

“A Study to Assess the Effectiveness of Counseling for Patient with Depression due to Cancer in Selected hospital of Udaipur”

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Abstract:

Background: This study was conducted among 60 samples patients with cancer. who were admitted to selected hospitals of Udaipur during the month of March – April 2017. The study was aimed to find out the effectiveness of counseling in reducing the level of depression among patients with cancer. The study showed statistical significance ($P < 0.05$). It is recommended that counseling has to be given to the patients with cancer to decrease the level of depression.

Cancer is a devastating disease. Awareness of this disorder tremendously impacts an individual's life, creating a host of changes to occur. Depression is one concern that many cancer patients experience. It is important to make an accurate and complete assessment of depressive symptoms. Furthermore, a heightened awareness of patients' culture and their perceptions is vital to their assessment, diagnosis, and treatment of depression. In cases of clinical Depression, appropriate antidepressants prescribed along with the treatment for Cancer are significant for the patient. Palliative counseling for patients and supportive counseling for their family are recommended as part of a treatment plan

Material & Method: Difference between the mean post –test score and mean pre-test score level of depression among the cancer patients in Geetanjali hospital and is measured by zungself rating depression scale.

Depression: In this study it refers to a group of symptoms, feeling of sadness, loneliness, despair, low self esteem, withdrawal from inter personal contact. And Physiological symptoms of (insomnia,, anorexia, weight loss ,and loss of hair) experienced by cancer patients. **Counseling:** In this study it is a process of helping the cancer patients by sessions of interaction and helping the patients to identify coping strategies.

A one group pretest posttest design was conducted at geetanjali hospital, udaipur from 15th August 2017 to 13 april 2017. The samples included in the study were 60 patients with cancer. Written consent was obtained from the hospital authorities and from the samples before conducting the study. Purposive sampling technique was adopted. The independent variable was the planned nursing intervention on counseling. The dependent variable was the level of depression among patients with cancer. The counseling has four sessions, namely pre-interaction, introductory, the working and termination. The first session (pre-interaction) was given on day one after the pre-test. Followed by the samples were instructed the due dates for other sessions. It was planned with seven days gap of each session for about three weeks for session two to four.

During the second, third and fourth sessions, the tools I and II was used to assess the depression among patient with cancer, in last week and the level of readiness to change, followed by the counseling given. After the fourth session of counseling the post-test was assessed.

Results: Among 60 samples, in mean pre test 3 (10%) had mild depression and 27 (90%) had moderate depression. In mean post test 29 samples (97%) had mild depression and 1 sample (3%) was normal.

The mean pre-test score percentage on depression was 66.13 with mean 52.9 ranged between 45-56 and the mean post-test score percentage on depression was 44.63 with mean 35.7 and ranged between 32-41.

The SD between mean pre-test and mean post test score was 3.26 with a mean difference of 17.2 and paired 't' value found to be 29.54, which was higher than the table value $t_{29} = 2.048$ at $P < 0.05$ level of significance. The chi-square value for mean pre test level of depression with age and duration of illness. It was Non-significant.

Conclusion: The mean post-test attitude score about aging was higher than the mean pre-test attitude score and mean post test depression score was lesser than the mean pre test score. Hence the results show that the. The counseling was effective in reducing the level of depression among patients with cancer.

Key words: Effectiveness, Counseling, Depression.

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I. Introduction

Cancer is one of the leading causes of morbidity and mortality worldwide, with approximately 14 million new cases. The number of new cases is expected to rise by about 70% over the next 2 decades. Cancer is the second leading cause of death globally, and was responsible for 8.8 million deaths in 2015. Globally, nearly 1 in 6 deaths is due to cancer. Approximately 70% of deaths from cancer occur in low- and middle-income countries.(WHO 2017)

According to World Health Organization cancer statistics cancer affects everyone and represents a tremendous burden on patients, families and societies. Its impact is likely to increase substantially, causing a lot of pain and suffering. Cancer is a leading cause of death worldwide, from total of 58 million deaths worldwide in 2005, cancer accounts for 7.6 million (13%) of all deaths. More than 70% all cancer deaths occur in developing and under developed countries. Deaths from cancer in the world are projected to continue rising, with an estimated 9 million people dying from cancer in 2015 and 11.4 million dying in 2030. The goal of counseling and psychotherapy is to help patients to make functional, emotional, spiritual adjustment necessary to maintain their quality of life. Counseling may be offered to the patient as part of the cancer treatment, but it can sometimes be beneficial for family members too. Counseling will of course not cure cancer. However, it can help provide better coping strategies, and deal with any mental health issues which may arise. Having a place to talk about feelings free of judgment can also be very useful. With terminal cases, counseling can be an invaluable tool for everyone close to the individual, and the individual themselves. A counselor can help with coming to terms with the diagnosis, dealing with practicalities, and helping those deals with grief.

NEED FOR THE STUDY

Depression is a disabling illness that affects about 15% to 25% of cancer patients. It affects men and women with cancer equally. People who face a diagnosis of cancer will experience different levels of stress and emotional upsets. Patients who are receiving palliative care for cancer may have frequent feelings of depression and anxiety, leading to much lower quality of life.

Sadness and grief are normal reactions to the crisis faced during cancer and will be experienced at times by all people. An important part of cancer care is the recognition of depression that needs to be treated. In an effort to reduce the occurrence of depression among cancer patients, special attention is needed for changes in the psychological status in patients with knowledge about their diagnosis and patients in advanced disease stage. Good communication within the family reduces anxiety.

The World Health Organization (WHO) has declared Depression as the theme for the next World Health Day (7th April 2017). The campaign slogan is 'Depression: Let's Talk', and was released on the World Mental Health Day this year (10 October 2016).

Objectives:

The objectives of the study are to:

1. To assess existing level of depression among cancer before counseling.
2. To develop and conduct counseling session for patient with depression.
3. To assess effectiveness of counseling on depression among cancer patient
4. Find the association between the mean pre-test scores with selected demographic variable; Age, Duration of cancer, Education status

Hypothesis

(Level of Significance is 0.05)

H₁: There will be significant difference between mean pre test and post test depression scores of cancer patients.

H₂: There will be a significant association between the mean pre test depression scores with selected demographic variables of cancer patient.

Assumptions

The study will be based on the following assumptions:

- Patients with cancer suffer from some level of depression.
- Level of depression will be reduced by counseling
- Depression among cancer patient is influenced by various demographic variables Age, gender and Education status.

Operational Definitions

Effectiveness:

In this study it refers to the extent to which the counseling had brought about the result intended and measured in terms of significant decrease level of depression in post test in measurement scale.

Depression:

In this study it refers to a group of symptoms, feeling of sadness, loneliness, despair, low self esteem, withdrawal from interpersonal contact and physiological symptoms of insomnia, anorexia, weight loss, and loss of hair experienced by cancer patients.

Counseling:

In this study it is a process of helping the cancer patients by sessions of interaction and helping the patients to identify coping strategies.

Cancer:

In this study it refers to the diagnosis of cancer which is confirmed by a doctor and which also includes the duration of illness, site of cancer and stages of cancer.

II. RESEARCH METHODOLOGY

RESEARCH APPROACH

The selection of research approach is a basic procedure for conduct a research study. In view of nature of the problem selected for the study and objectives to be accomplished, **evaluative research approach** was considered as an appropriate research approach for the present study.

RESEARCH DESIGN

According To SK Sharma (2005) “Experimental research is a design in which either laboratory or field subjects are used in the tests and trials. Research subjects are usually selected randomly and placed in to groups for the purpose of manipulation.”

Research design is the researcher’s overall plan for obtaining answers to the research questions. The investigator employed for **one group Pre-test, one group posttest design** with the help of Zungself rating scale to assess the level of depression before and after counseling among cancer patients.

The research design adopted for the present study can be represented as $O_1X_1X_2X_3X_4O_2$.

DAY 1		DAY 8	DAY 16	DAY 24	
O_1	X_1	X_2	X_3	X_4	O_2

KEY

O_1 pretest level of depression	X_1 counseling session 1
X_2 counseling session 2	X_3 counseling session 3
X_4 counseling session 4	O_2 post test level of depression

SETTING OF THE STUDY

This study was conducted among cancer patient with depression admitted in Geetanjali hospital which is a 1400 bedded hospital, with 50 separate beds for Oncology. The oncology wing of this hospital has radiology department, Chemotherapy and diagnostic facilities like Mammogram, x rays and his to-pathology department. Approximately 60 to 65 patients are coming daily for the treatment. Patients are attending the Radiation department for daily radiations and chemotherapy and other treatments are given as inpatient therapies.

POPULATION

In the present study the population composed of cancer patients of oncology department.

SAMPLE

In the present study the samples are cancer patients who are having mild to moderate depression, admitted to Geetanjali Hospital, Udaipur.

CRITERIA OF SAMPLING SELECTION

INCLUSION CRITERIA

1. Cancer patients with the age of 25-65 years and admitted in oncology ward of Geetanjali Hospital, Udaipur.

2. The samples diagnosed with cancer.
3. All the cancer patients with depression.
4. Both male and female patients are included in the study.
5. Patients who were willing to participate in the study.
6. Subject who can speak Hindi or English.
7. The samples available at the time of data collection.

EXCLUSION CRITERIA

1. Cancer patients who are very sick.
2. Cancer patients more than 65 years of age.
3. Cancer patient who are not willing to participate

SAMPLING TECHNIQUE AND SAMPLE SIZE Samples who met the inclusion criteria were selected through purposive sampling technique. The sample size for this study was 60 cancer patients.

DESCRIPTION OF VARIABLES

According to Kothari C.R. 2002 “A concept which can take on different qualitative value is called as variable.”

INDEPENDENT VARIABLE

In this study the independent variable is the counseling.

DEPENDENT VARIABLE

In this study the dependent variables is the extent of depression among patients with cancer.

DEMOGRAPHIC VARIABLES

Extraneous variables are the selected demographic variables and in this study include the age, gender, and educational status, duration of diagnosis, site of cancer, stage of cancer and the mode of treatment.

RELIABILITY OF THE TOOL

The tool was administered to 10 samples from Geetanjali Hospital, Udaipur. Reliability of Zung Depression Scale was checked by Split Half Technique and ‘r’ was calculated by Spearman Brown Prophecy formula

$r^1 = \frac{2r}{1+r}$ and the value was 0.94 and it is indicated that the tool was reliable.

III. Result

This chapter deals with description and interpretation of data collected from the Cancer patients at Geetanjali Hospital, Udaipur. The obtained data was analyzed and interpreted in the light of objectives and the hypotheses of the study. The collected data was tabulated and analyzed using descriptive and inferential statistics.

This study conducted to assess the effectiveness of counseling therapy on depression among cancer patients at selected hospital of Udaipur. The counseling therapy consists of four phases; there are pre-interaction, introductory, the working and termination phase. The sample size was 60. First the pre-test level of Depression pattern towards Cancer pattern assessed followed by the counseling session for one week interval, before give each phase, the depression was assessed among Cancer patients.

The data is organized and presented under the following sections:

Section – I: Frequency and percentage distribution of the demographic characteristics of the samples

Section – II: Comparison between the mean pre-test and mean post test depression scores among cancer patients

(a): Frequency and percentage distribution of samples according to level of depression with respect to mean pre-test and mean post-test scores .

(b): Mean, SD, Range, mean difference and paired ‘t’ test value for the level of depression

Section–III: Association between the mean pre-test scores with selected demographic variables –

- a. Age
- b. Duration of cancer
- c. Education status

SECTION – I

Frequency and percentage distribution of samples according to the demographic variables

TABLE: 1

Showing the frequency and percentage distribution of samples according to the demographic variables
N=60

S.No.	Demographic Variables	Frequency	Percentage(%)
1	Age (In years)		
a)	25 to 35	19	31
b)	36 to 45	25	42
c)	46 to 55	10	17
d)	56 to 65	6	10
2	Gender		
a)	Male	10	16
b)	Female	50	84
3	Education status		
a)	Illiterate	21	35
b)	Primary Education	23	38
c)	Secondary education	9	15
d)	Senior secondary Education	7	12
4	Duration from diagnosis		
a)	< 6 month	15	25
b)	7-12 months)	35	58
c)	13-24 months	10	17
5	Site of cancer		
a)	Ca-breast	28	46
b)	Ca-stomach	8	14
c)	ca-cervix	24	40
6	Stages of cancer		
a)	stage I	11	18
b)	stage II	38	64
c)	stage III	11	18
7	Mode of treatment		
a)	Chemotherapy	50	83
b)	Radiation therapy	6	10
c)	Combination	4	7
8	Availability of Family support(Self report)		
a)	Yes	60	100
b)	No		

The above mentioned data in table 1 shows that:

- Most of the samples (42%) were between the age group of 36-45 years.
- Majority of the samples (84%) were males and whereas only (16%) were females.
- Majority of the samples had primary education (38%).
- Most of the samples (58%) had date of diagnosis between 7-12 months.
- Maximum of the samples (46%) had cancer of breast.
- Majority of the samples (64%) had stage II of cancer.
- Majority of the samples (83%) were treated with chemotherapy.
- All of the samples (100%) were having family support.

SECTION – II

This section deals with the comparison of mean pre test and mean post test level of depression among the samples.

TABLE: 2

Showing the frequency and percentage of pretest and post test level of depression

Test scores	Level of depression		
	No depression	Mild depression	Moderate depression
PRE TEST	0%	(19)31%	(41) 69%
POST TEST	(53)88%	(5)8%	(2)4%

Table 2 shows that none of the samples (88%) had “no depression” in the post test, and (5%) of the samples had mild depression whereas (4%) had moderate depression after the counseling therapy.

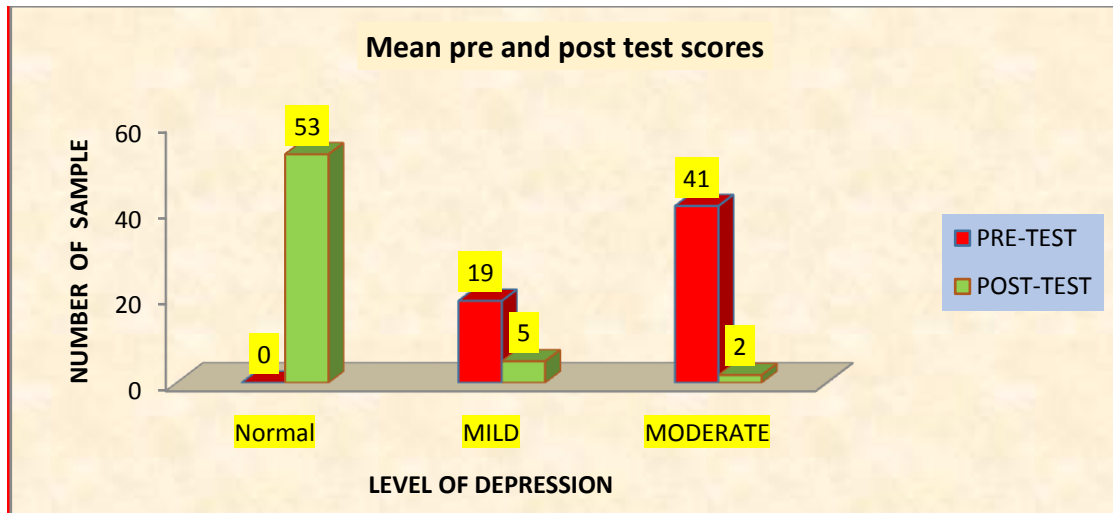


Fig 4.9:- Bar diagram showing mean pre and mean post-test scores for depression level

Fig 4.9 depicts that in pretest among 60 samples, 19%(31) had mild depression , 41 (69%) had moderate depression and none of sample was normal with respect to level of depression . whereas in posttest 53 (88%) of the samples were normal and 5 (8.32%) had mild depression and 8 (13.33) had moderate depression.

SECTION –II

(a): Maximum score, Mean, SD, Range, mean score level percentage of pre-test and post test depression level & mean difference, paired ‘t’ value of depression level among samples.

This represents the maximum possible score, mean, standard deviation, range, mean score percentage, mean difference and paired‘t’ value on depression level among the samples.

H₁: The mean pre-test level of depression will be lower than the mean post test level of depression among samples.

In order to test this hypothesis the researcher used paired ‘t’ test. The following tables shows the findings.

Table: 3Maximum possible score, mean, SD, range and mean difference and paired’ value on depression level.

Level of depression	Maximum score	Mean	Range	SD	Mean difference	Paired ‘t’ value
Pre-test	80	60.9	52-68	9.56	16.6	19.72 *
Post-test	80	44.3	34-55			

* Significant at P< 0.05 Level

(df)59 = 2.00

Table 3 shows that the maximum score for depression was ‘80’. The mean pre-test score percentage on depression was 60.9 with mean 60.9 ranged between 52-68 and the mean post-test score percentage on depression was 44.63 with mean 35.7 and ranged between 34-55 with standard deviation of 9.56 and mean difference f 16.6 and paired ‘t’ value was found to be 19.72, which was higher than the table value ($t_{59} = 2.00$) at P< 0.05 level of significance. This shows that there is a significant difference between the mean pretest and mean post test level of depression among samples. Therefore the research hypothesis (H₁) was accepted and the null hypothesis (H₀₁) was rejected.

SECTION III

This section dealt with association between selected variables and level of depression among samples.

SECTION III (A)

Association between the pre test level of depression and age of the samples.

H₂(a): There will be significant association between the mean pre-test level of depression and age of samples.

Table 4 – Chi-square value for mean pre-test depression level and age.

N = 60

Demographic variables	Frequency	Above median	Below median	Obtained Chi Squarevalue (X ²)	Table value of Chi square
Age in years					
25-35 yrs					
36-45 yrs					
46-55 yrs	19	4	15	0.73*	7.815
56-65 yrs	25	3	22		
	10	2	8		
	6	1	5		

* = Not Significant at P<0.05 level

(df) = 3

Data presented in table 4, reveals that calculated (X²= 0.73) is less than the table value (7.815) that implies there is no significant association between the mean pre-test level of depression and age of samples ,therefore ,researcher failed to reject the null hypothesis H₀₂(a) .

SECTION III (B)

Association between the pre-test levels of depression and duration of cancer

H₂ (b) There will be significant association between the mean pre-test levels of depression and duration of cancer among samples.

Table: 5 Chi-square value for pre-test level of depression and duration of cancer

N = 60

Demographic variable	Frequency	Above median	Below median	Obtained χ^2 value	Table value
Duration of cancer					
More than 6 months	15	4	11	.15*	5.99
7-12 months	35	8	27		
13-24 months	10	2	8		

* = Not Significant at P<0.05 level

df = 2

Data presented in table 5, reveals that calculated (χ^2 = .15) is less than the table value (5.99) which shows that there is no significant association between the mean pre-test level of depression and their duration of cancer, therefore ,researcher failed to reject the null hypothesis H₀₂(b) .

SECTION III (c)

Association between the pre-test level of depression and education status.

H₂ (c) There will be significant association between the mean pre-test level of depression and education status.

Table: 6Chi-square value for pre-test level of depression and education status.

N = 60

Demographic variables	Frequency	Above median	Below median	χ^2	Table value
Education					
Illiterate	21	8	13	.33*	5.99
primary school	23	10	13		
High school	9	3	6		
Higher secondary school	7	3	4		

* = Not Significant at P<0.05 level

(df) = 2

Data presented in table 6, reveals that calculated ($\chi^2_6 = .33$) is less than the table value (5.99) which shows that there is no significant association between the mean pre-test level of depression and education status., therefore ,researcher failed to reject the null hypothesis H₀₂(c).

IV. Discussion

The study was evaluative study in nature, which aimed to assess the effectiveness of counseling therapy for depression among patients with cancer at Udaipur. The study sample size was 60. The findings of the study have been discussed based on the present study objectives and conclusions drawn from other studies. The objectives of the study are to: To develop counseling on depression among cancer patients.

OBJECTIVE – 1:

To assess existing level of depression among cancer before counseling.

In the present study researcher prepared a counseling format, to reduce the depression among cancer patients. It consists of four phases they are. Pre-Interaction, Introductory, The working and Termination.

Pre-Interaction phase includes establishment of trusting relationship, assess the level of depression, and readiness to change by using standardized scale (Zung self rating depression scale) providing education on the effects of depression by using the illustration published by WHO and express concerns towards the subjects and keep open door to change the level of depression among samples. At the end of session problems are identified, and plans were made for modification.

OBJECTIVE-2

To develop and conduct counseling session for patient with depression

In present study among 60 samples in pretest, 19% (31) had mild depression, 41 (69%) had moderate depression and none of sample was normal with respect to level of depression. whereas in posttest 53 (88%) of the samples were normal and 5 (8.32%) had mild depression and 8 (13.33) had moderate depression.

OBJECTIVE-3

To find the association between the mean pre-test scores with selected demographic variables in terms of:

- a. **Age**
- b. **Duration of cancer**
- c. **Education status**

Present study showed that the calculated chi-square value between age and mean pre test level of depression is ($X^2 = 0.73$) is less than the table value (7.815) that implies there is no significant association between the mean pre-test level of depression and age of samples.

The calculated chi-square value between duration of cancer and mean pre test level of depression is .15 which is less than the table value 5.99, which means that there is no significant association between the mean pre-test level of depression and their duration of cancer.

The calculated chi-square value between education status and mean pre test level of depression is .33 which is less than the table value 5.99, which means that there is no significant association between the mean pre-test level of depression and their education status.

IMPLICATIONS

The findings of the study have implications in various areas of nursing practice, nursing education, nursing administration and nursing research.

Nursing practice

We are moving toward an era of Evidence-based practice in nursing that incorporates the latest findings from not only the researches but also the behavioral and biological sciences into practice to assist people of varying cultural backgrounds to adopt healthy lifestyles.

The role of a nurse is multifaceted. She is not only to give care to the patient but she acts as a counselor, leader and as an advocate to the patient. Cancer is a devastating disease and depression is one of the concerns that many cancer patients may experience and nurse can be a counselor and palliative consultant for patients & supportive counseling for their family are recommended as a part of treatment plan.

The result of the study shows the effectiveness of counseling for depression among patients with cancer. The findings of the study will help the nursing professional to those who are working in the psychiatric settings, hospital, and community area to provide counseling to patients. The nurses can help the patients to come out or reduce the depression among patients with cancer. The nurse should be aware about the counseling, and implement the counseling in the follow-up period.

Nursing Education

The nursing education should emphasize on the role of the nurses in alternative therapies.

Nurses should assess the emotional distress of the patient & family as needed they should be able to provide clinical education & referral to psychosocial intervention.

Although the nursing curriculum includes counseling it should be made an experience to the student nurses so that they can be efficient counselors’.

The study findings show the effectiveness of the counseling therapy towards the reduction of level of depression. Therefore the counseling therapy can be included in the nursing intervention for the patients with cancer in the follow-up. The counseling can be included in the various level of education programme like diploma, baccalaureate, and master level of psychiatric nursing specialization.

Nursing Administration

The findings of the study can be utilized as an educative tool to prepare the nurses who are working in the cancer units, palliative care settings, hospital, and community centre. The nursing administrator should arrange in-service education programme and continuing nursing education on the counseling to improve the knowledge and skill.

Nursing Research

The study findings can be utilized for conducting further research on the motivational counseling towards management of depression. It can be done in the different setting such as hospital and community centre.

LIMITATIONS

- The study was limited a small sample so generalizations was not Possible.
- Patients who are newly diagnosed with cancer find difficulty in Coping.

RECOMMENDATIONS

- A similar study can be replicated in larger group.
- Similar study can be done for family members to help the patients to adapt coping strategies.
- A comparative study to assess and evaluate the effectiveness of counseling therapy in male and female can be done.
- A study to assess the effectiveness of counseling therapy for addiction among alcoholics & drug abusers.

V. Summary And Conclusion

Quasi experimental design was used for the study. Roy’s adaptation theory was used for the conceptual frame work for this study. The sampling technique was non-probability convenient sampling. And the sample size was 60 patients with cancer. The tool selected for the present study was Zungself rating depression scale which is a standardized scale with score. The tool was sent to five experts for tool validation and the reliability of the tool was assessed ($r^2 = 0.94$). After conducting the pilot study the actual data collection was done.

The data was collected within the period of four weeks(15.03.2017 to 13.04.2017) at Geetanjali Hospital, Udaipur . The researcher had taken written permission from the Geetanjali Hospital for conducting the study. After obtaining the written permission patients with cancer were selected for the study. The purpose of the study was explained to the samples clearly and a rapport was maintained with them. The written consent was taken from samples, approximately 10 to 12 samples were taken for counseling sessions from 9.00am to 4.00 pm daily.

In the first session it was the pre-interaction and introductory phase in which rapport was maintained. Each sample was counseled for a period of 30 minutes. Individually and their personal experiences and general health was considered while conducting the session. The samples were taken for a second session after seven days in which the feelings of the patient were explored. Again the working phase was conducted after one week in which the researcher helped the patient to develop a positive strategy towards the disease. During the fourth session the client’s feelings and practices of individual coping was assessed. It resulted in the termination of the relationship. On fourth session the level of depression was re-assessed by using the Zungself rating depression scale.

MAJOR FINDINGS OF THE STUDY

The Analysis of the study shows

- Most of the samples (42%) were between the age group of 36-45 years.
- Majority of the samples (84%) were males and whereas only (16%) were females.
- Majority of the samples had primary education (38%).
- Most of the samples (58%) had date of diagnosis between 7-12 months.
- Maximum of the samples (46%) had cancer of breast.
- Majority of the samples (64%) had stage II of cancer.
- Majority of the samples (83%) were treated with chemotherapy.
- All of the samples (100%) were having family support

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