder cancer, melanoma of the skin, non-Hodgkin lymphoma, thyroid cancer, kidney and renal pelvis cancer, leukemia, endometrial cancer, and pancreatic cancer.

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Received: February 7, 2017; Revision Received: March 5, 2017; Accepted: March 10, 2017

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A dictionary definition of hope is "a desire and the confident expectation of its fulfillment". Previous scholarly writings have defined hope as a "unidimensional construct involving an overall perception that goals can be met (French, 1952; Lewin, 1935; Stotland, 1969). Hope is defined as "the process of thinking about one's goals, along with the motivation to move towards those goals (agency) and the ways to achieve those goals (pathways)" (Snyder, 1995). According to Snyder (2000) hope has 3 necessary ingredients: Goal –oriented thoughts, Pathways to achievement and Agency thoughts.

Psychological well-being may be defined as one's emotional and cognitive evaluations of his or her own life (Diener, Oishi & Lucas, 2003). Psychological well-being is a multi-dimensional concept. Results of factor analysis revealed that cheerfulness, optimism, playfulness, self-control, a sense of detachment and freedom from frustration, anxiety and loneliness are indicators of psychological well-being (Sinha and Verma, 1992). McCulloch (1991) has shown that satisfaction, morale, positive effect, social support etc. constitute psychological well-being. Three components of psychological well-being are usually suggested: cognitive beliefs about one's overall level of life satisfaction, presence of positive emotional experiences and absence of negative emotional experiences (Diener, 2000; Diener and Suh, 1999).

Psychological well-being refers to both a theory and measurement scales designed and advocated primarily by Carol Ryff (1989). She suggested a multidimensional model of psychological well-being that comprised six distinct dimensions.

Dimensions of Psychological Well Being

1. Autonomy
2. Environmental Mastery
3. Personal Growth
4. Purpose in Life
5. Self Acceptance

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Objectives of the Study

1. To examine difference between Male and Female Cancer patients on Hope.
2. To examine difference between Male and Female Cancer patients on mental-well-being.

Hypotheses of the Study

1. There would be no difference between males and females Cancer patients on Hope.
2. There would be no difference between male Cancer patients on mental well-being.

METHODOLOGY

A quantitative approach was used by the researcher to conduct this study; data collection and data analysis were done using this approach.

Sampling

The sample of the present study consisted of 60 participants. Participants were divided into two groups 30 male and 30 female patients in each group. The age range of the participants was from 30 to 65 years of age. All the subjects were selected by purposive sampling.

Tools

The following tools were used in this study.

1. Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

In order to measure the Mental Well-Being of patients, Warwick-Edinburgh Mental Well-Being Scale developed by researchers at universities of Warwick and Edinburgh was used in the present study. The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) comprised of 14-items that relate to an individual's state of Mental Well-Being (thoughts and feelings) in the previous two weeks. Responses are obtained on a 5-point scale ranging from 'none of the time' to 'all of the time'. Each of the 14 item responses in WEMWBS are scored from 1 (none of the time) to 5 (all of the time) and a total scale score is calculated by summing the 14 Individual item scores. The minimum score is 14 and the maximum is 70. WEMWBS showed good content validity. A Cronbach's alpha score of 0.89 and 0.91. This scale showed high correlations with other mental health and well-being scales and lower correlations with scales measuring overall health. Test- retest reliability at one week was high (0.83). WEMWBS aims to measure Mental Well-Being itself and not the determinants of Mental Well-Being, which include resilience, skills in relationship, conflict management and problem solving, as well as socioeconomic factors such as poverty, domestic violence, bullying, unemployment, stigma, racism and other forms of social exclusion.

2. Herth Hope Index

The Herth Hope Index was developed by Herth in 1992. The HHI is an adaptation of Herth Hope Scale (HHS) designed specifically for use in the clinical setting. It is used to assess the overall hope level of the people. The Herth Hope index has 12 Likert scale items, with scores ranging from ('strongly disagree') through 4 ('strongly agree'). The scoring consists of summing the scores for the total scale. There was reversed scoring for item numbers 3 and 6. Total scores on the scale ranges 12 to 48 points. The higher the scores indicates the higher the level of hope. Cronbach's alpha for original Herth Hope Index was 0.97 with a 2-week test-retest reliability of 0.91. The Herth Hope Index has three factors, each with four items:

1. Inner sense of temporality and future.
2. Inner positive readiness and expectancy.
3. Interconnectedness with self and others.

Item no. 1. Presence of goals, 2. Positive outlook of life, 3. Each day has potential and 4. Scared about the future, come under inner sense of temporality and future.

Statistical Analysis

Descriptive Statistics was used like Mean, Standard Deviation and t-test were used to analyze data.

RESULTS

Table 1: Showing Comparison between Male and Female Cancer patients on Hope.

Group	N	Mean	SD	t	P
Male	30	35.56	4.26	0.00	>.05
Female	30	35.56	4.91		

Table 1 reveals that mean scores of Male and Female Cancer patients on Hope were 35.56 and 35.56 with SD 4.26 and 4.91 respectively. The t-ratio between the means of the two groups was found to be zero (0) which was not significant at 0.05 level of significance.

Table 2: Showing Comparison between Male and Female Cancer patients on Mental Well-Being.

Group	N	Mean	SD	t	P
Male	30	53.93	10.02	1.83	>.05
Female	30	48.9	11.91		

Table 2 reveals that mean scores of Male and Female Cancer patients on mental well-being were 53.93 and 48.9 with SD 10.02 and 11.91 respectively. The t-ratio between the means of the two groups was found to be 1.83 which was not significant at 0.05 level of significance.

DISCUSSION

A rationale for expecting no difference between male and female cancer patients on hope may be based on the vulnerability of the cancer patients to types of stressors. Both male and female perceived similar level of anticipatory stress i.e. they anticipate threat of death arising from

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state and type of cancer. Anticipatory threat includes anxiety, depression, damaged body image, and fears of recurrence of cancer. Feelings of guilt may be present if a patient feels that a past behavior has led to the current diagnosis of cancer. These stresses together interact to create chronic vulnerability (Marcus et al, 1998).

Irrespective of the gender, cancer patients struggle with quality of life issues. Behavioral involvement has become more common to help cancer patients to deal with their well-being and mental health, and other psychosocial factors that affect the disease course as well as the response of the patient to medical treatment and overall survival (Baum, Thompson, Stollings, Garofalo & Redinbaugh, 2001).

Mental well-being of cancer patients is also related to the diagnosis of cancer and the treatment of cancer. Mental well-being of cancer patients may be affected from beginning i.e. from the discovery and diagnosis of cancer and continues throughout treatment and post- treatment transitions. Psychological complications that are not detected, treated, or prevented can cause complications as well as compromised treatment outcomes. Weighing the pros and cons of treatment can cause major distress for cancer patients that in turn may affect their mental well-being.

The psychological issues associated with treatment of cancer are more complex. Treatment varies according to stage of illness, patient characteristics, and the phase of discovery or treatment of cancer. Early interventions seek to prevent major psychological distress when cancer is discovered and diagnosed. The diagnosis of cancer presents the patient with demands that exceed ordinary daily activities of living. Patients may experience feelings of fear, stress, and uncertainty due to the severe life threat associated with the diagnosis of cancer. Chandra, Chaturvedi, and Channabasvanna (1998) investigated the role of psychological well-being (e.g. Family support, positive feelings of hope, optimism and coping) among cancer patients receiving radiotherapy. The impact of cancer on the psychological well-being of newly diagnosed cancer patients before and during the course of radiotherapy was assessed in 70 consecutive cancer patients. Most of the patients were illiterate and from a lower socio-economic group. The results revealed that during the course of treatment there was a decrease in the well-being scores on some dimensions such as perceived family and primary support group. Improvements were seen in the dimensions of positive feelings like hope, optimism, coping, social support other than the family and spiritual well-being.

Rustoen and Wilklund (2000) investigated the role of hope in newly diagnosed patients with cancer. 131 Norwegian patients with newly diagnosed cancer were studied. Most of the patients were found to be hopeful or moderately hopeful. The variable with the single most contribution to hope was whether the patient lived alone. The results revealed that younger people in particular experienced less hope when living alone.

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Stanton, Danoff-Burg, and Huggins (2001) conducted a study on hope and coping strategies as predictors of adjustment in breast cancer. The results revealed that coping through active acceptance/hope at diagnosis predicted more positive adjustment across time and avoidance oriented coping predicted greater fear of cancer reoccurrence over and above participant age. It was also found that coping through turning to religion would be more effective for less hopeful women.

Rustoen, et al. (2003) conducted a study to find out how socio-demographic and health-related variables were related to hope. The results showed that participants who were satisfied with their health reported higher levels of hope. Participants who had chronic diseases (e.g., CAD, AIDS and Cancer) reported significantly higher hope scores compared to those without a chronic disease. In this study, an individual's subjective evaluation of his/her health was the most important health related predictor of hope.

Felder and Barbara (2004) conducted a study on hope and coping in patients with various cancer diagnoses. The findings demonstrated that the level of hope was high and was positively related to coping in patients with cancer, regardless of gender, age, marital status, education or site of malignancy.

CONCLUSION

1. There exists no difference between male and female cancer patients on hope.
2. There exists no difference between male and female cancer patients on mental well-being.

Limitations

1. Sample size is small which may have affect on overall results.
2. In the present study, demographic variables like socio-economic status, caste difference, ordinal position, age, etc have not been taken into consideration. These variables could have contributed more clear results.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

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How to cite this article: Fatima S (2017), Hope and Mental Well Being among Male and Female Cancer Patients, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 93, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.126/20170402, ISBN:978-1-365-78193-3