

Impact of Family Counselling on the Psychological Well-Being of Cancer Patients attending Oncology Clinics in Meru County

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Abstract

Cancer patients face significant physical, emotional, and psychological challenges that impact their overall health, indicating unmet need for psychosocial support. Lack of psychological support worsens the well-being of cancer patients, and complicates medical treatment and recovery. Many oncology clinics lack sufficient mechanisms for engaging family members in helping patients navigate psychosocial challenges. Unfortunately, this undermines efforts by the Ministry of Health, which allocates resources and deploys qualified personnel for cancer management. In seeking solutions to this situation, this study aimed to evaluate the impact of family counselling on the psychological well-being of cancer patients attending oncology clinics in Meru County, Kenya. The study was anchored on social cognitive theory and utilized a convergent survey research design. The target population comprised 2580 cancer patients, 2580 caregivers and 53 clinicians; out of which 335 cancer patients, 40 caregivers and six clinicians were sampled. Questionnaires, interviews, and focus group discussions were used to collect data. The study adopted systematic, random and purposive sampling techniques in selecting subjects. Data collection tools were questionnaires, interviews and focus group discussions. Reliability and validity were established accordingly. Descriptive and inferential statistics analyses were applied to quantitative data, while thematic analysis was used on qualitative data. Findings indicated that family counselling significantly reduced stigma, increased cancer knowledge and understanding, and consequently improved the psychological well-being of patients. The study recommended integration of family counselling into oncology clinics owing to its value in addressing family dynamics, enhancing decision-making, harmony, emotional, social, nutritional, financial and spiritual wellbeing, and as well as other dimensions linked to cancer patient welfare. Clinicians, psychologists, and caregivers should prioritize a holistic approach in family counselling, encompassing comprehensive family involvement, continuous family members empowerment, coordinated decision-making, and family-tailored counselling sessions. Policies should prioritize adequate resources, cultural competence training, integrated family-centred services, and inter-professional collaborations to address challenges undermining cancer patients' psychological well-being.

Keywords: *Family counselling, psychological well-being, oncology clinics, cancer, palliative care, psychosocial intervention.*

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1.0 Introduction

Psychological well-being denotes an environment where a person's mental capacity functions to its full potential, hence enhancing success and prosperity in dealing with daily stressors (Gitonga, 2019). It is usually evidenced by characteristics such as a reasonable and ongoing sense of fulfilment in one's life, application of a problem-solving mode of 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 resulting from psychological well-being include the ability to experience life satisfaction, and personal autonomy. Although, given the gravity of cancer, psychological wellness might be challenging to achieve, 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. This disease subjects a patient to a series of stages, starting with grief, then denial, anger, bargaining, depression and finally acceptance (Gonzalez et al., 2015).

Research has indicated that a third of cancer patients suffer from mental conditions and are subject to psychological disorders resulting from the progressive stages after being confirmed they are sick (Ndentei et al., 2018; Dekkers et al., 2019). There are many challenges and effects caused by a lack of psychological well-being in cancer patients, which may be extended further to the

caregivers and their families. For the individual, the effects can be very detrimental as they impact the soul, the body and the mind (Lai et al., 2020). These effects and challenges need to be mitigated to facilitate effectiveness of treatment, and further hasten the healing process. Globally, countries such as the United States of America have put much emphasis on 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 associated with fewer social problems (Kubzansky et al., 2018). Despite the emphasis on the quality of life, some developed nations have continued to struggle with cancer whose symptoms include malignancy, which is a significant contributor to more than 80% of cancer deaths worldwide (Pilleron et al., 2021).

In Africa, there is an increase in cancer prevalence, which in turn results in increased psychological disorders. In countries like Uganda, there is a high prevalence of anxiety and depression in cancer patients (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) established that individual counselling was a necessity. According to Joel et al. (2020), individual counselling was employed to manage psychological, social and behavioural problems caused by cancer disease. Despite these guidelines, there is a lack of sufficient research on the influence of individual

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

Statement of the Problem

Cancer patients worldwide experience immense physical, emotional, and psychological challenges that adversely affect their overall health and recovery process. This condition can exacerbate patients' mental health, potentially complicating their medical treatment and healing (Sibeoni et al., 2018). Unfortunately, many oncology clinics lack adequate psychosocial support services to engage family members to help patients cope with these difficulties, thereby negating the effort made by the Ministry of Health, in allocating resources and deploying qualified personnel to assist in cancer management (Kenya National Palliative Care Guidelines [KNPCG], 2013). This gap contributes to poor mental health outcomes, reduced quality of life, and amplified distress and negligence in the family's role in cancer management. Notably, there is a dearth of studies that focus on the psychological well-being of cancer patients in Meru County. Existing studies on oncology clinics have primarily examined the impact of psychological well-being on the wellbeing of cancer patients (Sommer et al., 2015); La Monicah et al., 2019). This highlights a knowledge gap in understanding the effectiveness of family counselling in improving the psychological well-being of cancer patients in Meru County, which the present study seeks to fill.

Purpose of the Study

The primary purpose of the study was to evaluate the impact of family counselling on the psychological well-being of cancer patients at oncology clinics in Meru County, Kenya.

“Psychological well-being can be established through utilization of self-report questionnaires such as the Ryff 42-Item psychological well-being scale”

Research Question

In what ways does family counselling contribute to the psychological well-being of cancer patients attending oncology clinics in Meru County, Kenya?

Literature Review

A family unit is critical in the psychological well-being of cancer patients and related parties. Family counselling empowers family members with knowledge about medical issues and skills that aid in caring for the sick family member. The psychological distress and anxiety that family members suffer when one family member becomes diagnosed with cancer led to the integration of family counselling into the intervention measures (Ojewole, 2018). According to Ehrbar et al. (2022), providing counselling intervention for the whole family unit is particularly important in improving the psychological well-being of cancer patients. Family

counselling focuses on enhancing effective communication between the family, CP, and clinical team, while empowering the family during the challenging stages of cancer disease and management (Grassi et al., 2018). Nuwamanya et al. (2022) conducted a study in Uganda examining the level of worry and despair among caregivers of cancer patients. The study noted high rates of anxiety and depressive symptoms among caregivers, which exemplify negative psychological status in cancer patients.

The study was anchored on Social Cognitive Theory (SCT), which originated in 1986 as an extension of the social learning theory proposed by Albert Bandura in the 1960s. The theory assumes that a change in the environment automatically causes changes in the person (Thojampa & Mawn, 2017). After the environment impacts the individual's thinking (Bandura, 2011), their subsequent behaviour affects the environment (Joseph et al., 2017). Since the family is part of the cancer patient environment, their (cancer patients') attitudes, beliefs, and ideas may influence how their family treats them. Consequently, the theory is appropriate in explaining how family counselling might change the attitudes, beliefs, and ideas of caregivers (family members) toward cancer patients, which eventually enhances their psychological well-being.

3.0 Materials and Methods

The study utilized a mixed-methods approach and adopted a descriptive survey design, which utilized convergent design to evaluate qualitative and quantitative data. The study's target population comprised 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. Proportionate stratified sampling technique was utilized to get the number of cancer patients from the five oncology clinics; purposive sampling techniques was used to select clinicians, while caregivers were sampled using a simple random sampling technique.

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 Alpha coefficient value was calculated using SPSS using the data obtained from the pre-testing phase. Quantitative data was analyzed to assess reliability, and descriptive and inferential statistics were computed. The descriptive statistics that were computed included mean, percentage and standard deviation. For inferential statistics, correlation analysis was computed. Thematic analysis was used to analyze qualitative data from interviews and focus group discussions. Data was presented using themes, verbatims, and tables.

4.0 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 reliability and effectiveness of the techniques used to sample the respondents.

Demographic Characteristics of Respondents

The study sought to analyze the background characteristics of cancer patients based on their gender, age, and marital status. The study's findings indicated that there were more female (65.3%) than male (34.7%) cancer patient respondents. The study further noted that a significant percentage of cancer patients fall into the 61 years and above age bracket, constituting 36.8%, followed by those aged between 21-30 (17.7%) and 51-60 (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 that there were more female 26(74.2%) than male 9(25.8%) caregivers, with the majority having two years' experience in the caregiving service. Regarding caregivers' education level, 27(78%) had a Diploma, while the rest, 8(22%), had a Bachelor's degree. The results on clinicians indicated there was one female, while the other four were males who were adequately educated and hence informed the study appropriately.

Psychological Well-Being of Cancer Patients

Psychosocial wellbeing of cancer patients was the dependent variable of the study. The variable was assessed by posing several statements to the respondents based on identified factors, and rating each on a Likert scale. The frequency and mean were computed and interpreted accordingly. The results were summarized as shown in Table 1.

Table 1

Descriptive results on Psychological Well-Being of Cancer Patients

No.	Statement on the psychological well-being of cancer patients (N = 277)	Completely Agree	Strongly Agree	Agree	Moderately agree	Slightly Disagree	Disagree	Strongly disagree	Mean	Std. Dev.
i.	I lead a purposeful and meaningful life.	52(18.8%)	72(26.0%)	74(26.7%)	37(13.4%)	9(3.2%)	22(7.9%)	11(4.0%)	5.04	1.622
ii.	My social relationships are supportive and rewarding	66(23.8%)	73(26.4%)	62(22.4%)	50(18.1%)	6(2.2%)	5(1.8%)	15(5.4%)	5.25	1.569

iii. I am engaged and interested in my daily activities	58(20.9%)	49(17.7%)	77(27.8%)	34(12.3%)	37(13.4%)	8(2.9%)	14(5.1%)	4.92	1.656
iv. I am competent and capable of doing the activities that are important to me.	58(20.9%)	56(20.2%)	43(15.5%)	66(23.8%)	15(5.4%)	24(8.7%)	15(5.4%)	4.80	1.764
v. I actively contribute to the happiness and well-being of others	66(23.8%)	50(18.1%)	50(18.1%)	59(21.3%)	47(17.0%)	5(1.8%)	0	5.05	1.481
vi. I live a good life despite the cancer disease	74(26.7%)	41(14.8%)	50(18.1%)	73(26.4%)	18(6.5%)	7(2.5%)	14(5.1%)	5.01	1.669
vii. I am optimistic about my future	75(27.1%)	57(20.6%)	45(16.2%)	70(25.3%)	6(2.2%)	11(4.0%)	13(4.7%)	5.14	1.651
viii. People respect me	78(28.2%)	50(18.1%)	59(21.3%)	34(12.3%)	14(5.1%)	14(5.1%)	28(10.1%)	4.96	1.928

The results presented in Table 1 indicate that the majority of the cancer patients, 198 (71.5%), led a purposeful and meaningful life. However, 42(15.1%) of the cancer patients express a dissent opinion. This finding suggest a high level of resilience and psychological well-being, which is crucial for coping with the challenges of cancer and indicates a potential that can further be fostered in supportive interventions. In contradiction, Negussie et al. (2023) noted that psychological well-being of cancer patients was poor, as was evidenced by high psychological distress.

Further, the study noted that a large number of cancer patients, 166(60%), actively contribute to the happiness and well-being of others. This is a positive aspect of their psychological well-being. The results show that an overwhelming majority of cancer patients, 201(72.6%), feel that their social relationships are very supportive and rewarding. This indicated that strengthening social connections may contribute significantly to cancer patients overall well-being and coping strategies. Another finding indicated that more than half of the cancer patients, 165(59.6%), feel they live a good life despite the challenges emanating from

cancer illness. This underscores the potential of a positive mindset, which can be integrated into psychological support interventions to benefit cancer patients.

The caregivers who participated in focus group discussions, and the clinicians who were interviewed were asked to state what they thought should be done at oncology clinics to improve provision of individual counselling to enhance psychological well-being of cancer patients. The most crucial aspect advocated by clinicians and caregivers was ensuring that palliative caregivers and clinicians are well-trained. Clinician 02 remarked, *"The government should train caregivers so that 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 observation was also made by Howell et al. (2013) in a research based in Ontario, Canada. The enactment of professional training and development programs among healthcare workers improved confidence and the quality of psychosocial support.

Family Counselling and the Psychological Well-Being of Cancer Patients

The family counselling was first measured quantitatively by posing several statements to the respondents based on identified indicators, requiring them to rate each statement on a Likert. The findings were summarized and presented in Table 2.

Table 2

Descriptive Statistics Findings on Family Counselling of Cancer Patients

No.	Statement on family counselling (N = 277)	Strongly Disagree	Disagree	Moderately Agree	Agree	Strongly Agree	Mean	Std. Dev.
i.	The counselling of my family members enabled the making of informed decisions on chemotherapy and other treatment	25(9.0%)	50(18.1%)	72(26.0%)	80(28.9%)	50(18.1%)	3.2	1.214
ii.	Family counselling helped in getting more family support	56(20.2%)	25(9.0%)	74(26.7%)	60(21.7%)	62(22.4%)	3.1	1.410
iii.	Family counselling empowered my	32(11.6%)	40(14.4%)	71(25.6%)	84(30.3%)	50(18.1%)	3.2	1.247

	family members hence there is improved management of cancer treatment							
iv.	Family counselling enhanced communication in my family regarding cancer illness and treatment	39(14.1%)	32(11.6%)	88(31.8%)	70(25.3%)	48(17.3%)	3.2	1.261
v.	The love and care I get at home improved after family counselling	41(14.8%)	47(17.0%)	70(25.3%)	92(33.2%)	27(9.7%)	3.0	1.219
vi.	My family members were counselled on hospital admissions arising from cancer illness.	61(22.0%)	9(3.2%)	55(19.9%)	96(34.7%)	56(20.2%)	3.2	1.414
vii.	My attachment to the family improved after family counselling	36(13.0%)	38(13.7%)	82(29.6%)	84(30.3%)	37(13.4%)	3.1	1.212
viii.	I feel confident to share my emotions, worries and experiences without fear of judgment from my family members	45(16.2%)	50(18.1%)	66(23.8%)	76(27.4%)	40(14.4%)	3.0	1.298
ix.	My family members were talked to regarding food	67(24.2%)	11(4.0%)	22(7.9%)	86(31.0%)	91(32.9%)	3.4	1.563
x.	The involvement of my family members in my medications and	40(14.4%)	26(9.4%)	45(16.2%)	107(38.6%)	59(21.3%)	3.4	1.316

	recovery improved after family counselling							
xi.	My family members have been counselled several times regarding my cancer sickness	58(20.9%)	25(9.0%)	63(22.7%)	99(35.7%)	32(11.6%)	3.0	1.322
xii.	Family counselling has assisted in improving my recovery and coping with trauma and worries	64(23.1%)	28(10.1%)	71(25.6%)	86(31.0%)	28(10.1%)	2.9	1.321
xiii.	After receiving family counselling, my family members look for solutions to the problems that came up due to my cancer illness	72(26.0%)	20(7.2%)	46(16.6%)	114(41.2%)	25(9.0%)	3.0	1.375
xiv.	Family counselling has assisted me in adhering to cancer treatment	48(17.3%)	22(7.9%)	46(16.6%)	92(33.2%)	69(24.9%)	3.4	1.394
xv.	Family mutual support improved after the family counselling	44(15.9%)	19(6.9%)	60(21.7%)	101(36.5%)	53(19.1%)	3.3	1.308
xvi.	Family counselling has helped to reduce the stigma on cancer	37(13.4%)	43(15.5%)	36(13.0%)	95(34.3%)	66(23.8%)	3.3	1.354

The findings indicate a generally positive impact of family counselling on various aspects of family support and involvement, as

presented in Table 2. The results show the highest agreement on various statements such as, "My family members were talked to

regarding food, have 177(3.9%) agreement, 78(28.1%) disagreement, and 22(7.9%) moderately agreed (Mean: 3.4, SD: 1.563). On the statement that the involvement of my family members in my medications and recovery improved after family counselling, 166(59.9%) agreed, 66(23.9%) disagreed, and 45(16.2%) moderately agreed at a mean of: 3.4, and Standard Deviation of 1.316. When asked to rate the statement that family mutual support improved after family counselling, 154(55.6%) agreed, 63(22.8%) disagreed, 60(21.7%) moderately agreed (Mean: 3.3, Standard Deviation: 1.308); the encouragement that I receive from family members improved after family counselling" 128(46.2)% agreed, 74(26.7%) disagreed, 75(27.1%) moderately agreed (Mean: 3.3, Standard Deviation: 1.225), while 122(44.1%) agreed, 81(29.2%) disagreed, and 74(26.7%) moderately agreed (Mean: 3.1, Standard Deviation: 1.410) that family counselling helped in getting more family support,. The mean and standard deviation for each of the four items indicate a high level of agreement, with slight variations in responses. The findings underscore the contribution family counselling can make in a cancer patient's life. These results corroborate findings by Wang'ombe and Kathungu (2021) that family counselling helps family members express compassion, care, financial, material, social, emotional and dietary care towards their family members infected by cancer. Consistent family counselling sessions are perceived positively by a majority of cancer patients, emphasizing their importance in addressing

the evolving needs of families facing cancer-related challenges.

The qualitative data was obtained from caregivers and clinicians. The discussion from the focus group revolved around four thematic areas; namely, comprehensive well-being, knowledge and understanding, stigma reduction, supportive environment, and practical support and collaboration. The resulting themes indicated that holistic support encompassing emotional, social, nutritional, financial, and spiritual dimensions are paramount in family counselling. From the findings, the study notes that enhancing understanding of the disease is a critical step in family counselling, where cultural and regional factors may influence perceptions of cancer. During the interview, clinicians were asked to explain how family counselling enhances the psychological well-being of cancer patients. Their responses indicated that enhanced support systems facilitated decision-making, promoted family harmony, and enhanced preparedness for challenging outcomes and stigmatization management. This meant family counselling was key in fostering supportive systems, including emotional, family, financial, social, and economic support. Clinician 06 said the support includes *"being accompanied to cancer treatment."*

An inferential statistical analysis was conducted. Pearson correlation statistical analysis was conducted to answer the research question, Results are shown in Table 3.

Table 3

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

		Y	X1
Y	Pearson Correlation	1	
	Sig. (2-tailed)		
	N	277	
X1	Pearson Correlation	.380**	1
	Sig. (2-tailed)	.009	
	N	277	277

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

The findings indicate that family counselling has a positive and statistically substantial relationship with the psychological well-being of cancer patients ($r = .380$, $p = .009 < .05$). The results mean that a change in family counselling triggers a change in the psychological well-being of cancer patients. A positive and significant relationship between family counselling and psychological well-being was also highlighted in a study on cancer patients undergoing chemotherapy treatment by Archer et al. (2015). Their findings exemplifies the social cognitive theory that reinforcement, self-efficacy, observational learning and behavioural capabilities enhance change. This implies that counselling the family the change in behaviour, and by extension stimulates psychological well-being towards cancer disease.

4.0 Conclusion

The findings provide compelling evidence that family counselling plays a crucial role in enhancing the psychological well-being of cancer patients. This draws in the ability of counselling to improve disease understanding, facilitate decision-making,

promote family harmony, prepare patients and family members for challenging outcomes, and reduce stigma. The study concluded that family counselling had a positive and statistically substantial influence on cancer patients' psychological well-being at Meru County oncology clinics. The findings advocate for integration of family counselling into oncology clinics, and the need to address family dynamics, health decision-making, family harmony, and stigma reduction so as to enhance the psychological well-being of cancer patients.

5.0 Recommendations

The findings of the study emphasize the need for personalized family counselling approaches to cater for diverse needs and preferences within families facing cancer. Clinicians, psychologists, and caregivers should therefore prioritize a holistic approach in family counselling. The study recommends comprehensive family involvement, continuous training and empowering of family members so as to enhance coordinated family decision-making, and tailored counselling policies that recognize and prioritize resource provision, cultural competence training, integration of

family-centred support services, and inter-professional collaborations, which address societal stigma and other challenges that

undermine the psychological well-being of cancer patients.

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