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Effects of a Brief Psychosocial Intervention in Patients With Cancer Receiving Adjuvant Therapy

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Although cancer survival has improved with the advancement of technology in diagnosis and treatment, being diagnosed and living with cancer still are regarded as life-threatening and stressful events that may profoundly affect multiple aspects of an individual's life (Kim & Kwon, 2007). Studies have reported that about 30% of patients with cancer have been diagnosed with a psychiatric disorder; most had an adjustment disorder or major depression (Trask, 2004). Numerous investigators also have reported that patients with cancer have many psychological concerns, such as anger, denial, fear of dying, anxiety, depressive mood, loneliness, isolation, and helplessness or hopelessness (Badger, Segrin, Dorros, Meek, & Lopez, 2007; Greer & Watson, 1987; Rawl et al., 2002). The psychological issues can influence cancer recovery (Badger et al., 2007). Patients with cancer with psychological distress such as anxiety and depression often experience increased physical side effects and more difficulty managing their self-care and may experience overall reduced quality of life (Badger, Segrin, Meek, Lopez, & Bonham, 2004; Giese-Davis & Spiegel, 2003). In addition, psychological issues can significantly increase the risk for cancer mortality (Schou, Ekeberg, Ruland, Sandvik, & Karesen, 2004). Therefore, maintaining psychological well-being is an important issue among patients with cancer.

Many psychosocial interventions have been conducted to alleviate psychological distress in patients receiving cancer treatment. Although somewhat mixed in their results, previous studies have supported beneficial outcomes, with patients in the intervention groups often showing lower mood disturbance (Akechi et al., 2007; Fukui et al., 2000), lower anxiety (Greer et al., 1992; Kam, Lee, Kim, & Shin, 2003; Kim, Hur, Kang, & Kim, 2006), higher fighting spirit (Fukui et al., 2000; Greer et al., 1992), less helplessness (Edmonds, Lockwood, & Cunningham, 1999; Greer et al.,

Purpose/Objectives: To test the effects of a brief psychosocial intervention using CD-ROM (BPIC) on psychosocial (fighting spirit, helplessness or hopelessness, anxiety, and depression) and behavioral (self-care behaviors) outcomes in patients with cancer receiving adjuvant therapy.

Design: Quasi-experimental.

Setting: A comprehensive cancer center in Seoul, South Korea.

Sample: 71 patients undergoing adjuvant therapy.

Methods: The study participants were assigned to either BPIC or a control group. The experimental group underwent a two-week psychosocial intervention via CD-ROM, booklet, and telephone counseling.

Main Research Variables: Fighting spirit, helplessness or hopelessness, anxiety, depression, and self-care behaviors.

Findings: After BPIC, the experimental group showed significantly higher scores than the control group for fighting spirit ($p = 0.005$) and self-care behaviors ($p < 0.001$). However, the groups showed no significant differences in helplessness or hopelessness ($p = 0.42$), anxiety ($p = 0.279$), and depression ($p = 0.068$).

Conclusions: BPIC use improved fighting spirit and self-care behaviors in study participants. The results partially support the effectiveness of BPIC for adaptation among patients with cancer receiving adjuvant therapy.

Implications for Nursing: A brief psychosocial intervention using multimedia can be used effectively in clinical oncology settings to accelerate adaptation among patients with cancer in the adjuvant phase.

1992), greater satisfaction with treatment (Kissane et al., 2003), better self-care behaviors (Kam et al., 2003; Oh, Lee, Tae, & Um, 1997), or enhanced quality of life (Jacobsen et al., 2002; Lev et al., 2001; Nelson et al., 2008; Wilson, Taliaferro, & Jacobsen, 2006). However, the interventions were time and resource intensive, with durations longer than six weeks and the need for various professionals such as psychiatrists, psychologists, oncologists, or oncology nurses. Therefore, the