



ORIGINAL RESEARCH PAPER

Healthcare

STATE OF PLAY OF PSYCHOSOCIAL REHABILITATION SERVICES AND ASSESSMENT OF THE NEEDS OF POST-BREAST CANCER TREATMENT IN GEORGIA

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ABSTRACT

Studies assessing cancer patients' needs have revealed that 32% of patients diagnosed with cancer clearly state the need for psychosocial rehabilitation services. The present study aims to assess the psychosocial state of women after breast cancer surgery in Georgia, identify the challenges in the accessibility of full-value services, and facilitate the formation of an evidence-based best practice policy. 360 women, after breast cancer surgery, have participated in the study, among them, 180 women have received psychosocial rehabilitation training (main group), and 180 women (control group) have not used such service. The need for post-treatment psychological rehabilitation was reported by 93% of the main group respondents that is 30% more than the result for the same question in the control group. The same is confirmed by the survey of medical staff - 97%. It is noteworthy that 80% of interviewed medical staff believe that psychosocial rehabilitation is as important as other treatment. The majority of interviewed respondents in both groups (main group - 57.2%, control group - 64%) speak about a financial burden. The study has also revealed a low awareness both in cancer patients and medical staff. Among the interviewed medical staff, 60 % have no information about the rehabilitation services available in Georgia.

Introduction

Evidence-based knowledge about the influence of psychosocial factors and the importance of psychological support in the medical community and cancer patients focuses mainly on psycho-emotional distress, psychiatric compliance, psychosocial intervention, and quality of life. Based on various studies, it can be said that general psychosocial care in oncology has improved, though there are still gaps and barriers. Most studies carried out in the field of psycho-oncology are focused on breast cancer patients. The first studies on the effectiveness of integrated treatment program show that psychological support and psychosocial rehabilitation are one of the most important factors in cancer patients' treatment. Early detection of psycho-emotional distress and identification of the need for psychological rehabilitation is the best approach to providing psychosocial care to cancer patients (Joachim Weis "Rationale of Psychosocial Care for Cancer Patients", 2015 Apr).

Studies carried out for assessing the needs of cancer patients reveal that 32 % of cancer patients clearly state the need for psychological support and further rehabilitation, including coping with anxiety, depression, fear of disease recurrence or

progression. Despite the identification of psychosocial needs of cancer patients, patients often have no information about what to expect from a psychological support service. They experience shame or have a fear that expressing feelings will make them emotionally more vulnerable (Joachim Weis „Psychosocial Care for Cancer Patients“, 2015 Apr).

Psychological care implies emotional, mental, and existential support of patients and their family members in critical situations caused by cancer disease. It focuses on disease acceptance, adaptation, and the development of behaviors necessary for coping with stress. In this way, psychological support is aimed at the improvement of the quality of life.

The study, conducted by the International Psycho-Oncology Society – IPOS in 28 countries, has revealed that in most countries, psycho-oncological support as one of the forms of healthcare services is fragmented, and only a part of the population receives it. No unified state policy is elaborated, and the service is provided by private sector. The survey states that it is necessary to create a strong coalition with cancer societies at the national level and initiate advocacy for research and patients (Grassi L, Fujisawa D, Odyio P, Asuzu C,

Ashley L, Bultz B, Travado L, Fielding R; IPOS Federation of Psycho-oncology Societies' coauthors "Disparities in psychosocial cancer care: a report from the International Federation of Psycho-oncology Societies", October 2016).

State of play in Georgia

Georgia was not part of the IPOS study; therefore, the situation in Georgia in this regard has not been assessed. There is no law on cancer control; The acting legal framework makes it possible to respond to the existing challenges to a limited extent: to stop the increase of mortality caused by cancer and reduce cancer-related complications.

In 2013, the process of developing a National Cancer Control Strategy was coordinated by the National Center for Disease Control and Public Health of Georgia. Among others, goal #7 of the Cancer Control Strategy implies "Management of the side effects of treatment and psychosocial rehabilitation of patients".

Despite the goals, no real actions have been taken in terms of providing psychosocial rehabilitation services for cancer patients. Such services are provided fragmented and largely depend on private sector initiatives and various projects funded by donor organizations. The service is mostly paid.

Objective of the study

This study aims to assess the psychosocial state of women after breast cancer surgery, identify the challenges in the accessibility of full-value services, and facilitate the formation of an evidence-based best practice policy in this field.

Methodology

In total, 360 respondents participated in the study. 180 women, participants of post-surgery psychological support training have been interviewed within the study. The Control group consisted of randomly selected 180 women operated for breast cancer from 2015 to 2019, who have never participated in such training. Open Epi, Version 3, open source calculator – SSropor, study parameters: expected frequency - 50%, margin of error - 5%, design effect – 1 were applied to define the control group.

Face-to-face interviews with cancer patients and service providing medical staff (oncologist, mammologist, and gynecologist) were conducted within the framework of the study using the questionnaire developed for the study. The results of the interviews of the main group and control group were compared considering the following social-economic characteristics: age, labor activity, marital status, education, housing status.

Findings of the study

After the processing of study findings, differences were identified between the main and control groups. Analyses of these findings make it possible to assess the existing reality and work out the conclusions, significantly contributing to developing the recommendations.

In the case of both groups, it is obvious that patients (75%) respond to the information about the diagnosis with a negative stressor (fear, shock, anxiety).

Both groups of respondents indicate the need for psychologist's support during the treatment; however, the main group's percentage indicator is much higher (96%) (Table 1).

Table 1. Is a psychologist's support needed during the treatment?

Main group		Control group	
Quantity	%	Quantity	%

Yes	174	96,7	135	75
No	5	2,8	21	11,7
Don't know	1	0,6	24	13,3
Total	180	100	180	100

Post-treatment course psychosocial rehabilitation is considered necessary by the respondents of both the main group (93.3%) and control group (64.4), and the majority of medical staff (97.2%) (Table 2 and Table 3).

Table 2. Is it necessary to ensure the accessibility of qualified psychological support for cancer patients? (Medical staff questionnaire)

	Frequency	%	Reliable %
Unknown	1	2,8	2,8
Yes	35	97,2	97,2
Total	36	100	100

Table 3. How much is the psychological rehabilitation provided by a specialist needed after the completion of treatment?

	Main group		Control group	
	Quantity	%	Quantity	%
Don't know	5	2,8	29	16,1
No	6	3,3	32	17,8
Yes	168	93,3	116	64,4
Unknown	1	0,6	3	1,7
Total	180	100	180	100

The majority of respondents confirmed that support provided by psychologist during the treatment period was fully helpful (84.4 %) or partially helpful (69%) (Table 4).

Table 4. How much did a psychologist's assistance help you during the treatment period?

	Frequency	%	Reliable %
Unknown	6	5,2	5,2
No	4	3,4	3,4
Yes	98	84,5	84,5
Partially	8	6,9	6,9
Total	116	100	100

More than a third of the main group of respondents speak about the role of patients' associations in terms of obtaining information about psychological rehabilitation (Chart 1).

Chart 1. Who advised you to get psychological support after the treatment?

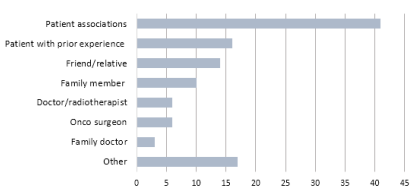


Table 5 demonstrates how did the psychological rehabilitation course help the respondents.

Table 5. How did psychological rehabilitation sessions help you?

	Frequency	%	Reliable %
I am calmer than before	85	47,2	47,2
I fell more self-confident myself	57	31,7	31,7
I think about the future more hopefully than before	60	33,3	33,3
I am not so worried about a possible failure as before	25	13,9	13,9
I am not irritated as before	26	14,4	14,4

The medical staff survey demonstrates that cancer patients mainly respond with negative stressors (fear, shock, anxiety, and hopelessness) to the first announcement of the diagnosis (Table 6).

Table 6. From your experience, what is the first reaction of cancer patients after telling the diagnosis?

	Frequency	%	Reliable %
Fear	25	69,4	69,4
Shock	7	19,4	19,4
Anxiety	11	30,6	30,6
Agitation	2	5,6	5,6
Hopelessness	14	38,9	38,9
Calmness	3	8,3	8,3
Other	4	11,1	11,1

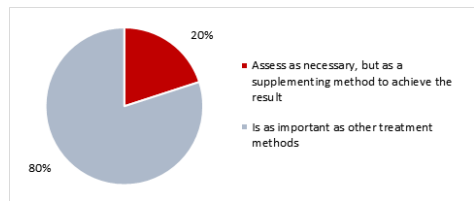
More than 60% of interviewed medical staff have no information about the services available in Georgia for physical or psychological rehabilitation of cancer patients. It is noteworthy that the respondents' group was staffed with general practitioners and specific field specialists (mammologist, radiologist, surgeon, and chemotherapist). The majority of them have more than 10 years of professional experience (Table 7).

Table 7. (Medical staff questionnaire) Do you possess information about the services available in Georgia for physical or psychological rehabilitation of cancer patients?

	Frequency	%	Reliable %
No	23	63,9	63,9
Yes	13	36,1	36,1
Total	36	100	100

80% of interviewed medical staff believe that psychological support is as important as other treatment methods (Chart 2).

Chart 2. How do you assess the importance of qualified psychosocial services in relation to the treatment outcomes of cancer patients?



The survey of both medical staff and cancer patients highlights the financial aspect as a barrier to comprehensive treatment (Diagram 3 and Table 5).

Chart 3. Causes of more than 1 month delay between the diagnosis and its treatment (%) (n=253)

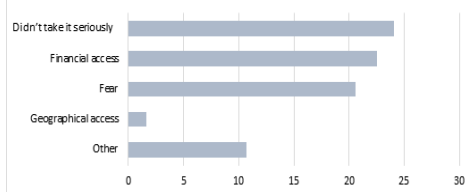


Table 8. What challenges does a cancer patient face from the day of diagnosis verification? (Medical staff questionnaire)

	Frequency	%	Reliable %
Financial	35	97,2	97,2
Psychological	31	86,1	86,1
Access to medical services	2	5,6	5,6
Other	5	13,9	13,9

The majority of medical staff believes that introducing and strengthening psychosocial services in Georgia is possible only with the involvement of all stakeholders (the state, private sector, medical staff, cancer patients, and media) (Table 9).

Table 9. The coordinated action of which stakeholders will make it possible to introduce effective measures for improving the regulation and accessibility of psychosocial services for cancer patients?

	Frequency	%	Reliable %
State	36	100	100
Private sector	16	44,4	44,4
Medical staff	26	72,2	72,2
Cancer patients	19	52,8	52,8
Media	15	41,7	41,7
Other	3	8,3	8,3

Discussion

Study findings have outlined that most cancer patients respond to a diagnosis with negative stressors that significantly affect the quality of life and treatment outcomes. Therefore, psychosocial support is necessary both during the treatment period and after it. This service is not systematized in Georgia and is provided fragmented, with private initiatives and donors' support. The state fails to ensure access to these services, despite the existence of the National Strategy for Cancer Control, which outlines the actions to be taken in the provision of services, procurement, monitoring, and regulatory activities. (The Ministry of Labor, Health and Social Affairs, National Center for Disease Control and Public Health. National Cancer Control Strategy", 2014).

Lack of awareness of psychological support and post-treatment rehabilitation services and their accessibility is low in both cancer patients and medical personnel. The majority of medical staff recognizes the importance of such service. Furthermore, most of the medical staff believe that psychosocial service is as important as other treatment methods. However, doctors rarely recommend patients to address the specialists for psychological support that again demonstrates a low awareness. In most cases, patients receive such offers from other organizations, evidencing that such services are mostly initiated by patients' associations and the private sector in Georgia.

One of the key barriers to the treatment of cancer patients is financial resources.

According to medical staff's responses, introducing and strengthening psychosocial services in Georgia necessarily requires joint work of different stakeholders - the state, private sector, medical staff, cancer patients, and media.

Study recommendations

Based on the study findings, the following recommendations have been developed:

Establish an inter-agency working group to implement the policies and services outlined in the National Cancer Control Strategy and the action plan. The goal of the group is to develop a model of psychosocial rehabilitation, define and segregate competencies within it.

Develop the reliable and effective protocol to be used in clinical practice so that all cancer patients would receive psychosocial rehabilitation support.

Enhance the involvement of primary healthcare personnel in relevant education programs and awareness raising activities.

Strengthen the advocacy for cancer patients and plan

information and media campaigns to raise their awareness and change the behaviors.

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