# Assessing Psychological distress and self-resilience among women diagnosed with Breast cancer: A hospital based study.

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**Abstract: Background:** Breast cancer is the most common cancer among women worldwide, with a significant impact on both physical and psychological well-being. A breast cancer diagnosis often leads to psychological distress, including anxiety, depression, fear of recurrence, and emotional instability. **Objectives:** This study explores the psychological distress experienced and self-resilience adopted by women diagnosed with breast cancer, the association between psychological distress with selected socio demographic variables. **Methods:** Descriptive research design was adopted for this study; hospitalized breast cancer Patients were selected with convenient sampling technique following sampling criteria. Data collection tool were used, the Kessler psychological distress scale (K10) to assess the psychological distress and Brief resilience scale to assess the self- resilience among the breast cancer patients. **Results:** As per the study aim the result showed that, Maximum out of 50 women, 4% has low, 26% has moderate, 42% has high and 28% has very high level of psychological distress. Most of women diagnosed with breast cancer suffer psychological distress. Most of 80% has low and 20% has normal level of self- resilience. Most of the women's shows high psychological distress and low self- resilience due to breast cancer. **Conclusion:** the majority of women diagnosed with breast cancer experienced high psychological distress and moderate levels of self-resilience. Enhancing psychological support and resilience training could help in improving their mental well-being and treatment outcomes.

**Keywords:** Breast Cancer, Self-resilience, Psychological distress, breast cancer patients.

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## Introduction:

Each year, we commemorate International Women's Day, encouraging contemporary women to advance in their lives. Despite significant progress in various fields, many women inexplicably overlook their own health, often prioritizing family responsibilities and dedicating minimal time to personal well-being. It is crucial to recognize the importance of comprehensive health examinations, particularly concerning reproductive health. The breast, a symbol of femininity and the source of life-sustaining nourishment, has tragically become a victim of cancer a feared illness that, if identified early, can be entirely treated[1].

Breast cancer represents a major public health issue globally, impacting millions of women annually. In India, it is the most prevalent cancer among women, constituting 27% of all female cancer cases. The diagnosis of breast cancer can significantly affect a woman's physical, emotional, and psychological health[2].

Breast health is a crucial aspect of women's overall well-being; however, it is widely recognized that inadequate health conditions are more common in developing nations. This issue can be mitigated through health education, particularly targeting working women. Once breast cancer manifests, it becomes irreversible, but it can be avoided by ensuring proper breast health practices. The researcher believes that providing women with education on breast cancer is vital to enhance their foundational understanding[3].

Psychological distress frequently occurs in women diagnosed with breast cancer, impacting their quality of life, adherence to treatment, and overall survival rates. Conversely, self- resilience plays a vital role in assisting women to manage the challenges associated with the diagnosis, treatment, and recovery from breast cancer[4].

## Methods:

In this study non-experimental descriptive research design was used and hospitalized breast cancer Patients were selected with convenient sampling. The data collection tool was used, Demographic data: Included items such as age, occupation, dietary pattern, etc. Kessler Psychological Distress Questionnaire: 10 items, 5-point Likert

scale ranging from strongly disagree to strongly agree. Brief-Resilience Scale: 6 items, 5-point Likert scale to evaluate the individual's resilience level. The Mean, S.D., frequency and percentage distribution was calculated for psychological distress and level of self-resilience among the women with breast cancer.

**Results:**

**Table No. 1:** Frequency and percentage distribution of demographical variables.

**n= 50**

| Demographical variables | | Frequency | Percentage |
|---|---|---|---|
| Age (in yrs.) | 30 – 40 | 23 | 46% |
| | 41 – 50 | 7 | 14% |
| | 51 - 60 | 20 | 40% |
| Educational status | No formal education | 10 | 20% |
| | Primary education | 26 | 52% |
| | Higher education | 14 | 28% |
| Type of work | House wife | 45 | 90% |
| | Clark | 1 | 2% |
| | Farmer | 2 | 4% |
| | Tailor | 1 | 2% |
| | Teacher | 1 | 2% |
| Dietary pattern | Vegetarian | 17 | 34% |
| | Mixed | 33 | 66% |
| Habits | No | 41 | 82% |
| | Tobacco chewing | 9 | 18% |
| Family history of cancer | No | 42 | 84% |
| | Yes | 8 | 16% |

The most of the 46% women belong to the age group of 30 – 40, 14% are to age group 41 – 50 and 40% are to age group 51 – 60.20% women were not educated, 52% were primary educated and 28% women completed their higher education. Most of 90% women has housewife, 2% women has Clark, tailor, teacher and 4% has farmer.34% women have vegetarian and 66% women dietary pattern has mixed. Most of 82% women has no habit and 18% women habit has tobacco chewing. More among these women's 84% has no family history of cancer and only 16% has family history of cancer.

**Table No. 2:** Assessment of the level of psychological distress among women diagnosed with breast cancer.

**n= 50**

| Score | Level | Frequency | Percentage |
|---|---|---|---|
| 10 - 15 | Low | 2 | 4% |
| 16 – 21 | Moderate | 13 | 26% |
| 22 – 29 | High | 21 | 42% |
| 30 – 50 | Very high | 14 | 28% |

Above table shows level of psychological distress of women diagnosed with breast cancer. Out of 50 women, 4% has low, 26% has moderate, 42% has high and 28% has very high level of psychological distress. Most of women diagnosed with breast cancer suffer from psychological distress.

**Table No. 3:** Assessment of the self- resilience among women diagnosed with breast cancer.

**n= 50**

| Score | Level | Frequency | Percentage |
|---|---|---|---|
| 1 – 2.99 | Low | 40 | 80% |
| 3 – 4.30 | Normal | 10 | 20% |
| 4.31 – 5 | High | 0 | 0% |

Above table shows level of self - resilience of women diagnosed with breast cancer. Out of 50 women, the most of 80% has low and 20% has normal level of self-resilience. Study results were showing that high percentage of women has high level of psychological distress and low self- resilience due to breast cancer.

**Table No. 4:** Association between psychological distress and demographic variables among women diagnosed with breast cancer.

**n= 50**

| Demographical variables | | Level | | | | Fisher's Exact | p-value | Significance |
|---|---|---|---|---|---|---|---|---|
| | | Low | Moderate | High | Very high | | | |
| Age (in yrs.) | 30 – 40 | 2 | 6 | 10 | 5 | 2.79 | 0.85 | Not Significant |
| | 41 – 50 | 0 | 2 | 3 | 2 | | | |
| | 51 - 60 | 0 | 5 | 8 | 7 | | | |
| Educational status | No formal education | 0 | 3 | 5 | 2 | 8.83 | 0.11 | Not Significant |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Primary education | 0 | 6 | 9 | 11 | | | |
| | Higher education | 2 | 4 | 7 | 1 | | | |
| Type of work | House wife | 1 | 12 | 19 | 13 | 16.45 | 0.09 | Not Significant |
| | Clark | 1 | 0 | 0 | 0 | | | |
| | Farmer | 0 | 0 | 1 | 1 | | | |
| | Tailor | 0 | 0 | 1 | 0 | | | |
| | Teacher | 0 | 1 | 0 | 0 | | | |
| Dietary pattern | Vegetarian | 0 | 5 | 7 | 5 | 0.92 | 0.83 | Not Significant |
| | Mixed | 2 | 8 | 14 | 9 | | | |
| Habits | No | 2 | 11 | 18 | 10 | 1.56 | 0.62 | Not Significant |
| | Tobacco chewing | 0 | 2 | 3 | 4 | | | |
| Family history of cancer | No | 1 | 11 | 19 | 11 | 3.09 | 0.5 | Not Significant |

Above table shows the relationship between demographical variables and psychological distress among women's diagnosed with breast cancer. To check relationship between demographical variables and psychological distress Fisher's exact test were used because most of the column shows 0 counts. There is no significant relationship between age, educational status, work, dietary pattern, habits, family history of cancer and psychological distress among women with breast cancer. It shows that, Psychological distress of women diagnosed with breast cancer has independent on age, educational status, work, dietary pattern, habits and family history of cancer.

**Discussion**

Finally, the discussion as according to the Age: Breast cancer women's that is 46%are belonged to the age group 30 to 40 years. 14% are belonged to the age group 41 to 50 years. 40 % are belongs to 51 to 60 years. As in Educational status: 20% breast cancer women's are not having formal education. 52% breast cancer women's had primary education. and 28% breast cancer women are completed higher education. As with the type of work: 90% breast cancer women's are house wife. 2% breast cancer women are working as Clark. 4% breast cancer women are doing agriculture(farmer). 2% breast cancer women's are tailor and 2% breast cancer women's are teachers. As per the dietary pattern: 34% breast cancer women's are practicing vegetarian dietary pattern. 66% of breast cancer women are following mixed dietary pattern. As consider in Habits: 82% of breast cancer women's are not having any habits. 18% of breast cancer women are having the habit of tobacco chewing. And as in family history of cancer: 84% of breast cancer women's are not have any family history of cancer. 16% of breast cancer women are have a family history of cancer.

The psychological distress assessed through standardized Kessler psychological distress scale (K10) after informed consent. Out of 50 women, 4% has low, 26% has moderate, 42% has high and 28% has very high level of psychological distress. Most of women diagnosed with breast cancer suffer from psychological distress. Self-resilience in women's diagnosed with breast cancer assessed through standardized Brief resilience scale after informed consent. Out of 50 women, most of 80% has low and 20% has normal level of self- resilience. Study results were showing that most of the women has high psychological distress and low level of self- resilience due to breast cancer disorder. These results emphasize the importance of psychological screening and resilience-building interventions as integral components of comprehensive Breast cancer care among the women's. Empowering patients through counseling, support groups, and resilience training can significantly enhance their coping capacity, quality of life, and overall treatment experience.

**CONCLUSION**

In this theoretical paper the findings of the study indicate that psychological distress is a common experience among women diagnosed with breast cancer. The data also demonstrate that self-resilience plays a protective role, helping to mitigate the negative psychological impact of cancer diagnosis and treatment. A statistically significant inverse correlation was found between psychological distress and self-resilience, suggesting that higher levels of resilience are associated with lower levels of distress. These results emphasize the importance of psychological screening and resilience-building interventions as integral components of comprehensive cancer care. Empowering patients through counseling, support groups, and resilience training can significantly enhance their coping capacity, quality of life, and overall treatment experience.

**Author contributions**

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**Data availability statement**

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