THE IMPACT OF ATTITUDE TOWARDS DISEASE OUTCOME OF ORAL CANCER SURVIOUR PATIENT

Mrs. Bhoomika Patel[1] ,Ms. Krupa Patel[1] ,Mr. Suresh V[2] ,Mrs. Bhavisha Patel[3]

[1]Assistant professor, Department of Mental Health Nursing, Sumandeep Nursing College, Sumandeep Vidyapith Deemed to be University, Vadodara, Gujarat, India.
[2]Post-graduate nursing student, Mental Health Nursing, Sumandeep Nursing College, Sumandeep Vidyapith Deemed to be university, Vadodara, Gujarat, India.
[3]Professor, Department of Mental Health Nursing, Sumandeep Nursing College, Sumandeep Vidyapith Deemed to be University, Vadodara, Gujarat, India.

Corresponding Author
Mrs. Bhoomika Patel
Assistant professor, Department of Mental Health Nursing, Sumandeep Nursing College, Sumandeep Vidyapith Deemed to be University, Vadodara, Gujarat, India.
Email:-bhumi6370@gmail.com

Background of the study:
In current situation cancer become more serious disease because of changes in lifestyle status. The purpose of the study was to assess the impact attitude on disease outcome of oral cancer survivors. Oral cancer also most common type of cancer that leads to lots of changes in person's life such as anxiety, depression and loss of social support and etc. After the diagnosis of cancer the person may feel emotional distress and depressed about the sudden changes in life. **Material and method:** Quantitative approach, Prospective research design was used in the study. By using purposive sampling technique, 30 participant was selected and collected the data by using the tool modified attitude rating scale and checklist of symptoms of oral cancer. Follow up process was done by using same checklist of oral cancer symptoms for 3 months. The participant was divided in 3 group: positive attitude, negative attitude and neutral attitude as per the score of modified attitude scale. **Result:** The data was analysed by Friedman's 2-Way ANOVA test. Result revealed that person with positive attitude had good treatment outcome as compare to negative attitude group and neutral attitude group. **Conclusion:** The study concluded that psychological intervention is necessary for overall treatment of person with cancer. Intervention for maintain good mental health is prioritize by the physician for good treatment outcome.
Key Words: Attitude, Psychological changes, Disease Outcome, Oral Cancer

Introduction

Cancer is a common term for a large group of diseases, whose causes, features and occurrence can vary greatly. Due to population ageing, we have seen an increase in cancer incidence. The chances for recovery is depends on many things, such as the type of cancer and distribution of tumour. Many patient who cannot recover permeant from cancer and loss their life due to complication of cancer.[1]

Oral cancer is broadly prevalent cancer type in developing countries and even though it is less prevalent in developed western countries but in current times a change in trend has been noticed due to changes in lifestyle.[2]

At any stage after a cancer diagnosis, person may experience times of distress and feel a range of strong emotions, such as disbelief, fear, sadness, anxiety and anger. These can be seen as a type of grief - cancer often involves a series of losses, such as the loss of good health, temporary or permanent changes to your appearance, not being able to work or do your normal activities, changed financial plans, a loss of independence, changed relationships, and a shift in how you see yourself.[3]

Psychological distress is a negative emotional experience which delay coping with cancer and its treatment. Psychological distress is highly prevalent in cancer patients and results in serious complication such as reduced quality of life, decreased compliance with medical care, prolonged duration of hospitalization.[4]

No one has the right to expect a person with cancer to have a positive outlook all the time because fighting with cancer is more difficult. But choosing a positive attitude can affect one's physical and mental well-being in a helpful way. And by choosing to think good thoughts, our behaviour can follow.[5]

A positive psychology of cancer challenges the conventional emphasis on the trauma and long-term negative psychological consequences of a dread, devastating disease with the view that many, perhaps most persons diagnosed with cancer find benefits and positive meaning in the experience and even grow psychologically.[6]

METHOD

Procedure:- Prior to study commencement ethical approval was received from the Sumandeep university and access approval was gained from the related hospital. All participant were informed that participation in the study was voluntary, before their written informed consent was obtained.

Method:

Prospective research design was used in this research study. The data were collected at Nayak Super Specialty Hospital, Vadodara from 30 participant who diagnosed with oral cancer by using purposive sampling techniques. This study evaluated attitude of oral cancer patient by using modified attitude rating scale and impact of attitude on treatment outcome was assessed by using checklist of oral cancer symptoms. Follow up of 30 participant was done for 8 times between the gap of 15 days by using same checklist of oral cancer symptoms.

Inclusion criteria: (i) patient with 1st stage of oral cancer. (ii)those who continue their treatment in Nayak Super Specialty Hospital, Vadodara.

Exclusion criteria: (i) age less than 25 year. (ii) participant who already continue their treatment from psychiatric counsellor. (iii) participant who incapable to communicate.

Data Analysis:

SPSS version was applied to analyse the data. Participant characteristics and outcome measures was analysed by descriptive statistics and impact of attitude on treatment was analysed by Friedman's 2-way ANOVA test.

RESULT:

Table-1 shows that majority of the participants were in the age group of above 55 years (57%) and the second highest proportion of the participants were in the 45-55 years age group (27%), male participants were 73% while the female participants were 27%, Hindus 73% and 27% Muslims, 60% Joint families and 40% Nuclear families, About 50% of site of cancer was observed in Tongue, 17% each in Gum and Cheek, and while another 13% in Lip, 67% of participants did not have any family history of cancer, only 30% were involved in any kind of work that gave them money, rest all were housewives, 47% of the participants had no bad habits, 17% of participants who had more than one bad habit, 23% were into the habit of smoking and 10% used tobacco, Only 3% were into the habit of drinking alcohol.

Table-1 Description of samples according to their demographic characteristics

Variable	Category	Frequency	Percent
Age	25-35 years	1	3.3
	35-45 years	4	13.3
	45-55 years	8	26.7
	above 55 years	17	56.7
Gender	Male	22	73.3
	Female	8	26.7
Religion	Hindu	22	73.3
	Muslim	8	26.7
Type of Family	Joint family	18	60.0
	Nuclear family	12	40.0
Site of Oral Cancer	Gum	1	3.3
	Lip	4	13.3
	Tongue	15	50.0
	Cheek	5	16.7
	Throat	5	16.7
Family History of Cancer	Yes	10	33.3
	No	20	66.7
Working Status	Yes	9	30.0
	No	21	70.0
Habit	None	14	46.7
	Alcohol	1	3.3
	Smoking	7	23.3
	Tobacco	3	10.0
	more than one	5	16.7

Table-2 shows that 40% (12) of patient having negative attitude, 30%(9) patient having neutral attitude and 30%(9) patient having positive attitude.

Table-2 Frequency distribution of category of attitude

Attitude frequency distribution		
	Frequency	**Percentage**
Positive attitude	9	30.0
Neutral attitude	9	30.0
Negative attitude	12	40.0
Total	**30**	**100.0**

Table-3 Computer coded master sheet of attitude scale and checklist of symptoms of oral cancer was entered into SPSS-20 software and done by Friedman's 2-way ANOVA test and the result revealed that participant with positive attitude shown good treatment outcome as the symptoms was decreased with time. Result revealed that there are significances changes between the group of positive attitude and negative attitude.

Table-3 impact of attitude on disease outcome of patient with 1st stage of oral cancer.

Category of attitude	N	Observation								Df	Test statistics	Asymptotic significance(2-sided test)
		TS1	**TS2**	**TS3**	**TS4**	**TS5**	**TS6**	**TS7**	**TS8**			
Positive Attitude	9	6.83	5.39	4.78	4.78	4.06	4.06	3.17	2.94	7	33.566	0.001
Neutral attitude	9	5.44	5.33	4.50	4.50	4.06	4.06	4.06	4.06	7	12.419	0.088
Negative attitude	12	4.42	3.54	3.88	4.83	4.83	4.83	4.83	4.83	7	17.228	0.016

Table-4 The association between impact of attitude on disease outcome with selected demographic variable was done by chi-square test. All demographic variable found to be non-significant at 0.5 level of significance. **Therefore, H$_{02}$ is failed to accept.**

Table-4 association between impact of attitude on disease outcome with their selected sociodemographic variable.

Demographic Variables	Chi-Square value	P-value	Remarks
Age	5.294	0.507	NS
Gender	2.585	0.275	NS
Religion	0.455	0.797	NS
Type of Family	2.106	0.349	NS
Site of Oral Cancer	5.722	0.678	NS
Family History of Cancer	0.875	0.646	NS
Working Status	4.074	0.130	NS
Habit	5.254	0.730	NS

Discussion:-

This study aimed to explore the relationship between mind and body. Present study proved that mental health also affect the physical health as well as recovery of the patients. In current situation, incidence of oral cancer is more due to changes of lifestyle and substance abuse like tobacco, smoking and also need to aware the mental health of those people who suffering from life-threatening condition. Present study revealed that treatment

should be focused on both aspect: physical and psychological.[6] Some evidence also showed that person may felt psychological distress and emotionally breakdown after diagnosis of oral cancer. One evidenced suggested that cancer patient are found to be distress and hopeless and that will lead to reduce the quality of life.[7]

As per the objective of the present study impact of attitude was done by Friedman's 2-way ANOVA test and revealed that disease outcome was influenced by the attitude of patient. one evidenced revealed that after the diagnosis of cancer, person's attitude was changed and became more negative about the situation.[8]

Conclusion

This study conducted to assess the impact of attitude on disease outcome. This result may play important role in prioritize the intervention for patient with cancer or any other life-threatening condition. All those people who having serious disease condition are vulnerable to develop further psychological consequences. Therefor medical officers, oncologist should give important to counselling the patient with cancer and improve their thinking in positive way and provide care with support.

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Ethical consideration

A formal ethical approval received from institutional ethical committee. Informed consent was obtained from participants and assured for anonymity.

Conflicts of interest

There are no conflicts of interest.

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