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A STUDY TO EVALUATE THE EFFECTIVENESS OF GUIDED IMAGERY ON PAIN AND QUALITY OF LIFE AMONG PATIENTS WITH CANCER IN A SELECTED HOSPITAL AT MEHASANA

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ABSTRACT

Introduction*: Cancers are the leading causes of morbidity and mortality worldwide, responsible for several million new cases and deaths. Pain is experienced by 55% of patients undergoing anti-cancer treatment and 65% of patients who have advanced, metastatic, or terminal diseases. It is said that chronic pain has its effects on the quality of life among cancer survivors.*

Aims and Objectives

1 To assess the level of pain among patients with cancer.
2 To assess the quality of life among patients with cancer.
3 To determine the effectiveness of guided imagery on pain and quality of life among patients with cancer
4 To determine the relationship between level of pain and quality of life among patients with cancer
5 To determine the association between level of pain among patients with cancer and selected demographic variables.
6 To determine the association between quality of life among patients with cancer and selected demographic variables'

Methodology *a Quantitative Research approach was adopted by the researcher to find the effectiveness of guided imagery on pain quality of life among patient with cancer in selected hospital at Mehsana city. Data collection tools included demographic data & standardized verbal descriptor pain assessment scale. The pain assessment scale use to the pre-test, and a post-test was conducted after seven days. Data were analyzed using descriptive and inferential statistics, including paired t-tests and chi-square tests.*

Results *The study findings are supported by Vasantha G, Almeida Victoria D, Kanagaraj R, (2013) conducted a experimental study effectiveness of guided imagery on intensity of pain and quality of life among 30 patients with cancer. The study revealed that the mean post-intervention intensity pain and quality of life score was lower than mean pre-intervention intensity of pain and quality of life score. The study concluded that guided imagery is an effective strategy in reducing the intensity of pain and improving the quality of life of cancer patients. The fifth objective was to assess the relationship between the level of pain and the quality of life. Table 6 shows the relationship between level of pain and quality of life among patients with cancer in post-test. The mean post-test score of pain was 0.75 with standard deviation 0.58 and mean post-test score of quality of life was 32.1 with standard deviation 3.23*

Conclusion: *The guided imagery is effective and simple strategy to reduce level of pain and improve the quality of life among patient with cancer.*

KEYWORDS: *Guided imagery, level of pain, Quality of life*

I. INTRODUCTION

Cancer is a common condition and a serious health problem. More than one in three people will develop some form of cancer during their life time. The origin of the word cancer is credited to the Greek physician Hippocrates, who is considered the "Father of Medicine." Hippocrates used the terms „carcinogens" and „carcinoma" to describe non- ulcer forming and ulcer-forming tumors. The Roman Physician, Celsus later translated the Greek terms into cancer. Cancer is a general term used to refer to a condition where the body's cells begin to grow and reproduce in an uncontrollable way. These cells can then invade and destroy healthy tissue, including organs. Cancer sometimes begins in one part of the body before spreading to other parts. The biggest risk factor for developing cancer is age, with the majority of cancers more common in older than younger people in Northern Ireland. There are many other risk factors for developing cancer including, smoking, drinking alcohol, obesity, poor diet, lack of exercise, prolonged exposure to sun light etc.

Significance of the Study

The study revealed that those who used guided imagery and relaxation were more relaxed during chemotherapy and had a better quality of life. The study concluded that relaxation and guided imagery were "simple, inexpensive and beneficial" for patients undergoing chemotherapy

II. OBJECTIVES OF THE STUDY

1. To assess the level of pain among patients with cancer.
2. To assess the quality of life among patients with cancer.

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3. To determine the effectiveness of guided imagery on pain and quality of life among patients with cancer.
4. To determine the relationship between level of pain and quality of life among patients with cancer.
5. To determine the association between level of pain among patients with cancer and selected demographic variables.
6. To determine the association between quality of life among patients with cancer and selected demographic variables.

III. HYPOTHESIS

H1: There will be significant difference between mean pre and post test level of pain among patients with cancer.
H2: There will be significant difference between mean pre and post test quality of life among patients with cancer.
H3: There will be significant relationship between level of pain and quality of life among patients with cancer.
H4: There will be significant association between level of pain among patients with cancer and their selected demographic variables.
H5: There will be significant association between quality of life among patients with cancer and their selected demographic variables

IV. RESEARCH METHODOLOGY

Research methodology involves In this study a quantitative evaluative approach was used to evaluate the effectiveness of guided imagery on pain and quality of life among patients with cancer

Research Design: A Pre experimental one group pretest and post test was chosen for this study to evaluate the effectiveness of Guided imagery on pain and quality of life among patients with cancer.

Variables under Study

Dependent Variable: The variable hypothesized to depend on or be caused by another variable of interest". In this study the dependent variables are pain and quality of life among patients with cancer

Independent Variable: The variable that is believed to cause or inference the dependent variable". In this study the independent variable is guided imagery.

Research Setting The study was conducted in selected Hospital at Mehasana

Population: The accessible population for this study includes patients with cancer admitted in selected hospital. Mehasana

Sample and Size: The total sample size for the study was 40 patients with cancer admitted in selected Hospital at Mehasana. 20 samples were assigned to each in experimental and 20 in the control group.

Sampling Technique: Non probability purposive sampling technique

Inclusion Criteria

- Patients at any stage of cancer
- Those who are able to understand Hindhi and Gujarati
- Those who are willing to participate in the study
- Those with mild and moderate level of pain

Exclusion Criteria

- Critically ill patients.
- Unconscious and terminally ill patients.
- Mentally ill patients.
- Those who have brain tumor and underwent surgery in the brain or skull.
- Those who have neurological and sensory deficit
- Patients with severe and very severe pain

Validity of Tool

Content validity the content validity tool was obtained from one medical expert from oncology department and one from a psychologist and five experts from Medical Surgical Nursing department. Based on the expert opinion the tool and demographic variables are modified

Reliability of Tool: The reliability was assessed by using test retest method r=0.89 hence it was highly reliable and used in this study.

Ethical Consideration

- Approved by the ethics committee of the institution.
- Permission obtained from hospital authorities.
- Written informed consent secured from participants.

Pilot Study: In order to check the feasibility and practicability, pilot study was conducted among 10 patients with cancer after obtaining the written permission. The pilot study revealed that it was feasible and practicable to conduct the main study

Data Collection Procedure: Data were collected in the following phases:

1. Pre-Test: Administered demographic data & Standardized verbal descriptor pain assessment scale.
2. Intervention: Guided imagery for 20 minutes, twice a day for 5 consecutive days
3. Post-Test: Administered the same tools after 07 days.

Data Analysis

Section I: Data on demographic variables of patients with cancer.
Section II: Data on level of pain among patients with cancer.
Section III: Data on quality of life among patients with cancer.
Section IV: Data on association between level of pain and quality of life among patients with cancer and their selected demographic variables.

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V. RESULTS OF THE STUDY

SECTION I: DATA ON DEMOGRAPHIC VARIABLES OF PATIENTS WITH CANCER.

Table: 1 Frequency and Percentage Distribution of Patients with Cancer According to their selected Demographic Variables

Demographic Variables	N	%
Age (in years)		
a) 20 -35 years	0	0
b) 36-50 years	8	20
c) 51-65 years	32	80
Gender		
a) Male	24	60
b) Female	16	40
Educational status		
a) No formal education	10	25
b) Primary education	14	35
c) Secondary education	5	12.5
d) Higher education	5	12.5
e) Graduate/Equivalent	6	15
Occupation		
a) Self employed	28	70
b) Private employee	6	15
c) Government employee	4	10
d) Unemployed	2	5
Monthly Income		
a) Rs. 5,000/- -Rs, 10,000/-	2	5
b) Rs. 10,001/- -Rs. 15,000/-	8	20
c) Above Rs.15,000/-	30	75
Marital status		
a) Married	30	75
b) Unmarried	0	0
c) Divorced/separated	0	0
d) Widow/ Widower	10	25
Duration of Illness		
a) < 1 year	10	25
b) 1-3 years	10	25
c) > 3 years	20	50
Stage of Cancer		
a) 1st stage	5	12.5
b) 2nd stage	15	37.5
c) 3rd stage	15	37.5
d) 4th stage	5	12.5
Duration of treatment		
a) Less than 1 year	30	75
b) 1- 3 years	10	25
c) More than 3 years	0	0
Modality of Cancer treatment		
a) Chemotherapy	15	37.5
b) Radiation	5	12.5
c) Both	0	0
d) Surgery	20	50
c) 3rd stage	15	37.5
d) 4th stage	5	12.5
b) 1- 3 years	10	25
c) More than 3 years	0	0

Table No. 1 Regarding age, majority of the cancer patients 32(80%) patients belongs to the age group 51-65 years, regarding gender, majority 24(60%) of the patients were male and the remaining 16(40%) patients were female., Regarding educational status, the maximum samples were 14(35%) having primary education. Regarding occupation, 28(70%) were self-employed regarding monthly income, 30(75%) were included in the category of > 15,000. Regarding marital status, 30(75%) were married and the remaining 10(25%) samples were widow/widower. Regarding duration of illness, the majority of the samples 20(50%) were belong to the category of >3 years. Regarding stage of cancer, 15 (35.5%) belongs to 2nd stage and 15(35.5%) belongs to 3rd stage. Regarding duration of treatment, 30 (75%) were involved in the category of less than 1 year. Regarding modality of cancer treatment, 15 (37.5%) were taking chemotherapy, 5 (12.5%) were undergone radiation therapy, 20 (50%) were undergoing surgery

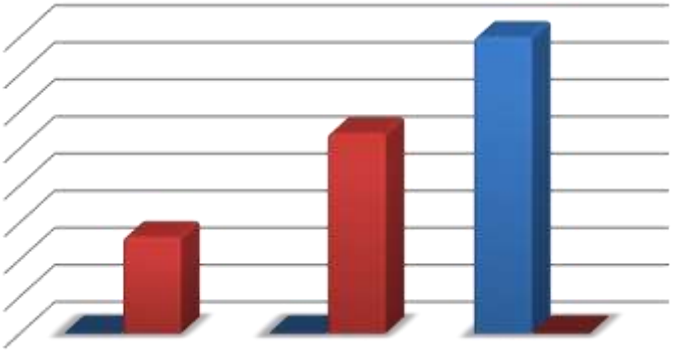
SECTION II: DATA ON LEVEL OF PAIN AMONG PATIENTS WITH CANCER.

Table: 2 Frequency and Percentage Distribution on Level of Pain among Patients with Cancer.

Level Of Pain	Experimental Group			
	Pre Test		Post Test	
	N	%	n	%
No Pain	0	0	13	32.5
Mild	0	0	27	67.5
Moderate	40	100	0	0

The above table 2 shows the level of pain among patients with cancer. Out of 40 subjects all 40(100%) of them had moderate level of pain during pre-test. Whereas in the post-test assessment 13 (32.5%) of them had no pain, 27 (67.5%) of them had mild level of pain.

Figure 1: Pretest and post test level of pain among patients with cancer



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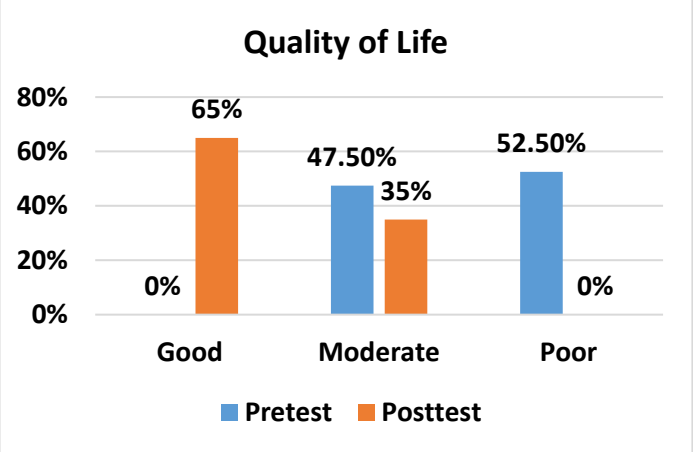
SECTION III: DATA ON QUALITY OF LIFE AMONG PATIENTS WITH CANCER.

Table: 3 Frequency and Percentage Distribution on Quality of Life among Patients with Cancer.

Quality of Life	Experimental Group			
	Pre Test		Post Test	
	N	%	N	%
Good	0	0	26	65%
Moderate	19	47.5%	14	35%
Poor	21	52.5%	0	0%

The above table 3 shows quality of life among patients with cancer. Out of 40 samples, 21 (52.5%) of them had poor quality of life, 19 (47.5%) of them had moderate quality of life in their pre-test assessment. Whereas in the post- test assessment 26 (65%) of them had good quality of life and 14 (35%) of them had moderate quality of life.



Section iv: data on association between quality of life among patients with cancer with their selected demographic variables.

Table: 4 Frequency, Percentage and χ2 Distribution on Quality of Life among Patients with Cancer with their Selected Demographic Variables

Demographic Variable	Quality of life				χ^2
	Good		Moderate		
	N	%	N	%	
Age in years					0.98 NS
a) 20 -35 years	0	0	0	0	
b) 36-50 years	4	15.4	4	29	
c) 51-65 years	22	84.6	10	71	
Gender					8.86 S *
a) Male	20	76.9	4	29	
b) Female	6	23.1	10	71	
Educational status					0.23 NS
a) No formal education	7	26.9	3	21	
b) Primary education	9	34.6	5	36	
c) Secondary education	3	11.5	2	14	
d) Higher education	3	11.5	2	14	
e) Graduate/Equivalent	4	15.4	2	14	
Occupation					1.69 NS
a) Self employed	20	76.9	8	31	
b) Private employee	3	11.5	3	21	
c) Government employee	2	11.5	2	14	
d) Unemployed	1	3.85	1	7.1	
Monthly income					1.31 NS
a) Rs. 5,000/- -Rs, 10,000/	1	3.8	1	7.14	
b) Rs. 10,001/- Rs. 15,000	4	15.3	4	29	
c) Above Rs.15,000/-	21	80.8	9	64	
Marital status					0.14 NS
a) Married	20	76.9	10	71	
b) Unmarried	0	0	0	0	
c) Divorced/separated	0	0	0	0	
d) Widow/ Widower	6	23.1	4	29	
Duration of Illness					7.25 S*
a) < 1 year	8	30.8	2	14	
b) 1-3 years	9	34.62	1	7.14	
c) > 3 years	9	34.6	11	79	
Stage of Cancer					0.14 NS
a) 1st stage	3	11.54	2	14	
b) 2nd stage	10	38.46	5	36	
c) 3rd stage	10	38.4	5	35.7	
d) 4th stage	3	11.54	2	14	
Duration of treatment					0.14 NS
a) Less than 1 year	20	76.92	10	71.4	
b) 1- 3 years	6	23.08	4	29	
c) More than 3 years	0	0	0	0	
Modality of Cancer treatment					0.07 NS
a) Chemotherapy	10	38.5	5	36	
b) Radiation	3	11.5	2	14	
c) Both	0	0	0	0	
d) Surgery	13	50	7	50	

Table 7 inferred that there was significant association between post test score of quality of life with gender and duration of illness and there was no significant association between post test score of quality of life with their selected demographic variables such as age, educational status, occupation, income, marital status, , stage of cancer, duration of treatment, modality of cancer treatment .

DISCUSSION

The focus of this study is to evaluate effectiveness of guided imagery pain and quality of life among samples. Data collection was done at Vibrant Multispecialty hospital Mehasana . Purposive sampling method was used to select the sample. The duration of data collection was 6 weeks

CONCLUSION

The main conclusion drawn from the present study was that most of the cancer patients had moderate level of pain and quality of

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life. After receiving guided imagery intervention there was a significant reduction in level of pain and improvement in quality of life. Samples became familiar and found themselves comfortable and expressed satisfaction. It is thus concluded the guided imagery is effective and simple strategy to reduce level of pain and improve the quality of life

RECOMMENDATIONS

The following recommendation are made in the basis of the present study

A study can be repeated for assessing the knowledge level of anticoagulation after mechanical valve replacement with a large sample size.

1) The same study can be conducted in different settings such as hospitals and community
2) The study can be replicated in large sample size.
3) Effectiveness of this technique can be compared with other complementary therapies to find its effectiveness.
4) The same study can be conducted as a longitudinal study.
5) The same study can be conducted with different sampling technique.
6) The same study can be done with other physical, psychosocial problems among patients with cancer.

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