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Mini-Review

The Management of Cancer in Ghana Using Three Selected Public Health Theories

Kyei K.A.^{1,3}, Kyei J.B.², Kitson-Mills D.¹, Daniels J.³, Biney I.J.K.⁴ and Mahama B.⁵

¹*University of Ghana, School of Biomedical and Allied Health Sciences*

²*Public Health Directorate, Tema West, Accra, Ghana*

³*Korle-Bu Teaching Hospital, Ghana*

⁴*Britannia Medical Centre, Ghana*

⁵*Department of Public Health, Tamale Teaching Hospital, Ghana*

ABSTRACT

Cancer affects all manner of persons irrespective of culture, socioeconomic status or background and usually takes a grave psychological toll on patients. In Ghana, the minimal level of awareness of this disease coupled with late presentation, inaccurate diagnosis and sometimes delayed initiation of treatment stirs up anxiety and depression in patients receiving antineoplastic therapy. Such anxiety and depression if not adequately managed can negatively affect patients' response to treatment. This report proposes the path-goal theory, the situational theory and the behavioural theory as the three most ideal styles of leadership theories required in the management of patients undergoing therapy for cancer. The report also outlines steps for a systematic and comprehensive way of assessment as well as the management of cancer in Ghana.

Keywords: *Radiotherapy, assessment, management, anxiety, depression*

*Author for correspondence: Email: kakyei@ug.edu.gh; Tel: +233-302-676222

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INTRODUCTION

Disorders in anxiety according to Goodman, *et al.*, (2019), are usually carefully measured as extreme fear and sequential elusion, routinely in response to an explicit condition or object and in the absence of true danger. Depression deals with conditions that result in sadness and is associated with symptoms such as the feeling of hopelessness, insomnia, lack of concentration as well as lack of energy among others (Malhi and Mann, 2018). These developments are often rooted in the thinking pattern, behaviour and changes in the mood of patients. Additionally, factors such as age, genetic predisposition, the environment and the psychological make-up of patients play key roles. So many other factors in the Ghanaian setting such as the cost of treatment also aggravate this issue.

In Ghana, patients usually have to pay for the cost of their treatment out of pocket with few exceptions where some percentage is covered by the National Health Insurance Scheme (NHIS), private insurance or institutional medical insurance for employees. Unlike many places across the globe, Ghana has relatively low medical insurance coverage as a result of which most patients end up paying the full cost of their treatment by themselves Kwabeng *et al.*, (2020). Relational issues within both nuclear and external family units

remain pertinent in the cultural arena of Ghana because of cultural meanings given to people who are diagnosed with cancer. The burden of disease is another key factor that causes depression in cancer patients. Three theories were applied in the management of patients undergoing radiotherapy in Ghana, namely; the Path-Goal theory, the Situational theory and the Behavioural theory. High level of knowledge and understanding of anxiety and depression in combination with the appropriate application of these theories could facilitate the correct utilization of such an assessment.

In clinical practice, patients diagnosed with cancer requiring radiation therapy are referred to see the radiation oncologist for evaluation and consideration of available treatment options. When the decision to have radiation therapy is made, patients have to go through either conventional or computer tomography (virtual) simulation before treatment can be implemented. Patients often complain about several challenges in the pathway from the first hospital visit to the initiation and completion of recommended treatment. Inadequate explanation of the indications, cost, benefits and peculiarities of radiation therapy result in a lot of patients not knowing what to expect as they proceed with their treatment. This undoubtedly contributes to their stress and anxiety. Some patients complain about treatment side effects not being thoroughly explained to them. As a result, they easily become

depressed about the whole treatment modality upon experiencing any negative effects of treatment (Macmillan Cancer Support, 2013). The truth however is that even patients who go through counselling and provide informed consent for their treatment feel anxious and are sometimes depressed. Cancer results in various degrees of burden to patients in Ghana especially since the typical patient has limited information about their disease. According to Mitchell, Chan, & Bhatti, (2011), some patients deliberately close their ears and minds to information provided about their disease since such information will destabilize them both emotionally and psychologically. Teamwork, empathy and collaboration are paramount in the management of cancer patients and illustration of the three core theories mentioned should be visibly displayed for patients to see.

Constituents of anxiety

There are three constituents of anxiety according to Ng, *et al.*, (2019) that are mostly described as divergent emotions. These are the behavioural modules, the neurobiological modules and the cognitive modules. These components affect patients in stages and become worrying when it continues for a long time as it prevents patients from functioning effectively. In the journey of a cancer patient, anxiety and depression often set in even prior to clinical diagnosis and progressively worsen if the disease advances (Kyei *et al.*, 2020). Patients who present late with locally advanced or metastatic disease are generally more prone to depression than those who present early with curable disease. Some investigators indicate that about 46% of all patients diagnosed with cancer develop all manner of anxiety and depression after their diagnosis which worsens during their treatment regimen (Omran and Mcmillan, 2018; Pérez-Segura, 2021).

Psychosocial care among cancer patients

There is rising acknowledgment that psychosocial care is an essential part of the comprehensive care of patients diagnosed with cancer. Psychosocial care can be viewed in a broader dimension within the context of Oncology through the evaluation of care in terms of its impact on both quality and length of life (Grassi *et al.*, 2017). The Radiotherapy community progressively emphasises the significance of considering how well people live, with the aim of relieving anxiety and depression whilst promoting the well-being of cancer patients and improving their quality of life (Grassi *et al.*, 2017). Expanding access to psychosocial care for cancer patients is a challenging issue for every cancer manager. There are some barriers to the efficient provision of such care in Ghana, such as the lack of adequate numbers of trained professionals. It is important to note that expanding access to psychosocial care is paramount. Now, with many different forms of psychosocial care available and a growing body of research that can guide practice, clinicians have an obligation to provide patients with the care that is most likely to be beneficial for the kind of condition they are experiencing.

Problem Statement

It has been established that every cancer patient at some point in their life experiences some degree of depression. According to Birnie *et al.*, (2009), this occurs even during the

course of treatment and can even extend to close associates and family members as well. After diagnosis, comes the phase of emotional shock and disbelief followed by anxiety. The progression of cancer can cause protracted stress and make patients more conscious of their diagnosis, symptoms, treatment, adverse effects and prognosis, ultimately accentuating their fear of treatment failure or relapse. Many cancer patients per their own standards and projections are not very happy with the treatment they receive. This results in various kinds of complaints which lead to the intensification of their anxiety and depression levels (Kyei *et al.*, 2020). This review is consequently directed at looking out for a framework of various interventions for anxiety and depression among cancer patients in Ghana with various leadership theories in mind to be applied.

Application of Public Health Leadership theories

The three theories that have been utilised in this review are the Path-Goal theory, the Situational theory and the Behavioural theory, mostly, in the application of the assessment of anxiety and depression among patients undergoing cancer treatment. The behavioural theory is utilised in the process of informed decision-making by patients through the support of their care givers or family members. From the side of the caregivers, complete patient-centered communication that seeks to explain the entire treatment to the patient and their relatives as well is indispensable. Patients must be made aware of all available treatment options and allowed to choose which options they prefer through careful guidance. Communication plays a vital role in the trajectory of cancer treatment and is required for the successful management of anxiety and depression. Caregivers within the Radiotherapy setting will have to be very diligent in their duty and show diverse degrees of excellence in their field as they care for, assist and manage these patients. They may also have to be specially trained to accommodate various degrees of traits from the side of these patients.

The path-goal theory seeks to examine various leadership styles and actions of the radiotherapy staff pool for patients through their trajectory until the complete success of treatment. Part of this theory is based on supportive care and partnership exchange which is most needed in an environment such as cancer therapy that seek to support clients in their journey. Within this theory, two key traits in leadership skills are paramount; effective communication as well as attitude. Effectual communication demands giving much consideration and thought to the patients under treatment course (Nahavandi, 2015) whereas attitude of the care giver play a significant role or ensuring that the patient is comfortable in every step of the way.

The final theory is the Situational leadership which focuses on the state and conditions of the patients during the time of treatment. This theory covers the emotional, psychological and their state of mind of patients during their treatment regime. What is known is that the treatment is usually on outpatient basis and after a day's treatment. There are therefore different cultural displays which give diverse meanings in their expressions and gestures to patients and the need of these patients is much considered in this approach (Northouse, 2013).

The two visuals in Figure 1 and 2 were developed to help generate the hierarchy through which the needs of these patients should be addressed. In the development of the Saleh, et al (2004), their view was that the emphasis should be more on the formation of the visuals for the manifestation of the various conditions listed. Again, Umar et al (2014). were of the view that such assessment was seen as an explanation of how the variation needs to occur and such could be through these visuals.



Figure 1:
Three core variables

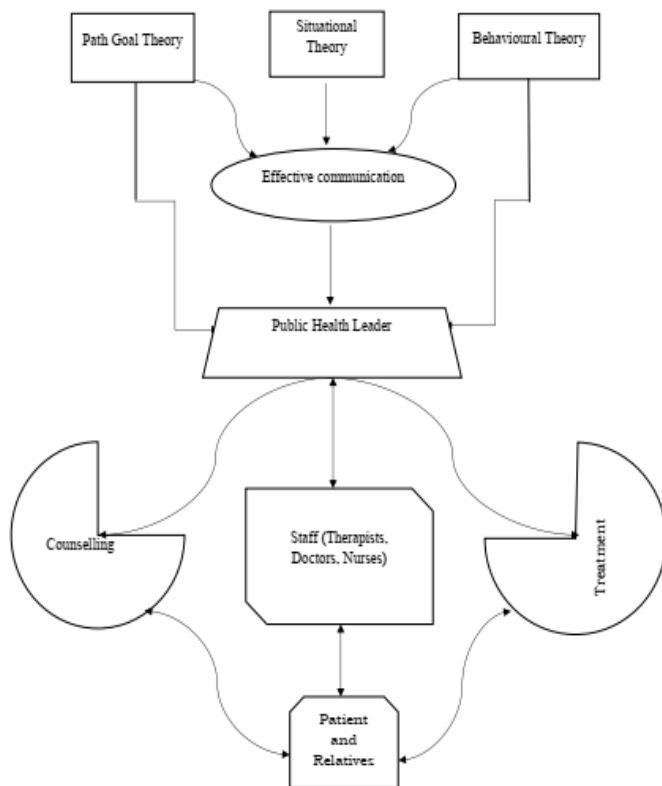


Figure 2:
Visual presentation of my Public Health Leadership Plan

How these visual representation addresses the existing Literature Gap

There has been an establishment in research that indicates that all cancer patients undergo some degree of anxiety and depression in the course of the treatment which results in various degrees of worry both the clients and the care givers (Bernie et al, 2009). In Figure two, the authors used three dimensions with the different theories listed. The path goal theory implies creating a supporting link with health leaders who will liaise between the key members of the oncology to support the patients. The other step was situational theory which took care of the emotional issues related with cancer management, and final theory was the behavioural theory that aided in constant and continuous communication with the clients and their care givers on the outcomes of their treatment. Most of the patients complain of less time given them during clinical reviews with their doctors. A supportive cum participative leadership style will help to some extent in this arena.

Empirical Evaluation Plan

There is a call on leaders in public health to organise and have trainings, workshops, and seminars for staff and caregivers with the focus on maintaining professional development in settings like cancer where treatment guidelines keep changing from time to time. Regular health education at the out -patient department (OPD) will also help patients to cope with their treatment. Several other coping mechanisms could be put in place by the health leaders to assist clients during their treatment. With these three theoretical frameworks displayed in a visual form, leaders could establish a cancer care ladder by examining the policy direction and counselling for such patients through a supportive care approach.

Conclusion

In Ghana, the Oncology unit is an ideal focal point for the comprehensive management of diagnosis and treatment related anxiety and depression among cancer patients. The oncology staff as a whole has a collective role to play to help manage the cancer patients’ anxiety and depression. The cancer patients’ response to whether or not their anxiety and depression issues have been well managed was highly positive if issues are addressed in accordance with the leadership theories as pertain to oncology. The public health leader in such an environment will have to blend the three theories. The behavioral theory requires staff to portray good care and possess a comprehensive approach to leadership activities whilst maintaining their focus on the care of their clients.

The situational theory has some components that will be utilised such as leadership support, based on the peculiar needs and capabilities of individual staff members. Situational leadership style depends upon the existing environmental factors (Northouse, 2013) which in this instance, have to do with the anxiety and depression confronting the patients. The final theory that will be utilised which is the Path-Goal theory will define health care goals as well as clarify the path to be taken by oncology practitioners (Nahavandi, 2015). All these three theories will in one way or the other help public health leaders to understand the environment in which they work and

at the same time allow them to resolve any challenges that may prevent them from realising their goals.

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