

**PSYCHOSOCIAL FACTORS DETERMINING QUALITY  
OF LIFE AMONG CANCER PATIENTS IN NEPAL**

A DISSERTATION SUBMITTED TO THE FACULTY OF HUMANITIES  
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**DOCTOR OF PHILOSOPHY**

in

**PSYCHOLOGY**

**By**

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## **LETTER OF RECOMMENDATION**

We certify that this dissertation entitled “PSYCHOSOCIAL FACTORS DETERMINING QUALITY OF LIFE AMONG CANCER PATIENTS IN NEPAL” was prepared by Tara Shah under our guidance. We hereby recommend this dissertation for final examinations by the research committee of the Faculty of Humanities and Social Sciences, Tribhuvan University, in the fulfillment of the requirements for the degree of doctor of philosophy in psychology.

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## **APPROVAL LETTER**

This dissertation entitled “PSYCHOSOCIAL FACTORS DETERMINING QUALITY OF LIFE AMONG CANCER PATIENTS IN NEPAL” was submitted by Mrs. Tara Shah<sup>7</sup> for final examination by the Research Committee of the Faculty of Humanities and Social Sciences, Tribuvan University, in fulfillment of the requirements for the Degree of Doctor of Philosophy in psychology. I hereby certify that the Research Committee of the Faculty has found this dissertation satisfactory in scope and quality and has therefore accepted it for the degree.

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## DECLARATION

I hereby declare that this Ph.D. dissertation entitled “PSYCHOSOCIAL FACTORS DETERMINING QUALITY OF LIFE AMONG CANCER PATIENTS IN NEPAL” I have submitted to the Office of the Dean, Faculty of Humanities and Social Sciences, Tribhuvan University (TU), is entirely my original work prepared under the supervision of my supervisor. I have made due acknowledgements to all ideas and information borrowed from different sources in the course of writing this dissertation. The results of this dissertation have not been present or submitted anywhere else for the award of any degree or for any other purpose. No part of the contents of this dissertation has ever been published in any form before. I shall be solely in any evidence is found against my declaration.

.....

**Tara shah**

Tribhuvan University

Date:

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## **ABSTRACT**

The cancer disease is on the rise in Nepal but lacks exact data to estimate its burden in society and the psychosocial suffering of the patients. The cancer patients are being intervened with varieties of medical treatment in Nepal but growing literatures indicate that single (medical) treatment approach is not adequate. It is important to look into the other side of the treatment. The social and emotional impact of the disease, in Nepal, are not seriously examined, and attended leaving the patients, families and friends alone to cope, often ill-equipped to deal with the illness and unfamiliar with assistance and resources. Cancer patients are forced unintentionally to experience personal crisis affecting their psychological and social integrity in thought, feeling, and interpersonal relationship and behavior, increasing psychosocial problems and endangering one's sense of self and to deal with health problem. Without psychosocial support, people feebly struggle, feel isolated in coping with living and sense of dying issues, accentuating vulnerability and affecting quality and quantity of their lives.

In general, seriousness of the diagnosis, strictness of the treatment procedure and specific psychosocial reactions of the ill person are the main objectives, which refers to the patient's ability to enjoy normal life activities. A methodological triangulation approach was used to assess the demographics, disease characteristics and psychosocial factors to answer the research questions and see the relation with quality of life. The importance of assessing the psychosocial factors both positive and negative and quality of life of cancer patients may generate awareness of inner world and understanding of patient, the nature and level of social support, enhancement of coping strategies and facilitating re-adjustment. Parametric and non-parametric statistical tests were used to analyze the data and draw conclusion for this study.

Present study was conducted among 300 Nepalese cancer patients from hospitals as well as from their door-steps. The study covered 18 to 80 years old cancer patients, majority (64.4%) of them were female, married, illiterate and from low socio-economic status. Majority of the samples were stage III and IV cancer, receiving multiple modalities of treatment and had financial problem for treatment. Quantitative

result revealed that duration of diagnosis ranges from 2 to 72 months. This study also revealed that majority of research participants had less than one fourth (22.5%) psychosocial adjustment factors such as perceiving high of level of social support, self-esteem and coping. Majority of the samples were suffering from anxiety (67.1%) and depression (70.9%). There was significant statistical association between educational status and psychological domain of QOL, gender and social relationship domain of QOL, stages of cancer and quality of life and its environment domain too. Role in the family and modalities of treatment were not associated with quality of life. Non-linear relationship revealed that coping was positively correlated with quality of life all its domains. Social support and self- esteem were negatively correlated with quality of life and all its domains. Anxiety and depression was inversely correlated with environment domain of quality of life among cancer patients in Nepal.

On the basis of both qualitative and quantitative result, this study concluded that psychosocial factors determine the quality of life of the cancer patients in Nepal. Social support and coping were proved as strong predictors for quality of life. On the other hand, qualitative data revealed that the young aged, educated, from low socio-economic status and with a longer duration of diagnosis required additional care to improve quality of life. Emotional/informational social support, especially from close persons (spouse/ relatives/ friends), positive attitude of providers, willpower, engagement coping, lessening the symptoms of anxiety and depression are essential components of quality of life. Psychological aspect of cancer can be strengthened by psychosocial care and social aspects of cancer patients can be empowered by psycho-education. Special training to the health care providers is required to improve the quality of life of cancer patients in Nepal.

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## LIST OF ABBREVIATIONS AND SYMBOLS

ACS	American Cancer Society
BCH	Bhaktapur Cancer Hospital
BPKIHS	B.P. Koirala Institute of Health Sciences
BPKMCH	B.P. Koirala Memorial Cancer Hospital
COPE	Coping pattern
HAM-A	Hamilton's anxiety scale
i.e.	That is
MFMER	Mayo Foundation for Medical Education and Research
NCI	National Cancer Institute
NRs	Nepali rupees
OPD	Outpatient department
QOL	Quality of Life
SES	Socio-economic status
WHO	World Health Organization