

Navigating Challenges: Psychosocial Adjustment and Self-Efficacy Among Head and Neck Cancer Patients

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Abstract

Background of the study: Head and neck cancer (HNC) patients face considerable challenges that affect their psychosocial well-being and self-efficacy. The diagnosis and treatment often result in emotional distress, body image changes, and social isolation. Psychosocial adjustment involves coping with these challenges, while self-efficacy reflects a patient's confidence in managing their health and treatment. Understanding the interaction between these aspects is essential for developing effective support strategies to enhance the quality of life, treatment adherence, and resilience in patients.

Materials and Methods: This study employed a **non-experimental descriptive research design** with 60 participants selected through a **non-probability consecutive sampling technique**. Tools included socio-demographic and clinical data questionnaires, a psychosocial adjustment scale, and a self-efficacy scale.

Results: Among the participants, **25% showed excellent psychosocial adjustment, 41.7% had good to moderate adjustment, 20% displayed poor adjustment, and 13.3% exhibited very poor adjustment.** Regarding self-efficacy, **16.7% reported low levels, 41.7% had moderate levels, and 41.7% demonstrated high levels.** A moderate negative correlation between psychosocial adjustment and self-efficacy was identified, indicating that lower adjustment is associated with reduced self-efficacy. Factors such as **age, gender, metastasis, functional status, and comorbidities** significantly influenced outcomes.

Conclusion: Addressing psychosocial challenges and fostering self-efficacy in HNC patients can improve their quality of life and treatment outcomes. Comprehensive support strategies, including counseling and education, are essential for promoting resilience and better health trajectories.

Keywords: Psychosocial adjustment, Self-efficacy, Patient with Head & Neck cancer.

Introduction:

Head and neck cancer (HNC) significantly impacts patients' physical, emotional, and social well-being, often leading to anxiety, depression, and social isolation. This study explores the psychosocial adjustment and self-efficacy of HNC patients, focusing on their ability to cope with challenges posed by their diagnosis and treatment. Psychosocial adjustment addresses emotional resilience, while self-efficacy reflects confidence in managing health-related tasks. A positive interplay between these factors can enhance treatment adherence, emotional stability, and overall quality of life.

The research also examines the influence of social support systems, including family and healthcare providers, in promoting psychosocial well-being and self-efficacy. Employing mixed-method approaches, including surveys and interviews, this study aims to provide comprehensive insights into the needs of HNC patients. Findings will guide the development of targeted interventions, fostering holistic care models that address the physical, emotional, and social aspects of living with HNC.

Background of the Study

Head and neck cancers (HNC) are a significant global health concern, with the highest incidence in South and Southeast Asia, particularly India and China, due to tobacco use, alcohol consumption, and HPV infections. Globally, HNC accounts for 4% of all cancers, with 930,000 new cases and 460,000 deaths annually (IARC, 2024). By 2050, the global cancer burden is projected to rise by 77%, driven by ageing, risk factors, and healthcare disparities.

In India, HNC represents 26-30% of all cancers, with a high Age-Standard Incidence Rate of 25.9 per 100,000 males. Late-stage diagnosis affects over 65% of patients. In Tamil Nadu, HNC is among the most common cancers, with late diagnosis and limited awareness significantly impacting outcomes, as reported by the Tamil Nadu Cancer Registry Project.

Need for the study

The diagnosis of head and neck cancer (HNC) poses challenges that extend beyond physical health, deeply affecting patients' emotional and psychological well-being. The disease, its treatments, and the resulting changes in appearance and functionality often lead to anxiety, depression, and reduced quality of life. Despite these critical psychosocial implications, there is limited understanding of how these factors specifically influence self-efficacy and coping strategies in HNC patients. This study aims to explore the relationship between psychosocial adjustment and self-efficacy to address this gap.

While advances have been made in managing the physical aspects of cancer, the psychosocial dimensions often remain overlooked. Higher self-efficacy is associated with proactive engagement in treatment and recovery, yet its contributing factors among HNC patients are not well understood. Additionally, social support systems—family, friends, and healthcare providers—play a pivotal role in influencing adjustment and self-efficacy. This research seeks to inform holistic care approaches, empowering patients, enhancing resilience, and improving nursing education and practice.

Statement of the Problem

“A study to assess the level of Psychosocial adjustment and Self-efficacy among Head & Neck cancer patients”.

Primary Objectives

- To assess the level of psychosocial adjustment among head and neck cancer patients.
- To evaluate the self-efficacy scores of head and neck cancer patients.

Secondary Objectives

- To determine the correlation between psychosocial adjustment and self-efficacy scores in head and neck cancer patients
- To identify the association between psychosocial adjustment and self-efficacy scores with selected demographic variables of head and neck cancer patients.

Hypothesis

H1: Psychosocial adjustment and self-efficacy will have a significant relationship among head and neck cancer patients.

H2: Psychosocial adjustment and self-efficacy will be significantly associated with selected demographic variables.

Methods & Materials

A quantitative research approach with a non-experimental descriptive research design was adopted. The study was conducted in the Radio Oncology Department of RGGGH, Chennai, over four weeks. The population included head and neck cancer patients, with a target group being those with low psychosocial adjustment and self-efficacy. The accessible population comprised patients meeting the inclusion criteria (patients diagnosed with head and neck cancer, aged 18 years or above, undergoing treatment, and willing to participate) and excluded those with severe cognitive impairments or terminal illnesses. Using a non-probability consecutive sampling technique, 60 patients were selected as the sample. The tools included a Socio-demographic and Clinical Data Sheet, a Psychosocial Adjustment Scale, and a Self-efficacy Scale, validated by experts and tested for reliability using Cronbach's alpha, which yielded a value of 0.85, indicating good reliability

Ethical Considerations

The study adhered to ethical principles after obtaining ethical clearance from the **Institutional Ethical Committee** and approval from the **HOD and Professor of the Radio Oncology Department, RGGGH, Chennai**. Principles included **beneficence** by assessing psychosocial adjustment and self-efficacy, **respect for dignity** with voluntary participation and withdrawal rights, **confidentiality** of sample data, and obtaining **informed consent** from all participants.

Results

The study on Head and Neck cancer patients found that 25% had excellent psychosocial adjustment, 41.7% showed good to moderate adjustment, 20% demonstrated poor adjustment, and 13.3% had very poor adjustment. Regarding self-efficacy, 16.7% of patients reported low levels, 41.7% had moderate levels, and 41.7% exhibited high levels. A moderate negative correlation was observed between psychosocial adjustment and self-efficacy, indicating that lower adjustment was associated with reduced self-efficacy. Factors such as age and gender significantly impacted adjustment levels, while clinical variables like metastasis, functional status, and comorbidities also played a significant role, as evidenced by chi-square analysis.

Discussion

The study showed **25% of head and neck cancer patients** had excellent psychosocial adjustment, **41.7% good to moderate**, **20% poor**, and **13.3% very poor**. For self-efficacy, **16.7% reported low**, and **41.7% each reported moderate and high** levels. A **moderate negative correlation** indicated poorer adjustment linked to lower self-efficacy.

Kira S. van Hof et al. (2023) highlighted higher self-efficacy enhances QoL and reduces distress. **Yesiana D. et al. (2020)** found that better self-efficacy improved coping strategies. **Yuying Fan et al. (2024)** reported self-efficacy positively influences psychosocial adjustment, moderated by stigma.

Demographic (age, gender) and clinical factors (metastasis, functional status, comorbidities) significantly affected psychosocial adjustment and self-efficacy, emphasizing the importance of tailored interventions.

Implications of the Study

Nursing Education

- Emphasize patient-centred, holistic, and evidence-based care.
- Strengthen critical thinking, communication, and leadership skills.
- Integrate mental health, cultural competence, and psychosocial care into training.
- Use simulation exercises and interprofessional collaboration to improve practice.

Nursing Administration

- Advocate for policies supporting psychosocial care and staff training.
- Promote awareness of patients' emotional needs and develop psychosocial care programs.
- Allocate resources and establish nurse-led initiatives for holistic care.

Nursing Practice

- Implement protocols for psychosocial assessments and routine mental health screenings.
- Enhance self-efficacy through patient education and support strategies.
- Address body image concerns and ensure continuity of care via follow-ups.
- Use telehealth for ongoing psychosocial support.

Nursing Research

- Study the relationship between self-efficacy and outcomes in HNC patients.
- Explore barriers to psychosocial care and develop evidence-based guidelines.
- Conduct interdisciplinary research to improve oncology nursing practices.

Recommendations

- Investigate gender, lifestyle, and regional factors affecting HNC incidence.
- Assess public health campaigns, psychosocial influences, and barriers to tobacco cessation.
- Explore the impact of tobacco use patterns on clinical outcomes and quality of life.
- Conduct long-term studies on survival and recurrence rates in HNC patients.

Limitations

- Small sample size and limited geographic focus.
- Retrospective design introduces recall bias and incomplete data.
- Gender imbalance and lack of qualitative insights.
- Short study period and reliance on self-reported data.

Conclusion

Assessing psychosocial adjustment and self-efficacy among head and neck cancer (HNC) patients is vital

to improving their well-being and treatment outcomes. Challenges like disfigurement, altered speech, and emotional distress impact their quality of life. Psychosocial adjustment reflects coping ability, while self-efficacy influences adherence and health outcomes. Higher self-efficacy enhances coping and quality of life. Interventions like cognitive-behavioural therapy and peer support empower patients, emphasizing a holistic approach to care for better outcomes.

FIGURE 1. SCHEMATIC PRESENTATION OF THE STUDY

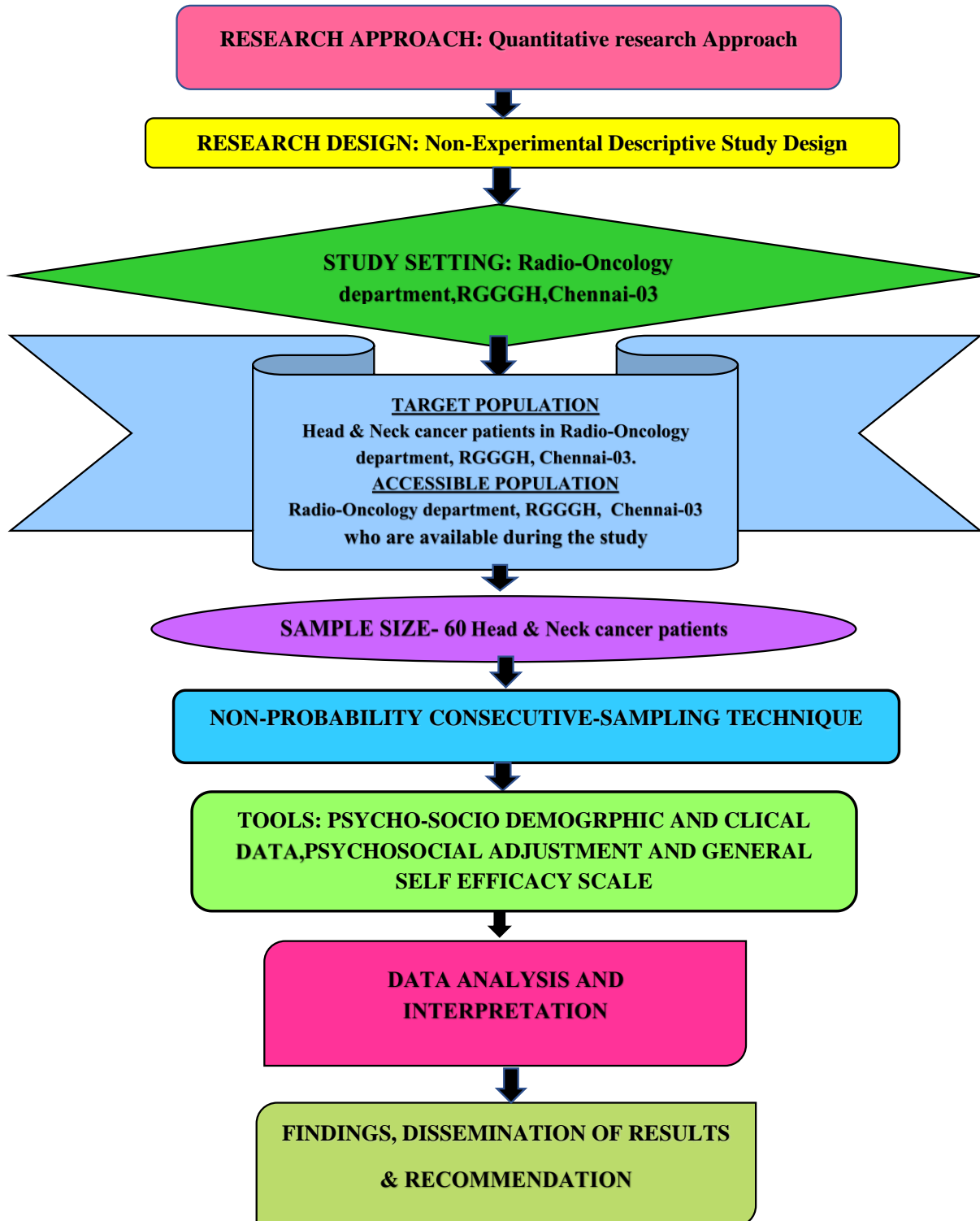


TABLE 1. DEMOGRAPHIC VARIABLES OF THE HEAD AND NECK CANCER PATIENTS

Demographic Variable		Frequency (n)	Percentage (%)
Age	<30	5	8.30%
	31–40	12	20%
	41–50	18	30%
	51–60	15	25%
	>60	10	16.70%
Gender	Male	35	58.30%
	Female	25	41.70%
	Other	0	0%
Marital Status	Single	10	16.70%
	Married	40	66.70%
	Widowed	5	8.30%
	Divorced	3	5%
	Separated	2	3.30%
Education Level	No formal education	10	16.70%
	Primary	15	25%
	Secondary	20	33.30%
	Higher Secondary	10	16.70%
	Graduate	4	6.70%
	Postgraduate	1	1.60%
Employment Status	Govt. Employment	5	8.30%
	Private Employment	15	25%
	Unemployed	20	33.30%
	Retired	10	16.70%
	Homemaker	8	13.30%
	Student	2	3.30%
Income Level	Low (<10,000 INR)	30	50%
	Medium (10,000–50,000 INR)	25	41.70%
	High (>50,000 INR)	5	8.30%
Residential Area	Rural	25	41.70%
	Urban	20	33.30%
	Semi-urban	15	25%

FIGURE 2. DEMOGRAPHIC VARIABLES OF THE HEAD AND NECK CANCER PATIENTS

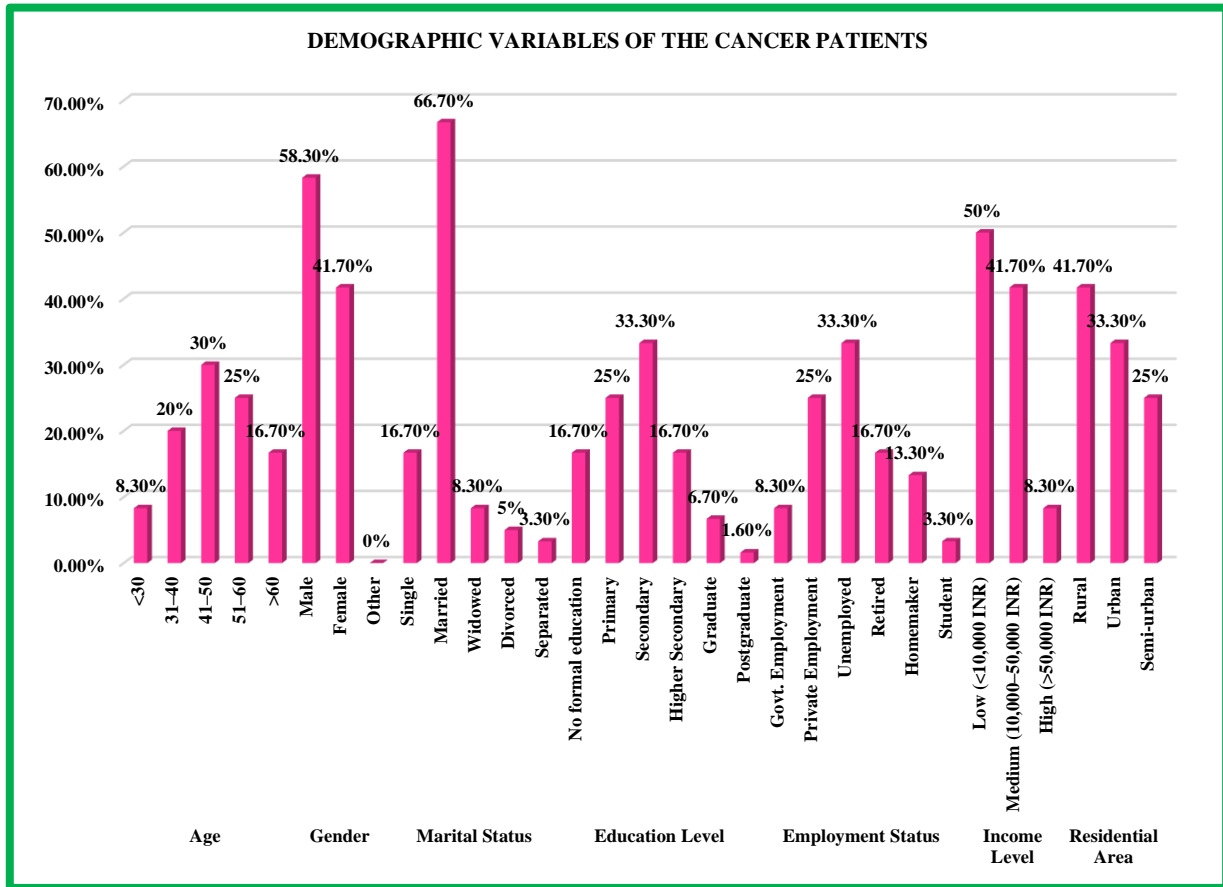


TABLE 2. LEVEL OF PSYCHOSOCIAL ADJUSTMENT SCORE OF THE HEAD AND NECK CANCER PATIENTS

SCORE	INTERPRETATION	(N)	(%)
0-30	Excellent Adjustment	15	25%
31-62	Good to Moderate Adjustment	25	41.70%
63-90	Poor Adjustment (Moderate Difficulty)	12	20%
91-138	Very Poor Adjustment (Severe Difficulty)	8	13.30%

FIGURE 3. PSYCHOSOCIAL ADJUSTMENT SCORE

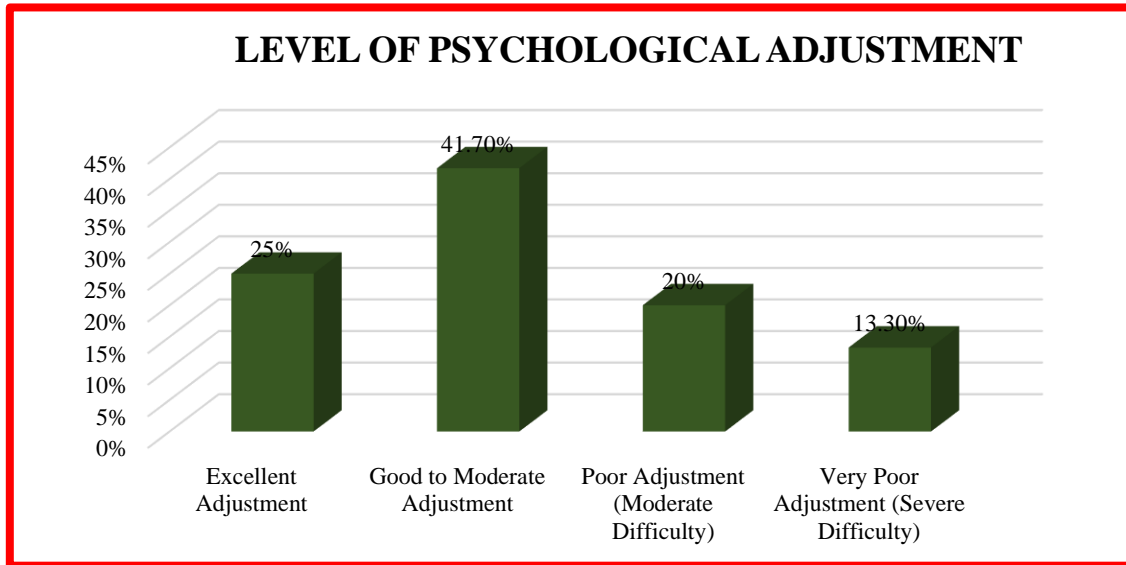
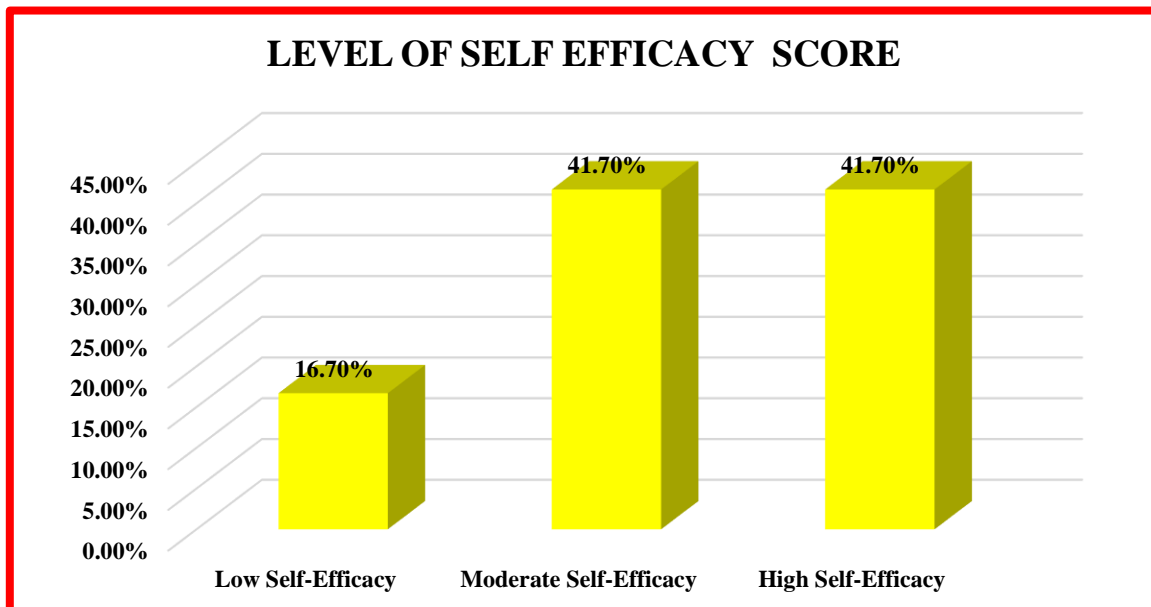


TABLE 3: LEVEL OF SELF-EFFICACY SCORE

Score Range	Interpretation	Frequency (n)	Percentage (%)
10–20	Low Self-Efficacy	10	16.70%
21–30	Moderate Self-Efficacy	25	41.70%
31–40	High Self-Efficacy	25	41.70%

FIGURE 4. LEVEL OF SELF-EFFICACY SCORE



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