

How Individual Counselling Impacts the Psychological Well-Being of Cancer Patients receiving Care at Oncology Clinics in Meru County, Kenya

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Abstract

In spite of effort by the Ministry of Health to support cancer patients by allocating resources and employing qualified personnel, cancer patients still undergo immense physical, emotional, and psychological distress that impacts on their overall well-being. Consequently, their mental health continue to deteriorate, thereby complicating treatment, coping mechanisms, recovery, and healing. This study investigated how individual counselling impacts the psychological well-being of cancer patients at oncology clinics in Meru County, Kenya. The study was guided by person-centered theory. It utilized a convergent survey research design and adopted systematic random sampling and purposive sampling techniques to select participants from a target population of 2580 cancer patients, 2580 caregivers, and 53 clinicians. Out of these, the study sampled 335 cancer patients, 40 caregivers, and six clinicians. Questionnaires, interviews, and focus group discussions were used to collect data. The validity and reliability of research instruments were ascertained accordingly. Percentages, mean, and standard deviation were computed for quantitative data, while thematic analysis was used to analyze qualitative data. The findings of the study indicate that despite the critical role of individual counselling in lessening cancer stigma, improving decision-making, promoting problem-solving skills, enhancing comprehensive understanding, and fostering preparedness, the optimal impact of individual counselling was curtailed by inadequate infrastructure, weak personalization of psychosocial care and weak flexibility at oncology clinics in Meru County. The study concluded that individual counselling positively impacts the psychological well-being of cancer patients at oncology clinics in Meru County. The study recommends a more tailored and flexible approach to the practice of individual counselling of cancer patients. Further, clinicians and psychologists should customize psychosocial interventions for each cancer patient.

Keywords: *Psychological well-being, oncology clinics, individual counselling, cancer, psychosocial intervention*

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1.0 Introduction

Psychological well-being is a progressive state that incorporates social, personal, and psychological measurements and wellness-related behaviour (Mbithi et al., 2022). It is usually evidenced by characteristics such as reasonable sense of fulfilment in one's life, application of a problem-solving approach to activity and the capacity to view one's surroundings with a degree of freedom from need distortion (Archer et al., 2015). Psychological well-being can be established through utilization of self-report questionnaires such as the Ryff 42-Item psychological well-being scale (Burns, 2017).

The benefits of psychological well-being include the ability to experience life satisfaction, and personal autonomy. Although the gravity of cancer threatens achievement attainment of psychological wellness, its benefits, are desired by everyone, including cancer patients. Cancer is a disorder that affects body cells, causing them to multiply uncontrollably and destroy body tissues. Cancer disease subjects patients to a series of stages, ranging from grief, to denial, anger, bargaining, depression and finally acceptance (Gonzalez et al., 2015). Research has indicated that a third of cancer patients suffer from a mental condition resulting from the stages of cancer sickness (Ndentei et al., 2018; Dekkers et al., 2019). Many challenges caused by a lack of psychological well-being in cancer patients may be extended to the caregivers and their families. These effects can be detrimental to the individual as they impact the soul, the

body, and the mind (Lai et al., 2020). These challenges can be mitigated through counselling in order to facilitate effectiveness of cancer treatment and further hasten the healing process.

Globally, countries such as the United States of America have put much emphasis on the psychological well-being and the quality of life of cancer patients. This is because high psychological well-being enables one to live healthier and longer lives characterized by fewer social problems (Kubzansky et al., 2018). Despite the emphasis on quality of life, some developed nations have continued to struggle with cancer, with malignancy accounting for more than 80% of cancer deaths worldwide (Pilleron et al., 2021).

In Africa, there is an increase in cancer prevalence, translating to increased psychological disorders. In countries like Uganda, anxiety and depression among cancer patients is rampant (Katende & Nakimera, 2017). In Kenya, cancer is reported as the second leading cause of death after cardiovascular diseases, with its incidences almost doubling between 2008 and 2012 (Inkster et al., 2018). In order to manage and mitigate the advanced effects of cancer on both the patients and the support team, Joel et al. (2020) argue that individual counselling is a necessity. According to Joel et al. (2020), individual counselling can be employed to manage psychological, social and behavioral problems caused by cancer disease. Despite these guidelines, there is lack of sufficient research on the influence of individual counselling in enhancing

psychological well-being of patients with malignant growth in Kenya.

Statement of the Problem

Cancer patients undergo immense physical, emotional and psychological distress that impacts their overall well-being. This happens despite strategies put in place by the Ministry of Health to offer the necessary support to cancer patients (Kenya National Palliative Care Guidelines [KNPCG], 2013). As a result, the psychological well-being of cancer patients is still dismal and largely compromised (Sibeoni et al., 2018). Without psychological interventions, cancer patients' mental health will continue to deteriorate; thus, complicating their treatment, coping mechanisms, recovery, healing and quality of life. Existing studies on oncology clinics have examined the impact of psychological well-being on cancer patients (Sommer et al., 2015; La Monicah et al., 2019). This highlights a gap in understanding the effectiveness of individual counselling in improving the psychological well-being of cancer patients in Meru County, which this study seeks to fill.

“Individual counselling can be improved by conducting professional development to counsellors, deploying infrastructure, adopting patient and family-centered approaches and communication.”

Purpose of the Study

The study aims to investigate the impact of individual counselling on the psychological well-being of cancer patients in oncology clinics in Meru County, Kenya.

Research Question

How does individual counselling impact the psychological well-being of cancer patients seeking health care in Meru County oncology clinics?

Literature Review

This study was anchored on Person-centered theory. The theory is established on the concepts of humanistic psychology by Carl Rogers in the 1940s (Walsh, 2013). The choice of this theory was appropriate for the study because it helped decipher the role of a counsellor in individual counselling. For instance, if the counsellor advances the circumstances for a change instead of getting things done to achieve explicit changes, the patient is likely to own the change that comes about as a consequence of counselling. However, if the cancer patient feels that the counsellor does things to bring about a specific change, the patient might feel like he/she is being forced to do things beyond their ability, thereby lowering their self-understanding, self-confidence, and the ability to make good decisions.

Considering that cancer has high mortality rates, patients diagnosed with cancer are often psychologically vulnerable. Their condition calls for individual counselling, which helps patients conquer obstacles to well-being. Individual Counselling (IC) is defined as a procedure through which clients work one-on-one with knowledgeable

therapists in a secure and compassionate environment (Sue et al., 2019). Jones et al. (2014) sought to identify the best treatment for cancer patients with depression in the USA. The findings of their study indicated that most cancer patients chose individual counselling as their preferred depression treatment over antidepressants. However, the influence of individual counselling on psychological well-being might depend on the stage of cancer. Dixon et al. (2016) found that the stage of malignancy growth determines the intervention's effectiveness,

2.0 Materials and Methods

The study utilized a mixed-methods approach and adopted a convergent survey research design. The study targeted 2580 cancer patients, 2580 caregivers and 53 clinicians distributed across five hospitals in Meru County; from which 335 cancer patients, 40 caregivers and six clinicians were sampled. A proportionate stratified sampling technique was utilized to get the number of cancer patients from the five oncology clinics. The study adopted purposive and simple random sampling techniques in selecting, clinicians and caregivers respectively. Questionnaires, interviews, and focus group discussions were used to collect data. A pre-test was done at the oncology clinic in Chogoria Hospital in Tharaka Nithi County. The validity of research instruments was assessed through content, construct and face validity. To assess reliability, Cronbach's coefficient value was calculated using SPSS based on the data obtained from the pre-testing phase. Quantitative data was analyzed using descriptive statistics; mean, percentage, standard deviation, and correlation analysis. Thematic analysis was used to analyze

with the late stages of cancer presenting significant psychological setbacks. In Kenya, Wang'ombe and Kathungu (2021) sought to find the nature of recovery and counselling outcomes among cancer patients in Nyeri and Nairobi Counties. Their study noted that the cancer patients could not differentiate individual counselling from other discussions with the health care providers. Therefore, they could not identify the influence of individual counselling on their psychological well-being.

qualitative data from the open-ended questions, interviews, and focus group discussions. Information was presented using themes, excerpts and tables.

3.0 Results and Discussion

Out of 355 questionnaires distributed to cancer patients, 277 (83%) were considered for analysis, while the response rate from caregivers was 35 (88%) and 5 (83%) from clinicians. This translated to an overall response rate of 83%. This was attributed to the reliability and effectiveness of the techniques used to sample the respondents.

Reliability of the Data

The Cronbach's alpha value recorded a 0.960 coefficient. This meant that the elements included in the tools were dependable, and the data collected was typically deemed appropriate and reliable.

Demographic Characteristics of Respondents

The study sought to analyze the background characteristics of cancer patients based on their gender, age, and marital status. The findings of the study indicated that there were

more female (65.3%) than male (34.7%) cancer patient respondents. The study further noted that a significant percentage (36.8%) of cancer patients fall within the 61 years and above age bracket, followed by those aged between 21–30 years (17.7%); and finally 51–60 years (15.9%). The study further noted that more than half (50.9%) of the cancer patients were married. This was significant as the married individuals benefited from spousal support. However, 49.1% of the cancer patients who were single, separated, or divorced relied on alternative support networks during cancer treatments. Almost half of the respondents (49.8%) had breast cancer, followed by prostate cancer (20.6%), gynecological cancers comprised 18.8%, and lung cancer had 9% of the cases. Concerning the caregivers, the results indicated more female 26 (74.2%) than male 9 (25.8%) caregivers, with the majority having two

years' experience in the caregiving services. Regarding caregivers' level of education, 27 (78%) had a diploma, while the rest, 8 (22%) had a bachelor's degree. The results for clinicians indicated there was one female, while the other four were males who were adequately educated, and hence suitable to inform the study appropriately.

Psychological Well-Being of Cancer Patients

The psychological well-being of cancer patients was the dependent variable of the study. Psychological well-being was first assessed by posing several statements to the respondents based on identified indicators and requiring them to rate each accordingly. The study further evaluated the psychological well-being score of each cancer patient as guided by Diener et al. (2009). The results were summarized as shown in Table 1.

Table 1

Psychological Well-being Scale of Cancer patient in Oncology Clinics in Meru County

Scale, Range (8–56) (N = 277)	Frequencies	Percentages
16	5	1.8%
22	11	4.0%
26	2	0.7%
27	6	2.2%
29	4	1.4%
30	18	6.5%
32	5	1.8%
33	29	10.5%
34	12	4.3%
35	14	5.1%
36	3	1.1%
39	16	5.8%
41	11	4.0%
42	19	6.9%
43	28	10.1%
44	3	1.1%
46	16	5.8%

47	5	1.8%
48	4	1.4%
49	3	1.1%
50	14	5.1%
51	12	4.3%
52	15	5.4%
54	3	1.1%
55	19	6.9%
Average PWB score: 39.2		

The results presented in Table 1 show that the PWB score for cancer patients in oncology clinics in Meru County ranges from 16 to 55, with an average of 39. According to Diener et al. (2009), the PWB score ranges from 8 to 56, where a high score represents a person with many psychological resources and strengths. The highest majority of cancer patients in oncology clinics in Meru County scored 33, representing 10.5%, which was a relatively high score. These results disagreed with the findings by Gitonga (2019) who noted that cancer patients at Kenyatta National Hospital seeking outpatient services were very anxious, stressed-up, depressed, and pessimistic, hence their low score levels of psychological well-being.

The results from open-ended questions on cancer patients provided suggestions for enhancing the cancer patient’s psychological well-being. The findings emphasized the importance of shared experiences and emotional connections. This underscored the need for a supportive community to address emotional and social well-being.

The caregivers of cancer patients who participated in the focus group discussion; and clinicians who were interviewed were asked to state what they thought should be done at oncology clinics to improve the provision of individual counselling to enhance psychological well-being of cancer patients. The most crucial aspect advocated for by clinicians and caregivers was ensuring that palliative caregivers and clinicians are well-trained. Clinician 02 remarked, *"The government should train caregivers because a skilled and competent workforce delivers psychotherapy."* Training enhances the quality of psychosocial care and contributes to a more compassionate and understanding healthcare environment. This finding concurs with Howell et al. (2013) in research-based in Ontario, Canada, that the enactment of professional training and development programs among healthcare workers improved confidence and the quality of psychosocial support.

Individual Counseling and Psychological Well-Being of Cancer Patients

Understanding the impact of individual counselling on the psychological well-being of cancer patients in oncology clinics in Meru County is crucial for tailoring effective support systems. Individual counselling was measured by posing several statements to the respondents based on identified indicators and requiring them to rate each statement on a Likert scale. The results are presented in Table 2.

Table 2

Descriptive Results on Individual Counselling and the Psychological Well-being of Cancer Patients

No.	Statement on Individual Counseling (N = 277)	Strongly Disagree	Disagree	Moderately Agree	Agree	Strongly Agree	Mean	Std. Dev.
i.	The clinician focused on my potential and strengths	50(18.1%)	37(13.4%)	13(4.7%)	120(43.3%)	57(20.6%)	3.3	1.413
ii.	I was helped to find solutions to the problems that developed due to my cancer disease	63(22.7%)	13(4.7%)	61(22.0%)	86(31.0%)	54(19.5%)	3.1	1.419
iii.	I am motivated and able to address and solve the challenges of cancer that I face	50(18.1%)	33(11.9%)	65(23.5%)	84(30.3%)	45(16.2%)	3.1	1.334
iv.	What I usually do during therapy gives me new ways of looking at my problem.	49(17.7%)	26(9.4%)	100(36.1%)	40(14.4%)	62(22.4%)	3.1	1.352
v.	I feel securely attached to my family and or caregiver as a result of counselling	78(28.2%)	16(5.8%)	63(22.7%)	106(38.3%)	14(5.1%)	2.8	1.325
vi.	I can reflect on what	48(17.3%)	30(10.8%)	50(18.1%)	106(38.3%)	43(15.5%)	3.2	1.325

might be most difficult and how I feel compared to when I started counselling

vii. I feel confident enough to share my emotions and experiences without fear of judgment	39(14.1%)	59(21.3%)	56(20.2%)	89(32.1%)	34(12.3%)	3.0	1.261
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Results in Table 2 indicates that most cancer patients 120 (43.3%) agreed that the clinicians focus on their potential and strengths. However, 87 (31.5%) disagreed and 13(4.7%) moderately agreed, indicating a need for a more tailored and individualized approach to recognizing and building upon patients' strengths. The findings underscore the value of a flexible and personalized approach to individual counselling with emphasis on feedback mechanisms, regular assessments of patient satisfaction, and the incorporation of diverse therapeutic techniques to meet the varying needs of cancer patients.

While positive outcomes in terms of patients' attachment to family or caregivers and their confidence in sharing emotions without fear of judgment were observed, dissenting opinions were also noted. The dissenting results concur with opinions of Chan et al. (2018), who noted that cancer patients were not free to share their emotional and psychosocial needs due to poor nurse-patient partnerships, poor communication and a lack

of well-constrained oncology clinics. The implication of these findings extends beyond the oncology clinic setting. They further indicate the need for continuous professional development for counsellors, incorporating patient feedback into training programs, and fostering a culture of adaptability and responsiveness in oncological health care. Some notable approaches to effective individual counselling were noted in the study conducted among Hispanic patients by Elimimian et al. (2020). Some of the recommended best practices included understanding the individual needs of patients and nurse training and competency development.

The focus group discussions required the caregivers to describe how individual counselling helped their patients to improve their psychological well-being. The responses received from caregivers were summarized into five themes. The first theme on emotional well-being, underscores the crucial role counselling plays in fostering acceptance and openness about the cancer

disease. The second theme described counselling as a beacon of knowledge. This implies that counselling provides detailed information about various treatment options, thereby enhancing the patient's understanding and decision-making. The third theme emphasizes the transformative impact of counselling on societal perceptions, such as stigma, which is evident. The fourth theme related to treatment adherence and management, and highlights the instrumental role of counselling in ensuring that patients actively participate in their care.

Counselling aids in establishing a strong patient-provider relationship, leading to increased adherence to prescribed treatments and a more active role in managing the disease. The fifth theme concerned privacy and consideration of alternative treatment options, heightens the personalized nature of counselling. Individual counselling ensures a confidential space for patients to express their concerns and fears without judgment, fostering a trusting relationship. These five themes underscore the crucial role of individual counselling not only as a holistic and patient-centred approach, but also a means to addressing psychological and emotional dimensions of cancer, which contributes to informed decision-making, societal support, and an enhanced quality of

life for those facing cancer challenges. In concurrence, Periasamy et al. (2020) noted that individual counselling in Iran improved patients' quality of life, psychological health, physical health, social relationships, community acceptance, and patient survival rates.

During the interview, clinicians were also asked to suggest ways in which individual counselling can be improved at oncology clinics to enhance the psychological wellness of cancer patients. Five themes emerged from the interview. These included professional development and qualification, infrastructure and resources, patient and family-centred approaches, coordination and follow-up, positive attitude, and communication. The preceding findings reveal a holistic view of strategies for enhancing individual counselling at oncology clinics. The results provide opportunities for oncology clinics to create an environment that addresses the medical aspects of cancer and prioritize patients' psychological well-being.

An inferential statistical analysis was conducted to understand the relationship between individual counselling and the psychological well-being of cancer patients. A Pearson correlation statistical analysis was conducted, and the results are shown in Table 3.

Table 3

Correlations between individual counselling and the psychological well-being of cancer patients

		X1	Y
X1	Pearson Correlation	1	
	Sig. (2-tailed)		
	N	277	
Y	Pearson Correlation	.193**	1
	Sig. (2-tailed)	.001	
	N	277	277

** . Correlation is significant at the 0.01 level (2-tailed).

The findings in Table 3 indicate that individual counselling had a positive and substantially significant relationship with the psychological well-being of cancer patients ($r = .193, p = .001 < .05$). The results imply that a positive change in individual counselling triggers a positive change in the psychological well-being of cancer patients. Consequently, the study concludes that individual counselling practices significantly affect the psychological well-being of cancer patients in oncology clinics in Meru County, Kenya. This result contradicts findings by Gitonga (2019), who noted a weak positive correlation between counselling intervention and the psychological well-being of cancer patients.

4.0 Conclusion

The study noted a moderate state of individual counselling at the oncology clinics, which was statistically significant in influencing the psychological well-being of cancer patients at oncology clinics in Meru County, Kenya. Flexibility in counselling strategies was found crucial in addressing each cancer patient's unique needs and

strengths, emphasizing the necessity for clinicians and psychologists to prioritize personalized interventions. The study emphasizes patient-centred approaches and diverse therapeutic modalities. Further, confidentiality and trust issues were also highlighted as critical to a holistic and effective individual counselling process that enhances the psychological well-being of cancer patients in Meru County, Kenya.

5.0 Recommendation

The study recommends clinicians and psychologists to focus on building trust, ensuring confidentiality, and providing counselling throughout cancer stages. They should incorporate practical problem-solving skills and diversify therapeutic techniques. To fully address the emotional aspects of cancer, clinicians should create a secure environment that fosters open communication. The findings of the study underscore patient-centred, and individualized care with regular follow-ups, proper infrastructure, and constructive therapeutic environment aimed to improve

the psychological well-being of cancer patients at oncology clinics.

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