

Original Article: Main Center for Treatment and Counseling of Cancer Patients

Maryam Karimi

MS.C of Psychology, Ferdows Institute of Higher Education, Mashhad, Iran



Citation M. Karimi, F. Jam. Main Center for Treatment and Counseling of Cancer Patients. *Int. J. Adv. Stu. Hum. Soc. Sci.* 2021; 10(3):146-150.

doi 10.22034/ijashss.2021.278518.1048



Article info:

Received: 26 November 2020

Accepted: 14 April 2021

Available Online: 06 May 2021

Checked for Plagiarism: Yes

Peer Reviewers Approved by:

Dr. Amir Samimi

Editor who Approved Publication:

Professor Dr. Mohammad Haghghi

Keywords:

Oncology Clinic, Cancer, Questionnaires, Family Functioning.

ABSTRACT

This study aimed at the main center for treatment and counseling of cancer patients, the inpatient wards of men and women and the oncology clinic of the hospital. Researchers use various methods and tools to collect basic information for qualitative research, one of the most important of which is a questionnaire. Questionnaires include a series of closed or open-ended questions. By analyzing participants' responses, the researcher can obtain information about how people think, act, and plan about an idea or opinion. Due to the different length of hospital stay, length of treatment, treatment costs, as well as the side effects of different types of cancer, it is recommended that in future studies, the family functioning of patients with different types of cancer be examined separately and compared with each other. Further, it is suggested that in future studies, the average overall performance of Iranian families be compared with families in other communities. Finally, it is suggested that special instruments be designed to study the performance of families of cancer patients. In this regard, according to the purpose of the study, which was to describe the couple's perception of family functioning when one of the couples had cancer, a family performance questionnaire was used.

Introduction

The Family Performance Measurement Tool (FAD) is a standard 60-item questionnaire developed by Epstein et al. (1963) to measure family performance based on the McMaster model. This questionnaire describes the performance of families in the dimensions of problem solving (6 items) including questions 2-12-24-38-50-60, communication (7 items) including questions 3-14-29-18-43-52-59; Maps (9 items) including

questions 4-10-15-23-30-34-40-45-53, emotional support (8 items) including questions 5-9-19-28-35-39-49-57; Emotional intercourse (8 items) including questions 13-21-22-25-33-37-42-54; Behavior control (9 items) including questions 7-17-27-32-44-47-48-55-58, and the overall performance (13 items) including questions 1-6-8-11-16-20-26-31-36-41-46-51-56. The answer to each item is on a Likert scale with four options from strongly disagree to strongly agree, which are given a score of 1 to 4, respectively. Based on these scores, the minimum and maximum scores for each

*Corresponding Author: Maryam Karimi, (nyx198290@gmail.com)

dimension of the questionnaire were determined [1]. In this questionnaire, 6 out of 60 items determine the family performance in problem solving.

A total of 7 items of the Family Performance Assessment Questionnaire are related to the relationship dimension, with the highest score being 28 (weakest performance) and the lowest 7 (best performance).

9 items of the questionnaire examine the dimensions of the maps, the highest score in this dimension is 36 (weakest performance) and the lowest score is 9 (best performance). 8 items are related to measuring emotional responsiveness; the highest score is 32 (worst performance) and the lowest score is 8 (best performance). 8 items of the questionnaire are related to measuring emotional intercourse. The highest score is 32 (worst performance) and the lowest score is 8 (best performance). 9 items of the questionnaire also measure the control of family performance behavior. The highest score is 36 (worst performance) and the lowest score is 9 (best performance). Therefore, the "family measurement tool" is in accordance with these six dimensions, consisting of six subscales to measure them, in addition to the seventh subscale related to the overall performance of the family. It should be noted that 13 general items in the questionnaire also assess the overall performance of the family. The obtained data were analyzed after collecting and coding and entering in SPSS software. Descriptive statistics were used to calculate the mean and standard deviation with a 95% confidence interval.

The disadvantage of this instrument, according to Epstein et al. (2019), is that it is time-consuming for both the family and the researcher. Also, the

behavior of families in observation environments may not be generalizable to their behavior in the real world. Family observation provides a vast amount of information that is difficult and costly to translate into clinically usable dimensions [2].

Although the FAD questionnaire has 60 items, the initial studies were based on a 53-item scale. Seven items were added later, and the results of the reports show that this increased the validity of the subscales to which the items were added. The items of the subscales are specified in the questionnaire. 53 questions of this scale have been used by Carpenters, Melanghi and Nowruz (2018) in Iran and have been standardized by Carpenters (2018) [3].

As for instrument scoring, each item is in Likert scale, strongly agree=1, agree=2, disagree=3, strongly disagree=4. Items that describe unhealthy performance are scored in reverse. Lower scores are a sign of healthier performance. The average response to items, each ranging from 1 (healthy) to 4 (unhealthy), is calculated to obtain scores of seven scales. This instrument has an answer key and sheet that makes the scoring process and identifying the items of each subscale relatively easy [4].

Reliability and validity of the instrument

The family measurement tool has a relatively good internal consistency with alpha coefficients of its subscales from 0.72 to 0.92. There are no external reports on the overall validity of the scale, and no validation data is available. Validity coefficients (internal coordination) and statistical characteristics of the distribution of scores of 50 students participating in the pilot study in the subscales of the Family Performance Questionnaire conducted by Mir Enayat (1999) are as follows [5].

Table 1. the pilot study in the subscales of the Family Performance Questionnaire conducted by Mir Enayat (1999)

The standard deviation	Average	Cronbach's coefficient	Subscription title
914.2	15.08	6329.0	Solve the problem
057.3	14.60	6329.0	Relationship
208.3	5822	4880.0	Roles
130.3	17.80	5614.0	Emotional accompaniment
1814	18.70	7455.0	Emotional intercourse
3.570	5620.	5980.0	Behavior control
5.061	28.94	7444.0	Overall performance
20.633	138.63	9097.0	The whole scale

Total coefficients and subscales alpha coefficients of problem solving, communication, maps, emotional responsiveness, emotional mixing, behavior control and overall performance in Amini (2000) research were 0.92, 0.61, 0.38, 72, respectively. 0, 0.64, 0.65, 0.61 and 0.81 have been reported [6].

The same alpha coefficients for the whole scale and its subscales are reported in Rezaei (1999) by 0.91, 0.66, 0.63, 0.42, 0.61, 0.38 and 0.73, respectively [7].

Narrative

If we exclude the overall performance subscale from the analyzes, the other six subscales of this tool are relatively independent. The "family measurement tool" has some concurrent and predictive validity. In an independent study of 178 couples about 60 years old, the instrument had a moderate correlation with the Lac-Wallace Marital Satisfaction Scale and showed relatively good power in predicting Philadelphia Aging Mood Scale scores. In addition, this instrument has a good validity for groups with the power to differentiate members of clinical and non-clinical families in all seven subscales [8-10].

Procedure

After receiving the patients' consent to participate in the study, a family performance questionnaire was given to them. In the case of the wives of patients admitted to the wards, they were referred to

the hospital during the hospital appointment hours or during the hours we had arranged with the patient. At the outpatient clinic, most of the sick women came with their husbands to visit or receive chemotherapy. Couples' questionnaires were delivered and taken in separate rooms without contact with each other to maintain the confidentiality of the data.

Ethical considerations

In this study, the following ethical principles were observed:

- Obtaining informed written consent from research units;
- Assuring research units about the confidentiality of information;
- Observing ethical principles in using other sources and research; and
- Presenting the research results to the officials of research centers if they wish to use the study results.

The collected data were reviewed and analyzed according to the objectives of the research. In fact, the answers given to the research questionnaire formed the basis of the analysis of the present study, using the scientific principles of statistics and 13SPSS software to finally answer the relevant research questions.

At the level of descriptive statistics, frequency, percentage, manganese, and standard deviation were computed and at the level of inferential statistics, appropriate tests and methods were used (significant level in the tests was $P < 0.05$) [10].

Table 2. Some demographic-sociological and disease-related characteristics in patients participating in the study

CI 95%	Standard deviation	Average	Quantitative variables
2.44- 48	10.7	46.1	Age
0.2- 6.2	1.6	2.3	Number of children
9.15- 6.20	13.2	18.2	The age of the eldest child
17.9- 5.22	13	20.2	marriage age
0.6- 0.8	1.1	0.6	Detection time

In Table 2 above, the mean, standard deviation and confidence range of some individual social, social and disease-related variables of cancer patients participating in the study are reported. As can be seen, the mean age of patients is 46.1 years and 6 months have passed since their diagnosis.

As can be seen, most of the patients were male (76.5%), 41.7% where their occupation was employee, 48.5% had university education, 32% had leukemia and 78.8% lived with their spouse and children. In Table 2, the mean, standard deviation and confidence range of some individual social and disease-dependent variables in the spouses of

cancer patients participating in the study are reported. As can be seen, the mean age of the spouses is similar to that of the patients, 46.1 years.

Table 3. Some socio-individual and disease-related characteristics in the spouses of patients participating in the study [11]

Percentage	Number	Subgroups	Qualitative variables
29	27	Man	Gender
71	66	Female	
2.46	43	housewife	Job
9.26	25	Employee	
5.7	7	Retired	
4.5	5	University	
14	13	Free	education
16.1	15	Primary	
43	40	Diploma	
8.39	37	University	
5.21	20	with wife	life style
4.77	72	With wife and children	

As can be seen in Table 3 above, most of the patients' wives were women (71%), their occupation was housekeeping (46.6%); they had a diploma (43%) and lived with their spouse and

children. (4/77). Also, there was no statistically significant difference between cancer patients and their healthy spouses in terms of problem solving.

Table 4. Comparison of scores obtained by cancer patients and their healthy spouses in terms of behavior control [12]

Statistical indicators			Average based on 100	Statistical indicators	Standard deviation	Average	Sick people and healthy spouses	Variable
p	T	df						
73.0	34.0	223	4.55	19.3- 5.20	2.9	19.9	Healthy	Behavior control
			1.55	19.3- 3.20	2.9	19.8	Patient	

Based on Table 4 above, there was no statistically significant difference between cancer patients and their healthy spouses in terms of behavior control.

As can be seen in Table 5 above, there was no statistically significant difference between cancer patients and their healthy spouses in terms of communication.

Table 6. Comparison of scores obtained by cancer patients and their healthy spouses in terms of roles [13]

Statistical indicators			Average based on 100	Statistical indicators	Standard deviation	Average	Sick people and healthy spouses	Variable
p	T	df						
0/89	0/53	223	54/9	18/9- 20/5	3/8	19/7	Healthy	Role
			54/2	18/9- 20/1	3/3	19/5	Patient	

Table 7. Comparison of scores obtained by cancer patients and their healthy spouses in terms of emotional responsiveness [14]

Statistical indicators			Average based on 100	Statistical indicators	Standard deviation	Average	Sick people and healthy spouses	Variable
p	T	df						
0/36	0/90	223	54/6	16/8- 18/1	3/2	17/4	Healthy	Emotional responsiveness
			55/8	17/3- 18/3	3	17/8	Patient	

As shown in Table 6 above, there was no statistically significant difference between cancer patients and their healthy spouses in terms of role. Based on Table 7 above, there was no statistically significant difference between cancer patients and their healthy spouses in terms of emotional responsiveness. In addition, there was a statistically significant relationship between job characteristics, age of marriage and age of the oldest child with the overall performance of the family from the perspective of cancer patients. As the age of marriage increases ($r = 0.20$ and $p = 0.02$), the age of the eldest child increases ($r = 0.21$ and $p = 0.01$).

Conclusion

The results of this study can help nursing service providers in recognizing the needs of cancer patients and their families to consider family-centered counseling and support services for patients in their planning. Health system officials and senior nursing managers can recognize the family function and factors affecting its promotion in health planning for cancer patients, their families, and provide the necessary facilities to improve family performance. The findings of this study can also be used for counselors and clinical psychologists in working with families. Since this research has been done in oncology wards and on cancer patients, it is suggested that future research be done on patients with other chronic diseases and compared with cancer patients. Considering that this study was performed in Ghazi Tabatabaei Hospital of Tabriz affiliated to Tabriz University of

Medical Sciences and Azeri patients were included in this study, it is suggested that other studies be performed in other medical centers of the provinces and the results be investigated to evaluate the effect of culture and compare ethnicity on family performance. Also, considering that the physical, emotional, psychological conditions and roles of men and women in the family are different, it is suggested that in future studies, each couple be examined alone and then the results obtained be compared with each other.

References

- [1] M. Zolfaghari, Z. ParsaYekta, F. Bahram Nejad, A. Kazem Nejad, A. Monjamed, *Journal of The Iranian Institute for Health Sciences Research*, **2010**, 9, 317-324.
- [2] S. M. Mousavi, M. M. Gouya, R. Ramazani, M. Davanlou, N. Hajsadeghi, Z. Seddighi, *Annals of Oncology*, **2010**, 20, 10-18.
- [3] T. Zaider, W. David, *Psycho-Oncology*, **2010**, 2, 483-487.
- [4] M. Hagedoorn, U. Kreicbergs, C. Appel, *Acta Oncologica*, **2011**, 50, 205-211.
- [5] M. Friedman, V. R. Bowden, *Appleton & Lange Stamford.*, **2003**, 12-154-92.
- [6] M. Stanhope, J. Lancaster, *et al. Recherche.*, **2008**, 67, 346- 416.
- [7] M. Stanhope, J. Lancaster, *Recherche*, **2005**, 67, 550-560.
- [8] A. T. Panganiban-Corales, M. F. Medina, *Asia Pacific family medicine*, **2010**, 10, 14-22.