ISSN 2524-1478 (Online)

International Journal of Social and Development Concerns

Special Issue
Social Work During COVID-19

Special Issue | Social and development concerns in Africa (c)
Special Issue on Social Work During COVID-19: Article 16 | March 2021

(An International Publisher for Academic and Scientific Resources)

A STUDY ON ANXIETY AMONG THE CANCER PATIENTS RELATED WITH COVID

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Abstract: *The COVID -19 situations creates a lot of psychosocial problems in society at micro, macro and mezzo level. Study; published in the journal Cancer Discovery (2nd May 2020) says that "cancer patients may face high risk of death from Covid-19". WHO states delivering care for patients with cancer during this crisis is challenging given the competing risks of death from cancer versus death or serious complications from SARS-CoV-2, and the likely higher lethality of COVID-19 in immune compromised hosts Many patients with cancer are struggling to receive treatment such as surgery, chemotherapy, or radiation. Inadequate supplies of personal protective equipment (PPE) for health care providers, limited hospital capacity, including intensive care units (ICUs), and lack of point-of-care testing and seroprevalence data further complicate the difficulty. All these factors can cause anxiety in cancer patients. The study was led by twin objectives; measure the level of anxiety among the cancer patients in COVID-19 situation and check the selected socio demographic details and anxiety among the cancer patients. The researcher followed descriptive research design and collected data from two cancer institutes of Ernakulam district of Kerala using simple random sampling. The research applied Beck Anxiety Inventory to measure the anxiety among the cancer patients and found them high.*

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Introduction

Cancer is the uncontrolled growth of abnormal cells anywhere in a body. These abnormal cells are termed cancer cells, malignant cells, or tumour cells. These cells can infiltrate normal body tissues. The tissue's name further identifies many cancers and the abnormal cells that compose the cancer tissue that the abnormal cells originated from (for example, breast cancer, lung cancer, and colorectal cancer). Cancer is not confined to humans; animals and other living organisms can get cancer. Below is a schematic showing normal cell division and how when a cell is damaged or altered without repair to its system, the cell usually dies. Also shown is what occurs when such damaged or unrepaired cells do not die and become cancer cells and show uncontrolled division and growth -- a mass of cancer cells develop.

Anything that may cause a normal body cell to develop abnormally potentially can cause cancer. Many things can cause cell abnormalities and have been linked to cancer development. Some cancer causes remain unknown, while other cancers have environmental or lifestyle triggers or may develop from more than one known cause. Some cancers are caused by genetic features Chemical or toxic compound exposures: Benzene, asbestos, nickel, cadmium, vinyl chloride, benzamine, N-nitrosamines, tobacco or cigarette smoke (contains at least 66 known potential carcinogenic chemicals and toxins), asbestos, and afflation.

- Ionising radiation: Uranium, radon, ultraviolet rays from sunlight, radiation from alpha, beta, gamma, and X-ray-emitting sources
- Pathogens: Human papillomavirus (HPV), EBV or Epstein-Barr virus, hepatitis viruses B and C, Kaposi's sarcoma-associated Merkel cell polyomavirus, Schist soma spp., and Helicobacter pylori; other bacteria are being researched as possible agents.
- Genetics: Certain cancers have been linked to human genes and are as follows: breast, ovarian, colorectal, prostate, skin and melanoma; The genes and other details are beyond the scope of this general article, and the reader is referred to the National Cancer Institute for getting information about genetic cancer.

The American Psychiatric society studied and published the warning signs and symptoms of Cancer Patients. They are: Change in bowel or bladder habits, A sore throat that does not heal, Unusual bleeding or discharge (for example, nipple secretions or a "sore" that will not heal that

oozes material), Thickening or lump in the breast, testicles, or elsewhere, Indigestion (usually chronic) or difficulty swallowing, Nagging cough or hoarseness

1. Anxiety

When an individual faces potentially harmful or worrying triggers, the feeling of anxiety is for life. Since the earliest days of humanity, the approach of predators and incoming danger sets off alarms in the body and allows evasive action. These alarms become noticeable in the form of a raised heartbeat, sweating, and increased sensitivity to surroundings. The danger causes a rush of adrenalin, a hormone and chemical messenger in the brain, which in turn triggers these anxious reactions in a process called the "fight-or-flight response. The feeling of nervousness before doing an important thing in life or during a problematic situation is a natural phenomenon in life. For example, before crossing a road, a person looking at both sides anxiously to avoid danger.

The duration and severity of anxiety are sometimes beyond the actual level. Physical symptoms, such as increased blood pressure and nausea, may develop. These conditions may move anxiety into an anxiety disorder. The APA describes a person with an anxiety disorder as "having recurring intrusive thoughts or concerns." Once anxiety reaches the stage of a disorder, it can interfere with daily function. The symptoms of a generalised anxiety disorder (GAD) are: restlessness, and a feeling of being on an extreme, uncontrollable feelings of worry, concentration difficulties, increased irritability, sleep difficulties, such as problems in falling or staying asleep.

2. COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by the coronavirus, which is newly identified. Most people infected with the COVID-19 virus will experience lower, moderate or higher respiratory diseases. Aged people and those suffering from medical problems like diabetes, cardiovascular disease, cancer, and chronic respiratory illness are more likely to develop severe illness. The most practical way to slow down or prevent the transmission of COVID-19 is to inform the causes and spreading of the virus. Moreover, take self-protection by washing your hands or use sanitiser and keep social distancing. The COVID -19 virus primarily spread from droplets of an infected person while he is coughing or sneezing, and hence we should

keep a social distancing. There is no treatment for the COVID-19 virus is identified so far, and the research for vaccination is going on.

3. Anxiety and COVID-19

Rajkumar (2020) conducted research on COID 19 and mental health based on the review of existing literature. The method of his study is A search of the Pub Med electronic database was undertaken using the search terms "novel coronavirus", "COVID-19", "nCoV", "mental health", "psychiatry", "psychology", "anxiety", "depression" and "stress" in various permutations and combinations. A total of 47 citations were retrieved using this method. The result of this study is more than 50 percent of people have mental health issues Desouza (2009) conducted the study of anxiety in cancer patients**.** He takes samples from all age groups, including men and women. He found that in all age limits, there is moderate anxiety. He correlated anxiety with age and cancer. The results show that anxiety increased with age.

Perivale Pet (2010), conducted a study on anxiety among cancer patients that can affect their lifestyle. He explained that anxiety in patients with lung cancer could affect their physical and psychological functioning. He checks the relationship between anxiety and physical, emotional, psychological and social functioning. He concluded that anxiety could affect all the above spheres of life. Epson (2013) conducted a study on cancer-associated with fear. He takes 750 /1000 samples. He could find out that relationship various symptoms of anxiety and fear with cancer has a significant relationship.

4. Research Methodology

Aiming that the researcher could understand the issue from direct observation and also from the media the study was undertaken. The increased level of anxiety leads to various psychological, mental and emotional problems. Anxiety is a situation that causes a lack of appetite, sleeplessness and a reduced interest in habits like sex and other entertainments. Reports show that the number of COVID cases are increasing in Kerala, which leads to an increase in the level of anxiety among people with chronic illnesses like cancer. Hence the relapsation rate among cancer patients is very high. The researcher is also planning to find out various intervention strategies like counselling to solve the problem. The pilot study was conducted at two reputed Cancer institutes at Kottayam and Ernakulum among lung cancer patients. The main objective of the study is to understand the scope of the study with the help of medical professionals.

The researcher used descriptive research design using the sampling frame of simple random techniques. The sampling units were taken from two reputed Cancer institutes at Kottayam and Ernakulum and respondents were cancer patients with all age limits included in the study but excluded Cancer patients with low immunity level and patients restricted by the medical team are also excluded from the research. The researcher depended on tools-Demographic details, Beck anxiety inventory scale. The scale obtained high internal consistency and total correlation ranging from .30 to .71 medium 60. The correlation of the BAIS with self-report and clinician rate scale were insignificant correlation of BAI. Hamilton rating scale is also used.

The study was guided by the following objectives:

- To study the socio-demographic details of cancer patients.
- To measure the level of anxiety among cancer patients in the COVID-19 situation.
- To check the selected socio-demographic details and anxiety among cancer patients.

5. The Findings of the Study

The study shows that the distribution of respondents according to sex. The table shows that 24 (40%) of the respondents are female, and 36(60%) are males. We can understand from the above chart that the percentage of male respondents is slightly higher than females. It is also evident that 18 (30 %) of respondents are less than 45, and 32(47.3%) percentage of respondents are within the age limit of 45-65. The table shows that 10(20.7 %) of respondents are above 65 years. We can infer that respondents in the age group 45-65 have a high rate of cancer. As pe the study 24(40.3%) respondents have primary education, and 13(21.3%) respondents have only S.S.L.C. Rest of the 23(38.3%) respondents are graduate or more.

The t value of the analysis between anxiety and sex of the respondents found as 0.380, which is not significant at the <0.05 level. Hence the null hypothesis (H0) there is no significant relationship between anxiety and sex of the respondents. is accepted

In order to identify relationship between the age and anxiety of lung cancer patients during COVID Anova was undertaken and the F value is .561 is significant at <0.05 level, and the null hypothesis (H0) no significant relationship between anxiety and age of the respondent during the COVID period. is accepted.

*The researcher was curios to identify relationship between the age and anxiety of lung cancer patients during COVID. To the same an Anova test was conducted and t*he F value is 3.291which is significant at the 0.05 level. Hence the null hypothesis (H0), multiple comparisons between variables under education are possible to find out the significant relationship between them is rejected.

The table checks the significant value between educational variables using the Schaffer method with their mean difference and standard error. The research shows that the variables at primary and SSLC level (0.060) are more significant than the 0.05 levels. The researcher concludes that there is a significant relationship between anxiety and the respondents' education during COVID.

The table value of the hypothesis test, *there is no significant relationship between the monthly income and anxiety of lung cancer patients during COVID,* is 0.078 and significant is not at the 0.05 level. Hence the null hypothesis (H0) is accepted.

The research hypothesis (5) was there is no significant relationship between the employment status and anxiety of lung cancer patients. The F value is 3.154, which is significant at the 0.05 level. Hence the null hypothesis (H0) is rejected. Multiple comparisons between variables under the employment status are possible to find out the significant relationship between them.

The table checks the significant value between educational variables using the Schaffer method with their mean difference and standard error. The researcher could observe that variables at the employed and unemployed level (0.060) are considered significant at the 0.05 level.

Conclusion

“Anxiety does not give any advantage in your life, but it can diminish your happiness and may lessen your lifetime ". This is a Greek proverb. The underlying meaning of this proverb is that anxiety can create various problems in our life. A cancer patient in a COVID situation may arise anxiety because of his personal, social, familial, employment and even economic difficulties. This may adversely affect the treatment. So patients should try to control the level of anxiety during the COVID period. The study result urges the researcher to suggest that it is better

to appoint a professional multi-disciplinary team in the hospitals for managing the various, physical social, emotional and psychological problems of COVID patients.

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