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HOW CAN ANXIETY BE BETTER MANAGED? DEPRESSION, ANXIETY, AND COPING MECHANISMS AMONG CANCER PATIENTS

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Abstract – *Objective:* *In Malaysia, cancer is the fourth leading cause of death, which contributes to 12.6 percent of all deaths in government hospitals and 26.7 percent in private hospitals in 2016. There has been an increasing trend of 11.3 percent in 2007 up to 12.6 percent in 2016 in cancer cases, which triggers curiosity among the public on the causes, and the impact of cancer on the wellbeing of the society. The purpose of this research work is to explore the anxiety level reported by patients with breast cancer at different hospitals in Malaysia.*

Patients and Methods: *This study employs mixed methods which are in-depth counseling in identifying patients' feelings and survey in measuring the anxiety level and coping strategies among cancer patients. The purposive sample of 80 female patients (n=80) was visited at different hospitals and institutions in Malaysia with the help of National Cancer Council Malaysia (MAKNA) and National Cancer Society Malaysia (NCSM) staff.*

Results: *The finding suggests that religious coping is the most used mechanism and the primary source of stress relief among participants. In addition, family support, denial, acceptance, and positive thinking are an effective treatment for anxiety among cancer patients.*

Conclusions: *These results enhance our understanding of the psychological problems among cancer patients and guide researchers to provide an effective framework that fosters appropriate and effective spiritual health interventions.*

KEYWORDS: *Anxiety Management, Coping Mechanism, Anxiety, Depression among cancer patients.*

INTRODUCTION

In Malaysia, there are recognized cancers screening programs. Despite the availability of these programs, the percentage of cases that presented at late stage (stage III and IV) was 41.3 percent for breast cancer cases. Survival by staging was done for cases in which stage was recorded (58 percent). Out of these, 56 percent was in late stage (stage III and IV), the hazard ratio (HR) at stage IV was 7.52 (95 percent CI: 6.83, 8.28) in female breast cancer, which was statistically significant (National Cancer Registry, 2018). This statistic shows that women, regardless of their racial or ethnic origin or heritage, are at risk of developing breast cancer, which is one of the most common cancers among women and the second most important cause of women's death[1]. The Malaysian National Cancer Registry (NCR) reported 3525 female breast cancer cases registered in NCR in the year 2006 in Malaysia[2]. Furthermore, there is a worldwide increase in the number of breast cancer patients and survivors. Due to the advancement in technology and the introduction of more effective treatments, the life expectancy of these patients has increased[3]. However, the challenges patients face when adjusting to these treatments have also increased exponentially; these numerous adjustments, if not handled well, may lead to significant psychological morbidity. Of all the symptoms, anxiety and depression are the most prevalent psychological ones perceived by cancer patients[4].

It is common for cancer patients to feel emotionally sad and distress or even to have sudden mood changes; in some situations, they feel angry, afraid,

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or depressed, and in others, they feel hopeful, peaceful, or/and confident. Researchers cannot exactly explain or even express how do they feel; the patient is the only one who can express his feeling. Nevertheless, it is agreed that all cancer patients face psychological difficulties compared to other normal people, and the diagnosis of cancer is in itself an earthshaking event. This is followed by a lack of patients' personal control over the current treatment method and the uncertainty of its outcome[5]. Holland et al[6] reported that patients undergoing treatment for cancer face major physical and emotional challenge. Most cancer patients receive chemotherapy experience and psychological distress as a result of the negative effects of the antiblastic chemotherapy, the uncertainty of post-treatment, and the existence of psychosocial problems[7]. Anxiety is common at the initiation of treatment, worrying of the potential side effects of the agents and fear of recurrence after completion of treatment[8].

Anxiety and depression have been assessed by different coping strategies and yet there is no specific method to be used in managing them. But coping has been identified as a critical factor in the mediation of the effects of stressful life events on the individual's physical and psychological adaptation[9]. Different individuals use different strategies for coping with life challenges[10]. In the case of cancer, various kinds of coping strategies were used at different stages of cancer[11-15]. For instance, it has been reported that patients recruit avoidance strategies for not wanting to accept the disease in the period of diagnosis[11] and to encounter more stressful events in the advanced stages of the disease[15]. Studies also suggested that there is a relation between anxiety, depression, and coping strategies used by patients with cancer. Thus, it has been reported that anxious and depressed patients express their feeling crying, praying, screaming into a pillow, or sitting alone quietly. Regardless of the coping mechanisms used by patients, it helps the person feel better. A study conducted by Koenig et al[16] on depression and coping mechanisms among elderly medically ill patients revealed that a high proportion of the respondents sought comfort in religious beliefs and practices[16]. This, in turn, was inversely related to the severity of depression[16]. Therefore, it is important to support the coping techniques used by patients, as if it is not an adequate coping method, they might not be able to cope effectively with anxieties and depressions. Eventually, when a person with cancer becomes overly anxious, fearful, or depressed and no longer copes well with his day-to-day life, the patient and family need help from a professional therapist or/and counselor.

The purpose of this study is to describe the effectiveness of different coping strategies in managing anxiety among cancer patients. The research seeks to uncover the anxiety level, patients' experiences, causes of anxiety, anxious situation, ways of managing, and the importance of coping strategies among patients. In essence, this study aims to signify whether age, marital status, religion, educational level, and monthly income play a significant role in the level of anxiety and ways of coping among cancer patients in Malaysia.

PATIENTS AND METHODS

Patients

As indicated above, eighty (80) participants were involved in this study; their age group was between 15 and 56 years old, 67.5 percent of them were with spouses and the rest (32.5 percent) were either single, separated, divorced or widowed. Majority of them or 63.8 percent were Malay, while 27.5 percent were Chinese, and only 5 percent Indians and of these groups, 66.2 percent were Muslims (Fig. 1).

QUALITATIVE RESULTS FROM COUNSELING SESSION

The results gathered from the counseling session with patients are presented as central themes and linked categories for each of the anxiety and the coping mechanisms. Each of these categories is further presented as subcategories, in which they are based on common denominators with summarized examples from the counseling sessions. The subcategories are also supported by several quotations from individual interviews. An overview of the results, in terms of themes and categories for each phenomenon, is presented in Table 1.

The qualitative results in terms of themes, categories, and sub-categories with summarized examples are discussed in the following headings.

ANXIETY

Identification

Several symptoms of anxiety and depression were presented by 80 cancer patients, they highlighted symptoms such as sleeping problems, no appetite to eat, tiredness, emotionally upset, being aggressive, irritation, difficult to accept the disease, feeling hopeless, feeling a burden to others, tense of not getting fully cured, tense of thinking too much about cancer that grows faster and spreads to the whole body, feeling nervous with the physical changes (hair loss, scar), feeling nervous every time they had an appointment with oncologists, feeling sick

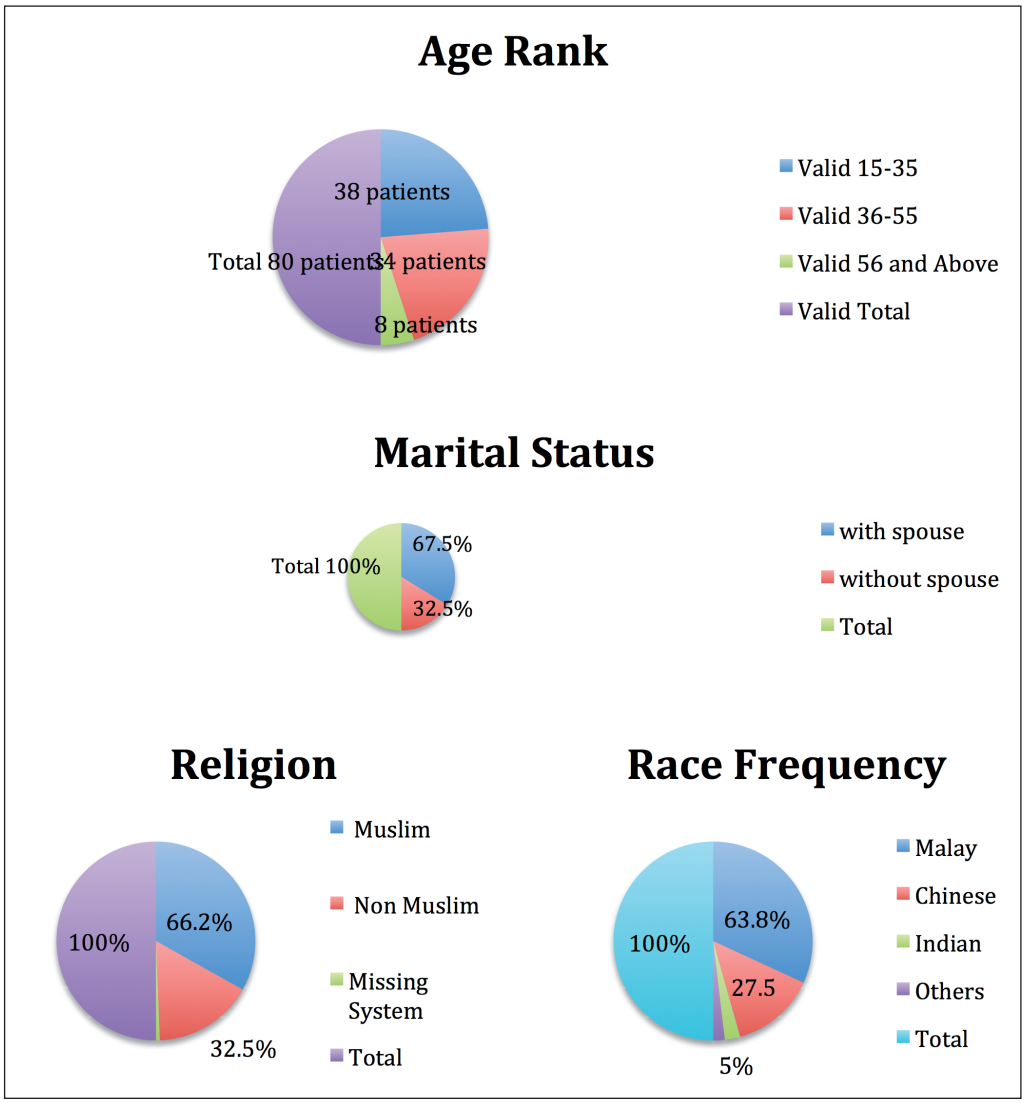

Fig. 1. Participants' profile.

when they smell the hospital environment. Some patients mentioned that their anxiety was due to caregiver distress. However, few only mentioned that their anxiety was a result of not getting support from family members. Eventually, almost 90 percent of the participants had depression and anxiety, and only a few patients around 10 percent seemed to be unable to describe the anxiety symptoms. Some mentioned that they were shocked when they first heard the news from oncologists; they started to realize it when they reached home, and then, they cried. Below are several examples of what had been stated by the patients.

"No one understands how I feel; the pain is not only in one part; it is all over my body and my mind".
"I was worried about my children, crying all the time, and thinking on what will happen to them if I die".
"I am a carrier woman; I should look good. I bought so many wigs to cover my head and look better".
"I feel dizzy and unable to stand the hospital's smell; I'm sorry I want to vomit".

Reactions

Patients reacted differently to the anxiety that was associated with cancer. The majority mentioned that they locked themselves into rooms, cried, quarantined, stayed away from others, and slept most of the time. One survivor stated that the initial stage of the cancer was followed by a traumatic event; she started to behave differently from what she used to be (easily getting angry with others, staying away from others, keeping silent all the times, having difficulty to sleep, and having no appetite at all). Some patients also mentioned that they isolated themselves from others and felt no joy; so emotionally withdrawn from everyone. Moreover, it was also in-

TABLE 1. Themes and categories of interview results from cancer patients.

Phenomenon	*Themes*	*Categories*
Anxiety	Experiencing	Identification
		Reaction
		Tool for anxiety identifications
	Causes of anxiety	Cancer stage related causes
		Lack of family support related causes
		Financial related cause
		Oncology behavior
		Fear of death
		Lack of knowledge about cancer
Coping mechanisms	Anxiety management	Family/social support
		Religious coping
		Acceptance
		Positive thinking

teresting to see some who indicated that there were no changes at all in their behavior, as well as their emotions; they were only sad for the first several days, and then, they returned to their old self. Below are several statements made by patients on their reaction to having cancer.

"Once I got the result, I was crying all the way home. I locked myself in a room and I did not open to anyone. My husband and my parent tried their best, but I did not open the door till the next day. And I cried more when I saw them waiting for me to open the door".

"Sure, at first, I was shocked and I became sad, but what life will do, it would not stop with my cancer. I took leave from my office and followed the doctor's instructions for treatments".

Tools for Anxiety Identification

In the present study, patients were asked to fill in the Measurement of Anxiety Instruments, the tool employed to identify the level of anxiety among cancer patients. A couple of patients confirmed to have high depression and high anxiety level. This was indicated by their behavioral outcome. Several statements gathered during the interview are presented below.

"Cancer makes me think of suicide"
"I cried a lot; I can't stand the pain anymore".
"I reached suicidal thoughts".
"I become emotionally withdrawn from everyone".

CAUSES OF ANXIETY

Cancer Stage Related Causes

Psychologists have highlighted different causes that lead to a high level of anxiety and depression among cancer patients. According to Mystakidou et al[18], anxiety and depression in cancer patients may be caused by various reasons including psychological reaction caused by a diagnosis of cancer, a long duration of treatment, side effects of treatment, repeated hospitalizations, disruption in life, and diminished quality of life[18]. In the present research, many patients voiced cancer-stage-related-anxiety as one of the main reasons for anxiety. They also presented causes like "no hope and no cure for stage four cancer", "it is a quick decline and death", "cancer always kills". Several statements are presented below.

"My cancer is stage two, at least there is a chance for me to get cure".

"It was my fault when I refused to go for the operation and I only used traditional medication, my cancer moved from stage two to stage three. I should not do that; I had a better chance to cure".

Lack of Family Support Related Causes

The quality of social relations is a significant risk factor for major depression. Thus, several research works have addressed the effectiveness of emotional, informational, and instrumental social support to psychological adjustment among cancer patients. For instance, different studies have suggested that emotional support is the most desired by patients, and it is also more associated with better adjustment. However, the lack of social support leads to emotional distresses. In the current study, a few patients expressed a lack of family support-related anxiety. They presented causes like "husbands who are not supportive at all", "children who do not care about mothers' pains", and "friends who no longer want to continue their friendship". Below are statements made by patients related to family support.

"Cancer is not as painful as my husband attitude who left me in my critical condition".
"My children never care about my pain; they are always out and never ask about my condition".
"My friend insulted me saying: your cancer is a punishment from God, so we better be far from you".
"My fiancée left me because he does not want to marry a woman with only one breast".

Financial Related Cause

Health care in Malaysia is mainly the responsibility of the Ministry of Health. Malaysia generally has an efficient and widespread system of health care that operates as a two-tier system consisting of a government-run universal health care system and a co-existing private health care system. The use of public health services is highly subsidized for all Malaysian citizens, with only nominal charges being levied on certain services that patients have to pay with their own pockets[19]. Tumors accounting for the highest aggregate cost for new cancer cases, and its economic burden is becoming a significant health problem for the low- and middle-income group in Malaysia[20]. In this research, some patients complain about financial related stress since cancer's treatment is expensive. As observed by Hassan et al[21], patients claimed that they felt burdened by cancer treatment and the expenses, especially when referring to their economic status; if this feeling was not treated, it could allow the occurrence of psychiatric morbidity[21]. Similarly, Ell et al[22] found that low-income women were characterized by the prevalence of anxiety and depression due to the improbability of receiving any treatments[22].

Furthermore, in this research, few patients have expressed the financial difficulty as the reason for their delay to go for surgery and chemotherapy; they felt they were a burden to their families. Below are their statements regarding this.

"I don't want to be a burden on my family".
"I could feel a heavy burden on top of my chest but I try to keep up".
"With hospital bills, chemotherapy, medication, ... I feel like a financial burden".
"I feel stress because I don't want to burden my family with my illness, I really feel upset for depending so much on them".

Oncology Behavior Related Causes

Many patients have described oncologists' behavior as the cause of their anxiety. Oncologists need to be trained on how to communicate and talk to patients, as this is considered as the main factor that influences patients' wellbeing. According to Epstein and Street, receiving training in communication skills is another mean for oncologists to improve their professional lives[23]. Patients have described their need for empathy from doctors and nurses; they have described how they are very particular to what others say. In some situations, they might not accept a single word from anyone, while in another situation, they might misinterpret words doctors say to them. Indeed, some oncologists do not understand patients' feelings; and this can be seen from the responses gathered during the interview on oncologists' behavior.

"When I cried, the oncologist threw the file into my face and said: this is your result if you don't believe in going to another doctor. Why he did that to me? I hate him and I don't want to see his face anymore".
" My oncologist never cares about my feelings, and said to me: you still have time to ask forgiveness from others, especially those you did a mistake, at least when you die, the better you die without sin".
"My doctor scares me lot, he told me that I only have three to six months to live".

Fear of Death

Most of the studies done on cancer have shown patients' concern and fear of uncertainty regarding their cancer; the panic of cancer progressing and recurrence is always in mind. In a research done in Turkey, women experienced severe psychological problems, such as the overly concern about having an impaired body image, reduced self-esteem, feeling of losing their femininity, and decrease in sexual functions, anxiety, depression, desperation, guilt and shame, fear of a relapse, isolation, and fear of death[24]. In this study, patients expressed their fear of cancer progress, recurrence, and death. These are expressed in the statements below.

"I do not want to die, my kids are still young, and they really need me."
"I always fear of cancer recurrence; I do not want to go through the same pain again'.

Lack of Knowledge/Information About Cancer

Patient education plays a major role in empowering patients and families with cancer. It is stated in Cancer Care Nova Scotia, that educating patients about their disease, treatment, side effect management, and quality of life can reduce patient anxiety, enhance coping mechanisms, reduce decisional conflicts, promote patient autonomy, and improve the experience for patients and families[25]. Patients who understand their disease and treatment have greater compliance with therapy, which translates

into better outcomes. Some patients have described that lack of information on cancer increases their anxiety because they believe on the concept that "cancer always kills", "no way to get cure of cancer", and "misunderstanding of what cancer is all about". All these ideas and believes increase patients' anxiety and concern about cancer. Therefore, patients' knowledge plays a major role in empowering them with cancer, reduces their anxiety, and enhances their coping mechanisms. Below are the patient statements on their knowledge of cancer.

"I don't think it's due to lack of knowledge and information, but it's more on believes that we all have in mind from 20 years that cancer always kills"

"I did many researches on the Internet, I also asked survivors and learned more about cancer. This helps me a lot to know what will be next about my cancer".

ANXIETY MANAGEMENT

The management techniques adopted by cancer patients are considered an individual's cognitive or behavioral effort to manage the feelings and situations that are considered as painful for them. Cancer patients present several anxiety management techniques, such as ignoring symptoms and forcing the brain to think of something else, keeping their mind occupied by playing with their children, spending time enjoying nature, resting or sleeping, reading, walking, exercising, relaxing, always being with family and friends, talking to other survivors, having positive thinking, having acceptance of cancer and being close to God, involving in different activities, or talking about cancer with the others. The most common management techniques are presented in the following headings.

Family/Social Support

Studies[11-15] have shown that various kinds of coping strategies are used in different types and stages of cancer. For instance, it has been reported that patients using ineffective coping strategies have higher levels of anxiety and depression and benefit from social support results in a marked reduction in the levels of anxiety and depression[26]. Social support has remarkable importance in preventing anxiety and depression that are commonly observed in cancer patients. Patients have stated that family and friend support have a great impact on their emotional wellbeing. A couple of counseling sessions have described that lack of family support might cause emotional pain, difficulties to manage anxiety, less acceptance to the medications, feel weaker and think less of the cure. Some patients deeply cry, the pain they have when their own children do not take care of them, and when their own husband thinks of getting another healthy wife. Undeniably, those are more painful than cancer itself. Below are the statements made regarding this.

"I was unlucky to have this family, the emotional pain I go through when thinking of them and how they do not care was more painful than cancer pain itself."

"My husband and children never support me, and that makes me less coping with cancer".

"I feel better when my tears drop on my husband and my parents' shoulders"

Religious Coping

Religion and spirituality play an important role in the treatment of stress and anxiety associated with cancer. Different research works have shown that religious coping has been widely used by patients with all types of chronic diseases, including cancer[27,28]. Usually, it has been reported that the human has the ability to manage different psychological problems through strong religion and belief in God's will. As it was suggested by Pargament et al[29] that one might use religious coping to find meaning, gain control, gain comfort, and closeness to God, gain intimacy with others, and achieve a life transformation (e.g., identifying new reasons for personal significance). It is generally accepted within the psychology of religion that religious lead to wellbeing. Siegel et al[30] have proposed that religious coping enhances a person's psychological resources (e.g., self-esteem) and helps the individual to build an interpretive framework or cognitive schema (e.g., search for and finding meaning)[30]. On the same lines, Pargament et al[29] suggested that religion might provide faith and hope in that divine intervention that helps in controlling the outcome of the illness and can also aid individuals in continuing treatment[31]. In this research, cancer patients reported that religious coping activities, such as prayers, attending religious places, seeking comfort and strength from God, were associated with mental and physical health outcomes. Some reported that reading holy books made them feel emotionally better. Others reported that they gained physical and emotional wellbeing using some spiritual practices and activities. Others indicated that listening to religious melodies offered them great comfort. The statements below illustrate this.

"I refused to go for surgery and chemotherapy, and I only used five verses from the Holy Quran (Al-Ikhlas, Alfalaq, An-Nas, Ash-Sharh, and Ad-Duhaa), my doctor never believes in the result, and now I am a survivor for more than ten years".

"I believe in both medical and spiritual remedy, and I am sure both works together in my case".
"I always visit the shaman to read some religious words on my body that makes me feel better".
"I emotionally feel better, when I use religious and spiritual treatments".

Acceptance

Most cancer patients have reported that acceptance of the sickness is part of religious belief. They highlighted that they accepted cancer because it came from God and they did not have the power to change God's wills. Others reported that they were among the chosen ones, and God was testing their faith. Therefore, they accepted cancer. Moreover, most patients reported that when they sincerely accepted cancer, they emotionally felt better. The below statements depict acceptance.

"I believe that God loves me and he wants me to be closer to him, therefore I have to accept what God wants".
"Yes, I cried but at the end of the day I have to accept".
"My religion teaches me to accept whatever comes from God, therefore, I accept my cancer".
"Cancer taught me how to be patient and how to accept God's will. At the end there are people worse than me, so why shouldn't I accept".

Positive Thinking

Normally, patients may feel hopeless or sad if they see cancer as a roadblock to a life full of health and happiness. It is hard for them to feel positive and upbeat, especially if the future is uncertain. Just thinking about the treatment and the time it will take out of their life may seem (like) too much to handle. Feelings of sadness or uncertainty may be made worsened by their past experiences with cancer. Still, counselors need to encourage them to think positively, since most of the studies[32] showed that there is a relation between positive thinking and anxiety/stress management. The occurrence of daily positive emotions serves to moderate stress reactivity. Positive thinking and affect are proven to be more related to distress reduction and to the prediction of healthy outcomes[33]. Moreover, positive emotions experienced immediately after any stressors completely mediated the relation between resilience and coping variables[34]. Some patients said that positive thinking helped them to be stronger and face cancer effectively. Others indicated that their time passed quickly when they went for chemotherapy with positive mental thinking. Several patients highlighted the importance of positive thinking as a mean of living in this life. This is illustrated in the statement below.

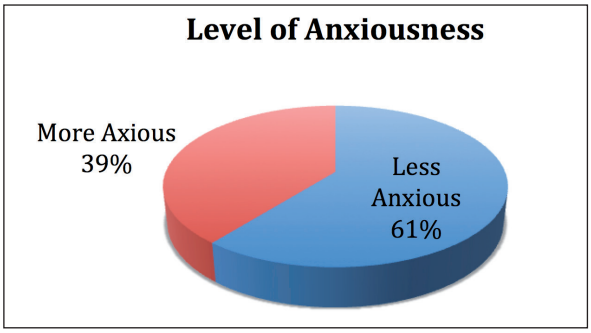

Fig. 2. Anxiety level.

I tried my best every time I go for treatment to think positively, because I believe that survivors should have positive mental thinking, especially when they go for chemotherapy, rather than going there with the tearful eye that makes things worse".

QUANTITATIVE RESULTS FROM QUESTIONNAIRES

Level of Anxiety and Depression

The scale used in this study is targeted for those who are moderate to highly anxious; as shown in Figure 2.

Figure 2 illustrates that almost all patients (80 participants) were anxious due to their fear of death; difficulties to accept the disease, being too dependent on others, and feeling hopeless if cancer spreads and becomes part of their life. Moreover, 27 (39%) patients reported a very high level of anxiety that required some psychological intervention. Hence, the researcher (counselor) visited them for more than three times during this research study. In addition, the result also indicated that anxiety was significantly associated with problems like financial, unsupportive family, and emotional issues.

The total means for anxiety and depression were measured pre and post counseling and coping techniques. Results are shown in Table 2.

Table 2 indicates that the total mean score for anxiety was slightly higher than depression. Overall, patients were anxious and depressed. Counseling techniques were introduced to patients. Therefore, their level of anxiety and depression was measured again as presented in Table 3.

Based on Table 3, it can be said that patients were still anxious and depressed; and their level of anxiety and depression were only marginally reduced after counseling. This is because cancer is not a subject that can be easily ignored, and the patients will keep thinking of it.

TABLE 2. Anxiety and depression among cancer patients before counseling.

Descriptive Statistics	No.	Minimum	Maximum	Mean	Std. Deviation
Anxiety	80	1	5.571428571	2.957908163	1.371034629
Depression	80	1	5.961538462	2.242445055	1.34039567
Valid N (listwise)	80				

TABLE 3. Anxiety and depression among cancer patients after counseling.

Descriptive Statistics	No.	Minimum	Maximum	Mean	Std. Deviation
Anxiety	80	0	5.5	2.776666667	1.430412057
Depression	80	1	5.923076923	1.98974359	1.228779723
Valid N (listwise)	80				

Coping Mechanisms

Figure 3 illustrates the degree to which patients believe in the needs to cope with cancer, and the result shows that the majority strongly agrees on the need to cope.

The relationship between anxiety and coping mechanisms

A correlation test was done between anxieties and coping, the results are shown in Table 4.

Based on Table 4, the correlation is significant at the 0.05 level (2-tailed). Many patients expressed their need to cope during the counseling session. They indicated that there was a relation between anxiety and management techniques. A few mentioned that a high level of anxiety might require better management techniques. A patient said it must logically be a connection between the level of anxiety and management techniques. Many have mentioned that cancer anxiety drove patients to think about "how can I manage", "what should I do", and "what is next".

DISCUSSION

Literature has shown that patients with cancer have different coping strategies. Since coping is a multidimensional concept, an individual's perception can be affected by the person's beliefs and values. There-

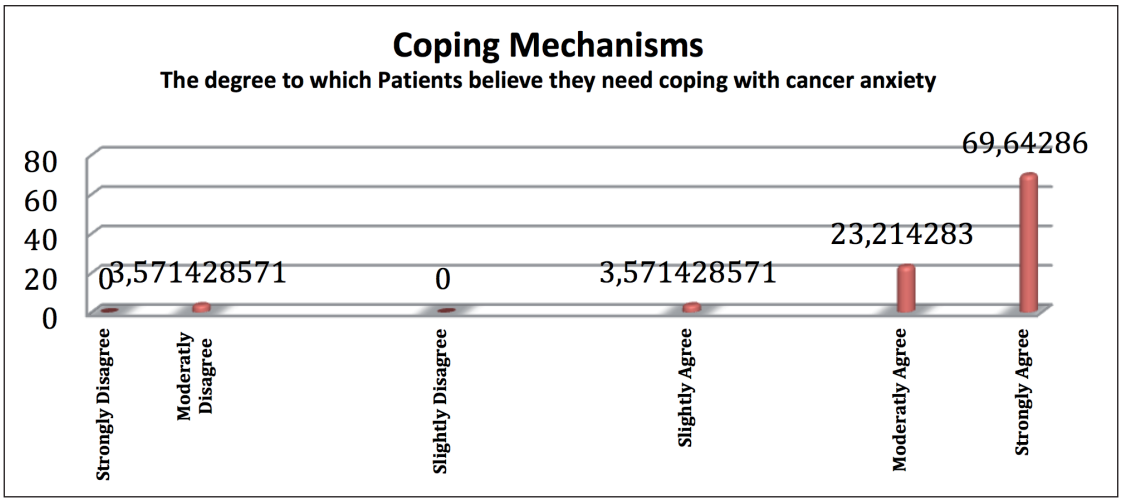

Fig. 3. Coping mechanisms.

TABLE 4. Correlation between anxiety and coping mechanisms among cancer patients.

Correlations		Coping Mechanisms	Anxiety
Coping Mechanisms	Pearson Correlation	1	0.257038943
	Sig. (2-tailed)		0.014459514
	No.	80	80

*Correlation is significant at the 0.05 level (2-tailed).

fore, patients in this study mentioned their feelings differently. Some were facing difficulties expressing their feelings and some even managed well. The researcher (counselor) was encouraging patients to talk freely about their feeling. As a result, most patients reported anxiety and depression at different stages and levels of treatment. In addition, they described different coping strategies such as family support, spirituality and religiosity, denial, acceptance, and positive thinking to be the best coping mechanisms to strengthen their feelings and comfort their emotions. Similarly, Karabulutlu et al[35] reported that social support was the preferred coping strategy for all cancer patients and therefore, hospital staff must focus on teaching social skills and effective strategies for patients and their families to strengthen the seeking support[35]. However, contrarily, Kim et al[12] reported in his study that patients with cancer mostly recruit emotional coping strategies; they mainly used mostly blame and emotion expression[12]. In conclusion, cancer patients need our attention, help, and guidance to avoid stressful events that increase their levels of anxiety and depression. Several limitations should be kept in mind when interpreting the results of this study. The sample for this work was drawn from cancer patients and survivors from different hospitals and institutions in Kuala Lumpur. Therefore, the generalization of these findings to individuals living in other geographic regions is limited. This study involved a limited number of patients. To generalize the results to all Malaysian population, further studies with larger populations are needed. We believe that this work will provide insights into future research.

Report Recommendation

Due to the complaint form and the lack of awareness among patients, the following recommendations are made to ensure that, although statistically, the number of cancer patients is increasing, patient and families are able to cope better with the effects of the disease. For the well-being of patients and families, the nation would be healthier and many development and social agendas set can be achieved. The recommendations are as follows:

1. Malaysians, in general, should adopt a healthier lifestyle that encourages a healthy and quality life.
2. Awareness of early cancer symptoms should be increased among the public. This can be done through effective campaigns.
3. The public should be encouraged to go for health screening activities at least twice a year so that any disease can be detected and treated.
4. Counselors should be provided in all hospitals and health communication must be made more effective and efficient by the responsible authority.
5. The curriculum of medical schools should be improved.
6. Health care practitioners should be trained more rigorously in handling patients and the spiritual and emotional well-being of their families.

CONCLUSIONS

Anxiety and depression are the most common psychological problems encountered by patients with cancer, and effective coping strategies are needed to manage them. In this research, it has been found that almost all patients from different hospitals and institutions were anxious; however, they had a different level of anxiety. The findings can assist hospitals and health institutions to provide counselors who can help patients manage their anxiety, since there was little or nothing studied in those hospitals. Cancer patients usually experience anxiety due to fears of the cancer itself, uncertainty about their future and changes in their physical appearance. Their distress may also be related to other psychological, social, spiritual, and emotional issues, arising from the cancer they suffer. Therefore, the need for management techniques is very high. Therefore, patients need a counselor who understands their feelings and is able to help them remove all the pain from their mind, soul, and body. Otherwise, treatment, chemotherapy, and medications provided in hospitals will not be useful as long as the mind and the emotional pains are not well managed.

Conflict of Interest

The Authors declared that they have no conflict of interests.

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