Bulletin of Business and Economics, 13(1), 273-276
https://bbejournal.com
https://doi.org/10.61506/01.00202

Stigmatization and Fear of Death Predicted Psychological Burden of Cancer Patients

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Abstract
The study was conducted to investigate the impact of stigmatization and fear of death on psychological burden among cancer patients. Correlation research design was used to complete this quantitative study. Data were collected through administering a survey with the help of questionnaires. Purposive sampling was employed to select the sample of 79 cancer patients (male = 49, female = 30). Findings of the study reveal that perceived stigma and fear of death were significantly positive correlated with psychological burden. Moreover, Stigmatization and fear of death are the significant positive predictors of depression, anxiety and stress. Furthermore, results depict that female patients have the greater level of perceived cancer stigma and fear of death as compared to male. In addition, psychological burden was found among female at greater level than male cancer patients. It is recommended that clinical psychologists and psychotherapists should provide their role in counterturning stigmatization, death anxiety and psychological disturbance.
Keywords: Cancer, stigmatization, fear of death, psychological burden

1. Introduction

Cancer is a major public health concern in Pakistan, with 148,000 new cases diagnosed annually and over 100,000 deaths (Badar & Mahmood, 2022). According to the 2010-2019 survey, 5900 cancer cases were reported in Pakistan, with 58% being women, 93% being adults, 3% being adolescents, and 4% being children. Cancer can be caused by hormones, genes, metabolism, and autoimmune factors. Things like smoking can cause cancer, drinking alcohol, a bad diet (being undernourished or overweight), radiation, and infections like HPV, HBV, HIV, H Pylori, and others (Ruiz-Rodrıguez et al., 2022).

Stigmatization occurs when a person's sickness is associated with unfavorable features. The stigmatized individual is consequently socially ostracized and devalued by others. A healthy person's stigmatizing attitudes and actions toward a stigmatized person, or how a stigmatized person sees and reacts to being stigmatized (Nawaz et al., 2021). Stigmatization can result in severe psychosomatic problems. Many cultures have bad perceptions of cancer patients and treat them harshly. More than 40% of cancer survivors have negative attitudes about their cancer and how they view themselves. Similarly, 15 to 80% of cancer patients experienced stigma at some point in their lives (Ernst et al., 2017). In many cases, the cancer stigma is more unpleasant than the sickness. When stigmatization is combined with social isolation, psychological worries, and compliance issues, it decreases the quality of life. Internalized guilt from prior tobacco use correlates to greater stigma in lung cancer patients (Weiss et al., 2016), albeit to a lesser extent than among head-and-neck cancer patients. The loss of feminine or masculine identity or sexual functioning impacts the stigmatization of breast and prostate cancer patients. These abnormalities, unlike colon cancer, are not always evident and may not warrant immediate concern. Long-term impacts include withdrawing from social commitments (such as employment) and fostering stigmatization tendencies (Wijeratne et al., 2020).

The medical process or therapy impacts the patient's projected physical, social, functional, and emotional well-being. It presents patients' perspectives on cancer-related issues such as diagnosis and treatment. Cancer as a disease and the limitations that patients confront reduce patients' quality of life. According to Mc Caughan and colleagues, all types of cancer and all stages of medical therapy are related to a decline in quality of life. Patients in the follow-up period are concerned about recurrence, which may increase their psychological, social, and physical obligations and lower their quality of life (Neris et al., 2020). Many cancer survivors struggle to adjust to a new way of life, lowering their quality of life. The given treatment, the location or kind of cancer, and the treatment's side effects are all medical and socio-demographic factors influencing cancer patients' quality of life (Marzorati et al., 2020). Men place higher importance on their life than women. This could be because of gender variations in diagnosis or therapy. Physical changes in women, for example, may lower their self-esteem and quality of life (Ayalon & Bachner, 2019).

Fear of death is characterized as an overpowering fear of death, together with the accompanying emotions and symptoms. Moderate mortality anxiety is essential to promote healthy behavior and increase the significance of life. In contrast, excessive fear of death can result in maladaptation, anxiety, and other psychological illnesses (Mushtaque et al., 2022, 2024), as well as prevent end-of-life care discussions. Life experiences and sociocultural context shape beliefs and attitudes toward death, with gender, age, and developmental stage influencing individual expressions. It is impacted by emotions of powerlessness, lack of control, and meaninglessness. Coping positively with mortality has been linked to increased life meaning and living following one's personal goals and values. Death is inevitable for everyone, yet its uncertainty can cause worry. Patients with fatal conditions will perish, and deadly diseases, such as cancer, can cause fear of death and psychological distress (Abdollahi et al., 2019).

Terror Management Theory is the most widely used strategy for dealing with fear of death. Worldviews and self-esteem operate as anxiety reducers, allowing death fear to be "tamed". When a person's worldview and self-awareness are questioned, it jeopardizes their psychological structure, self-esteem, and faith. Cultural worldviews influence fear of death. In China, it is unlawful to die. The Confucian notion of "highlighting birth and avoiding death" exemplifies this avoidance of death discussion. The fear of dying has grown. While in Asian countries like Pakistan, the Muslim faith has been connected to optimism and has been demonstrated to help people cope with a fear of death (Abbas et al., 2021).

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Terror management theory has been demonstrated to boost self-esteem and defensiveness in people who have experienced severe electric shocks or intense death visions, but others disagree. Certain researchers believe deep interpersonal ties can reduce death. A social relationship that gives social support is considered healthy. It may interact with stressful events or conditions to reduce stress by enhancing people's sense of social connection, self-confidence, and belief in their ability to overcome issues (Eggen et al., 2020) The two main psychological disorders seen in patients with cancer are anxiety and depression. Psychological disorders such as anxiety, anger, and depression are more severe in these patients than physical complications. There have been cases where patients have deserted chemotherapy due to their psychological disorders. The quality of life and daily functioning of cancer patients are strongly affected by mental disorders (Pedram et al., 2010). Gender was an effective factor in the level of anxiety in cancer patients because women showed higher levels of anxiety than men. Women are emotionally more sensitive than men, and experiencing stressful events and a young age was found to be associated with increased psychological disorders (Burgess et al., 2005).

2. Method

2.1. Research Design

Correlation research design was used to complete this quantitative study. Data were collected through administering a survey with the help of questionnaires. Purposive sampling was employed to select the sample of 79 cancer patients (male = 49, female = 30).

2.2. Instruments

2.2.1. Stigma and Discrimination

The discrimination and stigma scale consists of 32 questions about marriage, employment, housing, parenting, religion, and recreational activities. A four-point Likert scale is assigned to each response. The Urdu translated scale was used in this study. The scale's internal consistency was 0.77, which is considered reliable (Khan et al., 2015).

2.2.2. Internalized Stigma Inventory

Internalize stigma inventory includes 29 items and has five subscales: Stereotype Affirmation, Perceived Discrimination, Social Withdrawal, and Stigma Resistance. An Urdu language tool was used in the current inquiry. The retest reliability of ISMI is 0.90. The scale's Alpha Cronbach's alpha is 0.72. Alienation is an ISMI subscale with Internal Consistency. Stereotype Endorsement has a value of 0.84, whereas Social Withdrawal values is 0.79 (Khan et al., 2015).

2.2.3. Fear of Death

It has 26 questions with a scale from "strongly agree" to "strongly disagree" that goes from 1 to 6. The scale has eight subscales; Fear of Dependence, Pain, Embarrassment, Isolation, Separation, Loneliness, Concerns about the Afterlife, Fear of Death Being Permanent, Fear of Leaving Loved Ones, and Fear of What Will Happen to the Body. The scale's reliability is 0.94, which shows high reliability (Leming, 1980).

2.2.4. Depression, Anxiety and Stress Scales (DASS-21)

The Depression, the Anxiety and Stress Scales (Lovibond, 1995) is used in the study to measure and assess the psychological burden in life of diabetic patients. It is a quantitative measure of distress with 3 axes stress, anxiety and depression and not used for clinical diagnoses as a categorical measure. DASS is useful for assessing the disturbance and lot of other complication. It has 21 items that indicates and describes the level of depression, the anxiety and stress and the responses on this scale are listed as; 0 score means, it is statement of response which is not applied for that person. 1- Responses which are given on 1 number denote the situation that is matched with person sometimes and at some extend. The responses on the situation 2 express the statement about the individual for a good time. Responses on this category have 3 numbers, which finds the condition that is related to close to the person. The normal score of the depression is ranged from (0-4), and as well as anxiety is separated from (0-3) and stress is moving the value from (0-7). The mild score of the depression of the people is start from the figure (5-6), while the anxiety is situated between these numbers (4-5) and the stress as well as is comes between this group (8-9). The moderate score of depression is ranging from (7-10), and the anxiety that is categorized between such type of values (6-7) and the stress values are ranged into this condition that is lies between these values (10-12). Severe and chronic level of the depression is categorized into these numbers (11-13), and the severe condition of anxiety lies between this group (8-9) and the stress is divided for it severity is ranged between such condition (13-16) while the extreme scores of the depression is indicated to this particularly is (14+), anxiety is related to this figure (10+) and the stress severe level is always indicates this category of score (17+). Scores of the individuals do not mean appropriate interventions.

3. Results

Table 1: Shows the Correlation Matrix among Stigmatization, Fear of Death Predicted Psychological

		1	2	3	4	5
1	Stigmatization	1	.731**	.693**	.751**	.610**
2	Fear of Death		1	.613**	.925**	.750**
3	Depression			1	.703**	.692**
4	Anxiety				1	.817**
5	Stress					1

Table 1 shows the correlation coefficient among stigmatization, fear of death, depression, anxiety and stress. Finding of the study reveal that there is significant positive correlation among stigmatization, fear of death, depression, anxiety and stress. Moreover, stigmatization and fear of death are the significant predictors of psychological burden among cancer patients.

Table 2 depicts comparison of mean score of perceived cancer disease stigma between male and female. Results suggest that female cancer patients perceived can stigma at greater level as compared to male. The $p<0.05$.

Table 2: Mean, Standard Deviation, t-value and scores of Stigmatization between male and female cancer patients

Variable	Gender	N	M	SD	t-test	df	p-value
Stigmatization	Male	49	23.4522	17.90433	9.341	77	0.000
	Female	30	34.6532	21.54320			

Table 3: Mean, Standard Deviation, t-value and scores of Fear of Death between male and female cancer patients

Variable	Gender	N	M	SD	t-test	Df	p-value
Fear of Death	Male	49	16.7542	13.65432	6.042	77	0.000
	Female	30	23.9043	15.05432			

Table 3 describes the comparison of fear of death between male and female cancer patients. There is statistically significant mean score difference with respect to fear of death between male and female. Female have the greater level of fear of death as compared to melee. The $p<0.05$.

Table 4: Mean, Standard Deviation, t-value and scores of Psychological burden between male and female cancer patients

Variable	Gender	N	M	SD	t-test	Df	p-value
Fear of Death	Male	49	16.7542	13.65432	6.042	77	0.000
	Female	30	23.9043	15.05432			

There is statistically significant mean score difference with respect to psychological burden between male and female. Female have the greater level of depression, anxiety and stress as compared to melee. The $p<0.05$.

4. Discussion

Cancer is a major public health concern in Pakistan, with 148,000 new cases diagnosed annually and over 100,000 deaths (Badar & Mahmood, 2022). Moderate mortality anxiety is essential to promote healthy behavior and increase the significance of life. In contrast, excessive fear of death can result in maladaptation, anxiety, and other psychological illnesses (Mushtaque et al., 2022, 2024), as well as prevent end-of-life care discussions. Finding of the study reveal that there is significant positive correlation among stigmatization, fear of death, depression, anxiety and stress. Moreover, stigmatization and fear of death are the significant predictors of psychological burden among cancer patient. Results suggest that female cancer patients perceived can stigma at greater level as compared to male. There is statistically significant mean score difference with respect to fear of death between male and female. Female have the greater level of fear of death as compared to melee. The $p<0.05$. There is statistically significant mean score difference with respect to psychological burden between male and female. Female have the greater level of depression, anxiety and stress as compared to melee. The $p<0.05$. The two main psychological disorders seen in patients with cancer are anxiety and depression. Psychological disorders such as anxiety, anger, and depression are more severe in these patients than physical complications. There have been cases where patients have deserted chemotherapy due to their psychological disorders. The quality of life and daily functioning of cancer patients are strongly affected by mental disorders (Pedram et al., 2010). Gender was an effective factor in the level of anxiety in cancer patients because women showed higher levels of anxiety than men. Women are emotionally more sensitive than men, and experiencing stressful events and a young age was found to be associated with increased psychological disorders (Burgess et al., 2005).

5. Conclusion

The study concluded that perceived stigma and fear of death were significantly positive correlated with psychological burden. Stigmatization and fear of death are the significant positive predictors of depression, anxiety and stress. Furthermore, results depict that female patients have the greater level of perceived cancer stigma and fear of death as compared to male. In addition, psychological burden was found among female at greater level than male cancer patients. It is recommended that clinical psychologists and psychotherapists should provide their role in counterturning stigmatization, death anxiety and psychological disturbance.

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