

Evaluating Psychosocial Support Needs Of Female Cancer Patients In The State Of Qatar

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Abstract

Background & Objectives

Patient perceived perceptions of psychosocial support are increasingly important to understanding appropriate holistic patient centred care. Psychological distress amongst female cancer patients has been discussed at length in the literature. Psychosocial distress has been noted to increase steadily even after treatment if left untreated and is found to hinder recovery and physical coping with the disease. Information is scarce regarding the attitudes of female cancer patients in Arab and Muslim populations. This study was undertaken in the State of Qatar among female cancer patients.

The aim of this study is to determine whether female cancer patients in Qatar view psychosocial support as an important part of their care strategy. Another aim of this study is to determine which demographic indicators, if any, may predict for certain preferences in care.

Methods

This descriptive study used English and Arabic voluntary questionnaires to glean data from female cancer patients attending clinics at the National Centre for Cancer Care and Research in Doha, Qatar. For the purpose of this study, psychosocial support was defined under four categories: 1) family support, 2) religious/spiritual support, 3) support groups 4) physician referred support.

Results

Only 4 women declined to participate, while 129 women completed the questionnaire. The average was calculated based on the responses from each individual questionnaire, then converted to percentages to simplify the data. Any averages equal to or greater than 60% were categorized as a positive desire for psychosocial support. Results show that a strong desire exists among the female cancer population to have psychosocial support in various areas to support their cancer journey. Family support was the most important category overall followed by religious support and support groups. Muslim patients, Arab patients, and patients diagnosed with breast cancer marginally preferred religious support over support groups. Christian patients, non-Arabs and patients with other diagnoses tended to favour support groups over religious support, however no statistical significance was noted. Physician referred support was consistently the least desired type of support regardless of diagnosis, marital status, religion or age. There was no significance between patient demographics and specific preferences for the support categories in the study.

Conclusion

This study provided new information for Arab and Muslim populations, especially those living in Qatar. This study may provide some areas for future research that can provide guidelines for improving holistic patient care and in assisting the Supreme Health Council in meeting its targets for the Qatar National Cancer strategy, which states that cancer treatment should be patient centred focusing on both medical and psychosocial needs of patients. Further areas of research may include evaluating patient perceptions of support at different points in the treatment pathway and the preference for support, further research into religious support, and examining the integration pastoral care into the traditional healthcare