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EFFECTS OF GROUP THERAPY ON QUALITY OF LIFE OF WOMEN DIAGNOSED WITH BREAST CANCER

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Abstract

This study examined the Effect of Group Therapy on Quality of Life of Women Diagnosed with Breast Cancer. Sixty-seven (67) women who were receiving treatment at the Oncology Center of Alex Ekwueme Federal University Teaching Hospital, Abakaliki, Ebonyi State, Nigeria participated in the study. The participants' age ranged from twenty-three (23) to seventy-two (72) years with a mean age of (41.77) and a standard deviation of (9.67). The participants were selected using simple random sampling technique. The study had intervention group and control group. The intervention group had 12 week session of 60-90 minutes therapy per week. WHOQOL-BREF and Beach Center Family Quality of Life scales were used for the pretest and post-test respectively to determined their quality of life before and after intervention. The study adopted a between group subject design. ANOVA and chai square (X^2) were used for data analysis while logistic regression was used for posthoc analysis. Result showed that Group Therapy significantly improved the quality of life of women diagnosed with breast cancer (Mean diff = -16.027; P < 0.001). Findings also indicates that there was a significant difference between the quality of life of the Control Group and the intervention group (F = 27.162, P ≤ 0.001). Finally, the study therefore recommends that for effective and holistic treatment of breast cancer, Group Therapy should be integrated as one of the front-line complementary therapies. This was implicated to address the psychological component of cancer.*

Keywords: Group Therapy, Quality of life, Breast cancer, Intervention group, Control group

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Introduction

Being diagnosed with Cancer or breast cancer specifically is perceived as a catastrophic life event and impacts negatively on the physical and psychological well-being of the sufferer. By this, individual may become incapacitated in doing things they used to do before and will no longer be able to function well or enjoy themselves. Their overall health deteriorates characterized by pain with either pronounced wound (s) in some cases or psychological, guilt, regret, loss of energy, appetite, despair and in some extreme cases develop full blown depression and anxiety that further worsen their health status. This situation adversely affects the overall quality of life of the victims. This is a known fact as many of the victims scream day in day out in pain coupled with their inability to meet up with their daily needs and cost of treatment which further worsen their state of health and quality of life in general, thereby causing them to live in agony. The condition further aggravate as many seem not to enjoy adequate social support and even those that do, at some point lose grip of their support owing to high emotion expression (HEE) and burden of care by the family members. Their occupational engagements, interpersonal relationship and overall life satisfactions are also grossly impacted. All these, exemplify the critical components or features of quality of life that are seriously impaired as a result of cancer. According to Center for Disease Control and Prevention (CDC) (2019), as cited in Ibrahinm, Ahmad and Kefah (2023), quality of life is described as a "broad multidimensional concept that incorporates subjective judgments of good and negative elements of life". The World Health Organization (WHO) (2012), on their own part defines it as "a person's view of their place in life in relation to their objectives, expectations, standards, and concerns in the context of the culture and value systems in which they live. Thus, the primary component of quality of life is a subjective experience of wellbeing that includes aspect of the physical, psychological, social, occupational and spiritual selves. Quality of life, also illustrates the discrepancy between a person's hopes and expectations and their actual experience. As a result of human adaptation, life expectations are typically modified to fit within the bounds of what the individual believes is achievable. This makes it possible for those with challenging life situations to keep up a respectable quality of life (Janssen, et al, 2005). In the same vein, according to Albert, et al (1999), health-related quality of life embodies functional status, mental health, emotional wellness, social engagement, and symptom states. Ambulance, mobility, body care and movement, communication, alertness behaviour, emotional behaviour, social contact, sleep and rest, eating, job, home management, and recreation are all considered to be aspects of health-related quality of life. Additionally, Bowling (2014), described the broad range of domains that make up health-related quality of life, including emotional well-being, psychological well-being (measured with indicators of anxiety or depression), physical well-being, and social well-being (examples include indicators of social network, obtained social support, community integration etc). While Meeberg (1993) concluded by describing quality of life as being subjective

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and individualized, with the critical components of a sense of well-being, happiness, an acceptable state of physical, mental, social, and emotional health, or an objective assessment by another person that the living conditions of that individual are adequate and not life threatening. In sum, quality of life can be referred to as the degree to which an individual is healthy, comfortable, enjoy his work, attained to his needs and able to participate in or enjoy life events.

The above descriptions have lucidly buttress the different aspects of quality of life as well as underscore the important of good quality of life and how it influences one's overall wellbeing. Every human regardless of race or colour strives for happiness and satisfactory living condition that gives meaning to his existence. Such conditions, however, are strictly personal but embodies all the critical elements of quality of life as highlighted above. When we are satisfied with our life's conditions (e.g. job, physical, mental, social and emotional health and spiritual well-being), we feel good and of course be happy. The reverse tend to be the case when we perceive our quality of life to be lower than desired. At that point, we become devastated and life appears meaningless, useless and some times not worthy of living. We feel depressed, alienated, anxious, insecure, vulnerable and life generally becomes bleak. Some times, we lack the energy to do work we previously enjoyed. Incidentally, physical health (medical condition) as an integral element of quality of life, is usually one of the major areas that causes setback to one's quality of life. Whenever there is a perceived or actual ill health, we become disintegrated, disoriented and everything about us automatically changes. No wonder an adage has it that illness is an evil wind that blows no one any good. Implying that illness is the greatest thing that causes one not to function optimally and unable to enjoy ones' life. His occupation, spiritual life, interpersonal relationships, emotional and overall psychological wellbeing are usually interfered with. It also saps such an individual economically, impact on everything that makes life enjoyable and life generally becomes nothing, thereby leading to poor quality of life. Breast cancer is one of such physical or medical conditions that are capable of causing serious impairment to the victims with the potentials of negatively affecting their overall quality of life including the development of wide array of psychological comorbities. Given the analogy above, when an individual becomes a victim of cancer or breast cancer specifically, all these critical elements that make up quality of life are seriously threatened. Thus, resulting to low quality of life. Evidence also suggest that breast cancer patients suffer a great deal. Several studies have reported that psychological distress such as depression, phobia, anxiety, poor sleep, hopelessness, fatigue etc are frequently observed in breast cancer patients, especially in advanced and/or terminally ill patients (Okamura, et al., 2000; Kugaya, et al., 2000). Studies have also indicated that such psychological distress can lead to serious and far-reaching negative consequences on patients with advanced breast cancer; thereby reducing their quality of life and causing severe suffering, a desire for early death and suicide, as well as psychological distress in family members (Henriksson, et al., 1995; Hodges, et al., 2005). In the same vein, Satin, et al., (2009) reported that some of these psychological turmoil like depressive symptom may have other serious consequences, such as increasing the mortality rate of patients with breast cancer

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other than the scourge itself. Other psychological features which seem noticeable among breast cancer patients may include persistent sadness, loss of interest in previously pleasurable activities, changes in eating and sleeping habits, nervousness, slow physical and mental responses, guilt feeling, inability to focus and frequent thoughts of death or suicide. The reason explaining these associations of psychological distress with breast cancer an organically related illness is not far-fetched. Cancer generally as a terminal illness connotes a lot of things to the sufferers. To some, it is a death sentence while others may see it as the end of the world. This is because their quality of life, worldview and ego are being threatened. When this happens, it affect the generality of their wellbeing and further leads to cognitive dissonance or poor information processing and by extension poor self-evaluation or quality of life which are capable of further worsening their condition.

Cancer, therefore, is a medical condition characterized by abnormal and unregulated cell growth. It is a disease condition that involves abnormal cell growth with the potential to invade or spread to other parts of the body (WHO, 2010; National Cancer Institute (NCI), 2014). According to NCI, (2022) human cells grow and divide to form new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place. When cancer develops, however, this orderly process breaks down. As cells become more and more abnormal, old or damaged cells survive when they should die, and new cells form when they are not needed. These extra cells can divide without stopping and may form growths called tumors. However, not all tumors are cancerous. Cancerous tumors are malignant, which means they can spread into, or invade, nearby tissues. A lot of factors have been linked as causative agents to cancer. Tobacco use accounts for about 22% of cancer deaths (WHO, 2018). Another 10% are due to obesity, poor diet, lack of physical activity or excessive drinking of alcohol (WHO, 2018; NCI, 2012; Jayasekara, et al, 2016). Other factors include exposure to ionizing radiation, environmental pollutants (NCI, 2012) and certain infections such as *Helicobacter pylori*, hepatitis B, hepatitis C, human papillomavirus infection, Epstein–Barr virus and human immunodeficiency virus (HIV) which reportedly accounts for 15% of cancers cases mostly in the developing world (WHO, 2018). These factors act, at least partly, by changing the genes of a cell (a procedure otherwise called gene mutation) (WHO, 2017). According to World Health Organization (2017), typically, many genetic changes (mutations) are required before cancer develops. Approximately 5–10% of cancers are due to inherited genetic defects (American Cancer Society, 2013). While the symptoms of cancer generally according to Davis and Balentine, (2022) include a lump, abnormal bleeding, prolonged cough, unexplained weight loss or gain, and a change in bowel movements. Other symptoms are unexplained anemia, generalized body weakness, fatigue, change in urination, Indigestion or difficulty swallowing, loss of appetite, change of voice owing to cough, skin changes, fever, Persistent unexplained muscle or joint pain etc. While these symptoms may indicate cancer, they may have other causes. It should however be noted that these symptoms vary according to the type of cancer affecting the individual. There are numerous types of cancers depending on its origin or tissue where it developed from. Thus, symptoms are not always specific (NCI, 2022). Despite

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the non-specific nature of the symptoms, it can also be mimicked by other disease conditions.

Breast cancer, therefore, being a cancer of interest is used to refer to cancer that starts from the breast. It may occur in one or both. It is a malignant tumor that starts in the breast. It is particularly common among women than in men. Breast cancer also evolves silently. Most of the patients discover their disease during their routine screening. Others may present with an accidentally discovered breast lump, change of breast shape or size, or nipple discharge. It can also be classified as either primary or metastatic (Kunupo, 2022; Garvican & Littlejohns, 1998). Breast cancer can occur in different parts of the breast. These parts of breast include lobules, ducts, nipple, fat and connective tissue, blood vessels and lymph vessels (Kunupo, 2022). Different types of breast cancers exists and there are ductal carcinoma in situ (SCIS), invasive breast cancer (IDC/ILC), triple-negative cancer breast cancer, angiosarcoma of the breast, inflammatory breast cancer, paget disease of the breast, phyllodes tumors, recurrent breast cancer etc. All derived their names depending on the parts of the breast or cell it originated from. Generally, signs and symptoms may include change in the size, shape or appearance of breast, redness or flakiness around the breast, clear or bloody nipple discharge, swelling in the armpit, pain in the breast, lumps near the breast (Kunupo, 2022; Sakorafas, et al, 2001; Bleicher, 2010). Apart from different types of breast cancers originating from diverse cells or parts of the breast; its nature, manifestation and symptoms vary remarkably according to American Cancer Society. Also, different stages of breast cancer exists. However, the stage of a breast cancer is determined by the cancer's characteristics, such as how large it is and whether or not it has hormone receptors. The stage of the cancer helps a patient and medical expert to figure out patient's prognosis, the likely outcome of breast cancer treatment, decide on the appropriate or best treatment options as well as determine if certain clinical trials may be of a good option. There are two broad methods of classifying the stages of breast cancer and there are the TNM staging system and expanded breast cancer staging guidelines.

Unfortunately, despite the widely acclaimed evidence based manifestation of psychological disorders as comorbid symptoms among women with breast cancer, its impact on the quality of life and the efficacy of psychological management in the treatment of the scourge, psychological intervention is yet to be fully appreciated by the physicians thereby leading to the poor prognosis and possible death usually witnessed as many often die as a result of psychological factors than medical or cancer related complications. For instance, in 2017 a middle aged woman who was obviously depressed, after mastectomy surgery felt overwhelmed and could not accept her body's posture said she will rather prefer to die instead of living without breast. All effort to bring her to terms with reality proved abortive, few weeks later she died and was suspected to had taken some poisonous substances. The same is the case in the year 2023 in the course of this present study where a patient equally expressed similar feelings. Impliedly, many may have been dying in similar way unannounced.

At the moment, to the knowledge of the authors, the commonest treatment options adopted in the management of breast cancer

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and cancer generally are usually surgical procedures (mastectomy), chemotherapy, radiotherapy and other medical/physical approaches. Incidentally, patients undergoing these types of treatments pass through a whole lot of physical and psychological pain/trauma and most often their opinions are not usually sought for in terms of the possible alternative treatment strategies that may be convenient for them, thereby leading them to question their existence and whether their opinions does not matter again. This further worsen their quality of life resulting to feeling of despair, regret, guilt, anxiety, depression, general low quality of life and eventually unsatisfactory death. Based on the foregoing, it therefore becomes imperative that psychological intervention needs be fully integrated in the management of cancer related cases and particularly the breast cancer. This no doubt, if properly utilized will impact positively on the overall wellbeing of breast cancer victims. Psychological intervention therefore, is a complimentary treatment modality that is basically concerned with the application of psychological principles grounded in dialogues by a psychologist who is non-judgmental in helping patient (s) gets relief of their distress, conflicts or maladaptive tendencies while improving their coping skills. This is also known as talk therapy and is usually contractual in nature. In their own opinion Campbell, et al (2013) and APA (2012), "it is the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable". It can equally be seen as a healing relationship using socially authorized methods in a series of contacts primarily involving words, acts and rituals—regarded as forms of persuasion and rhetoric (Frank & Frank, 1991). There are different forms of psychological therapies. Such as, multimodal therapy, psychodynamic, gestalt therapy, behavioural therapy, client centered therapy, cognitive therapy, humanistic therapy, rational emotive therapy, acceptance and commitment therapy, cognitive behavioural therapy, motivational therapy/interviewing, group therapy, assertiveness training, etc. However, for the purpose this current study effort will be limited to Group therapy and how its integration in cancer management can help to improve the quality of life of women with breast cancer.

Group therapy also known as group psychotherapy is a form of psychotherapy in which a therapist offers psychotherapy to a small group of clients with similar condition together as a group. The term can equally refer to as any form of psychotherapy such as behavior therapy, gestalt therapy, interpersonal therapy etc when delivered in a group format serve as a mechanism of change and healing by affording clients opportunity to gain more insight into their condition as well as acquiring new coping skills to deal with maladaptive tendencies. In a broader context, group therapy is a treatment process that utilizes psychological principles in a group setting by a trained professional with the sole aim of alleviating psychological distress. Example of such group based approach are anger management, mindfulness, relaxation training, psycho-education groups etc. Other, more specialized forms of group therapy may include non-verbal expressive therapies such as art therapy, dance therapy, or music therapy. Group therapy on its own can sometimes be used alone, but it is also commonly integrated

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into a comprehensive treatment plan that also includes individual therapy. It can be for the in-patients or an ambulatory psychiatric services (out-patient basis). Groups can be as small as three or four, but group therapy sessions often involve around eight to 12 people (although it is possible to have more participants) (Ezhumalai et al, 2018). The group typically meets once or twice each week, or more, for an hour or two.

Group therapy has also been found to be effective in the management of wild variety of conditions such as Attention-deficit/hyperactivity disorder (ADHD), Depression, Generalized Anxiety disorder, Panic Disorder, Phobias, Post-Traumatic Stress Disorder (PTSD), Substance Use Disorder (McDermut et al, 2001; Castillo, et al, 2012; Lo Coco, et al, 2019). In addition to mental health conditions, CBT-based group therapy has been found to help people cope with: Anger management, chronic pain, chronic illness, chronic stress, divorce, domestic violence, grief and loss (Kanas, 2005). Thus, breast cancer in particular, being a terminal illness characterized by chronic pain with the potency of evoking other psychological syndromes such as phobia, anxiety disorder, death anxiety, helplessness, hopelessness, depression and overall poor quality of life, its sufferers may also profit from group therapy though yet to be integrated as one of the protocols in cancer management. According to the World Health Organization, all cancer patients need appropriate palliative care, psychological and social care according to their culture (Kahrazei et al, 2012).

Rationale for the Current Study

Amidst the escalating incidence rate of cancer generally across the globe, breast cancer has remained the most diagnosed cancer. It is also the leading cause of death among women and the most common cancer worldwide lately, with death rates higher in low-medium income countries (Sung, Ferlay, Siegel et al., 2021). Among women, breast cancer accounts for 1 in 4 cancer cases and 1 in 6 cancer deaths, ranking first in terms of incidence and mortality globally according to International Agency for Research on Cancer, (2020). Apart from the scourge assuming a pandemic status and causing serious global public health crisis, Africa and Nigeria, have had its own fair share. It is the most commonly diagnosed cancer in African females, and also represents the second leading cause of cancer-related deaths following cervical cancer in sub-Saharan Africa (SSA) (Abeer, Mona and Abdel-Rahman, 2020). The dreaded disease causes profound suffering to the sufferers. Evidence suggest that women with breast cancer also exhibit a great deal of psychological comorbidities such as depression, anxiety, fatigue, insomnia, chronic pain (physical and psychological), phobia, changes in eating habit, guilt feeling, etc that further worsen their condition thereby reducing their quality of life and may be causing a desire for early death and suicide, as well as psychological distress in family members (Okamura, et al., 2000; Kugaya, et al., 2000). Also, the physicians on the other hand appear to be at lost with regard to the role of psychologist in cancer management. Hence, the seemingly poor attention to the psychological care.

The present study therefore, not only provide local support to the limited existing literature on the efficacy of psychological intervention as a complimentary therapy for cancer and breast cancer management in particular. It is also hoped that this will further broaden the physicians' understanding of the utility of

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psychological care in cancer treatment particularly in Nigeria and West African region at large. Against this backdrop, in addition to the limited studies on the effect of Group therapy on quality of life of women living with breast cancer, the interest of this present study is to fill in the gap as well as specifically examined whether group therapy will improve the quality of life of women diagnosed with breast cancer. Also to ascertain whether those who are treated with Group therapy have improved quality of life than those in Control group.

Method

Participants

Sixt-seven (67) women out of the women histologically diagnosed with breast cancer who were receiving treatment at the Oncology Center of Alex Ekwueme Federal University Teaching Hospital, Abakaliki, Ebonyi State, Nigeria participated in the study. They were selected using simple random sampling technique. The participants' age ranged from twenty-three (23) years to seventy-two (72) years with a mean age of 41.77 and a standard deviation of 9.67. Twenty-two (22) (22%) of the participants were single, thirty-six (36) (36%) married, six (4) (4%) widowed and five (5) (5%) divorced. Also, fourteen (14) (14%) of them attended primary school, twenty-seven (27) (27%) secondary school, while twenty-one (21) (21%) and five (5) (5%) attended tertiary and postgraduate education respectively. They were typically Christians. The participants voluntarily consented to participate in the study through the informed consent letter.

Procedure

Approval for the study was granted by the research ethics committee of the Alex Ekwueme Federal University Teaching Hospital, Abakaliki. All procedures performed in this study were in accordance with the ethical standards of the approving research committee. After securing approval, the researchers approached the Director of Oncology Center of the named Hospital with the ethical approval letter and the purpose of the study was explained. Thereafter, through the assistance of the Director and the Registrar of Cancer Registry of the Center, a simple random sampling technique was utilized in selecting the participants. After the sampling, the researchers liaised with the Director and other consultants to give uniform appointments to the participants, as they come, a briefing was held where they were informed of the study and their consent solicited. Participants who agreed to participate in the study were broadly grouped into two: intervention group and control group. Two Clinical Psychologists working at the Psychiatric Department of the named institution were engaged by the researcher to assist him in delivering the interventions. Intervention group had 12 week session of 60-90 minutes per week. The conference room of the Center was used for the group therapy sessions. Before commencing treatment/intervention, a pretest was carried out to ascertain their level of quality of life (baseline) while post-test was administered upon completion of the sessions using Beach Center Family Quality of Life test to guide against bias arising from the use of same instrument for both pre and post tests. After the completion of the research instruments, data were collated and analyzed subsequently.

Instruments

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The data for the study were collected using two instruments WHOQOL-BREF and Beach Center Family Quality of Life scale for pretest and post test respectively. WHOQOL-BREF quality of life assessment tool has been validated in Nigeria with adequate internal consistency by Akinyemi et al, 2012; Gureje et al, 2006; Gureje et al, 2007; Gureje et al, 2006b; Gureje et al, 2008; Bekibele & Gureje, 2008. The scale measures four different domains, (physical health, psychological (mental) health, social relationships and relationship with features in their environment) as a function of quality of life. It comprises of 26 items with 5 Likert form of responses of 1 to 5. Scores are scaled in a positive direction (i.e. higher scores denote higher quality of life). Three items (3, 4 and 26) that are negatively phrased are scored in reverse order (1=5, 2=4, 3=3, 4=2, 5=1) thus transforming them to positively phrased items. The higher the score on the WHOQOL-BREF, the better the quality of life. Scores less than 78, which corresponds to an average response of 3 or below on each item are categorized as poor quality of life while scores equal to and above 78 are categorized as good quality of life.

Beach Center Family Quality of Life also known as Family Quality of Life (FQOL) scale is a measure of family quality of life developed by Hu, Summers, Turnbull, and Zuna in 2011. It assesses families' perceptions of their satisfaction with different aspects of family quality of life. The 25-item inventory anchored on satisfaction is rated on a 5 point Likert-type form of responses where 1 = *very dissatisfied*, 2 = *dissatisfied*, 3 = *neither satisfied nor dissatisfied*, and 5 = *very satisfied*. The scale is measured under five different domains: Family Interaction, Parenting, Emotional Well-being, Physical / Material Well-being, and Disability-Related Support. The Cronbach's alpha for the FQOL subscales on Importance ratings was .94 and on Satisfaction ratings was .88 thereby suggesting high degree of reliability index and the ability of the instrument to measure what it is meant to measure. Its scoring is by direct scoring. The instrument has equally been validated in Nigeria as well as the current researcher with adequate internal consistency.

To ensure the described instruments are capable of measuring what they are meant to measure, the authors conducted a pilot study comprising of 49 women. All the participants were histologically diagnosed of breast cancer and were drawn from National Obstetric Fistula Center (NOFIC), Abakaliki where they were receiving treatment. Their age ranged from 21years to 77years with Mean age of (38.50). The hospital is located at Abakaliki - Enugu Express Way, Abakaliki, the State Capital of Ebonyi State. The researchers were assisted by an Oncologist and a Nurse working in the Oncology Unit of the named hospital in administering and collection of the completed questionnaires. Before the selection of the above valid 49 study participants, 70 questionnaires were distributed, out of which 62 per instruments were returned, 13 were further eliminated by the researcher for either not properly or incompletely filled. The data were gathered and analyzed. Reliability and validity analyses was carried out for each of the scales using SPSS version 21.0. The internal consistency reliability estimate for WHOQOL-BREF (WHO'S Quality Of Life Scale) was Cronbach's alpha of 0.85 while in Beach Center Family Quality of Life also known as Family Quality of Life (FQOL) a Cronbach's alpha of 0.90 was obtained for the total score. The outcome of this pilot study seems quite encouraging with a

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relatively high internal consistency reliability estimate, pointing out that the instruments are capable of measuring what they are meant to measure, hence the adoption in the present study.

The study adopted a between group subject design. Analysis of variance (ANOVA) and chai square (X^2) were used for data analysis while logistic regression was used for posthoc analysis. These are considered relevant because they are potent statistical tool that can show cause and effect relationship between two or more variables just like the present study.

Design and Statistics:

RESULT

Table 1: Socio-demographic Characteristics of the participants

Sociodemographic characteristics	Baseline	Control Group	Group Therapy
Gender			
Female	67(67)	34(100)	33(100)
Age (Mean±Std [95% C.I.])	41.77±9.67 [39.85 – 43.69]	41.21±9.93 [37.74 – 44.67]	45.55±12.18 [41.23 – 49.86]
Marital Status			
Single	22 (22)	11 (32.4)	11 (33.3)
Married	36 (36)	18 (52.9)	18 (54.5)
Widowed	4 (4)	2 (5.9)	2 (6.1)
Divorced	5 (5)	3 (8.8)	2 (6.1)
Education			
Primary	14 (14)	7 (20.6)	7 (21.2)
Secondary	27 (27)	13 (38.2)	14 (42.4)
Tertiary	21 (21)	11 (32.4)	10 (30.3)
Postgraduate	5 (5)	3 (8.8)	2 (6.1)
Religion			
Christians	67 (67)	34 (100)	33 (100)

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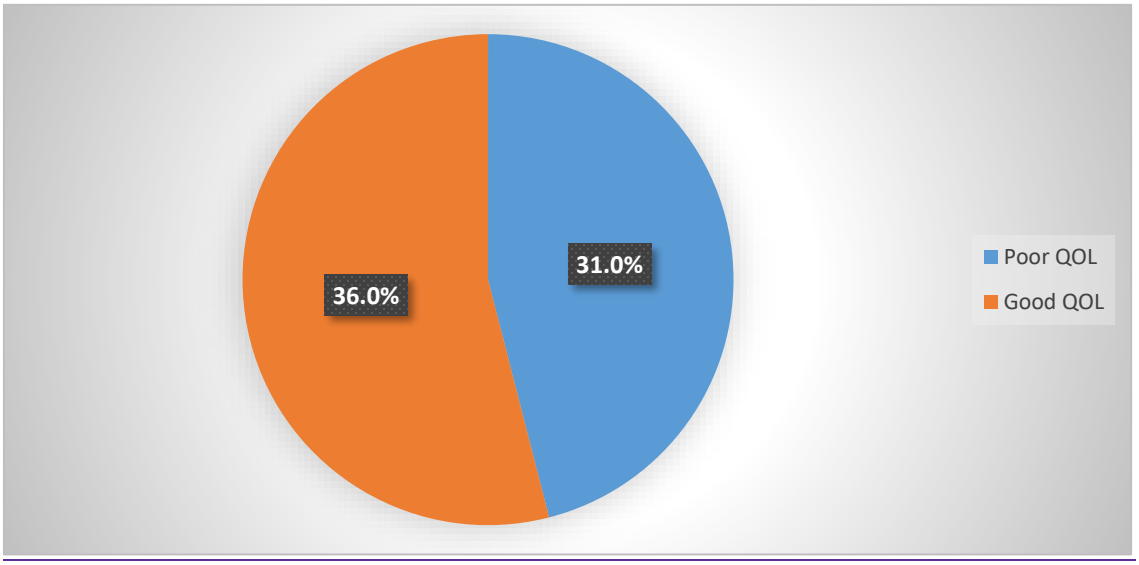
Fig. 1: Baseline level of QOL of women diagnosed with breast cancer



The pie chart above illustrate the overall quality of life of all the participants prior to the interventions. The findings indicates that 46% (31) of the participants had poor quality of life while 54% (36) had good quality of life regardless of their condition.

Table 2: Level of effect of group therapy on the quality of life of women diagnosed with breast cancer

Therapy	Poor QOL (%)	Good QOL (%)	Total (%)	x^2(P)	OR [C.I.]
Control	17 (77.3)	17 (37.8)	34 (50.7)	19.840 (<0.001)	*Ref*
Group Therapy	5 (22.7)	28 (62.2)	33 (49.3)		5.60 [1.75 – 17.96]
Total	22 (100.0)	45 (100.0)	67 (100.0)		

Table 2 shows that group therapy significantly improved the quality of life of women diagnosed with breast cancer (x^2 = 19.840; P <0.001). This implies that almost all the women 28/33 (36.8%) of the women that received group therapy had good QOL. The finding was further subjected to logistics regression and the result showed that for every woman with breast cancer that have good quality of life, they were 6 times more likely to have received group therapy (OR = 5.60; 95% C. I. = 1.75 – 17.96).

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Table 3: Effect of Group therapy on the quality of life of women diagnosed with breast cancer

Group	N	Mean QOL	Std.	F	P-Value
Control	34	77.88	16.56	27.162	≤0.001
Group Therapy	33	93.91	18.43		
Total	67	85.9	19.16		

Table 3 shows that group therapy significantly improved the quality of life of women diagnosed with breast cancer (F = 27.162, P ≤ 0.001). The mean score of the Group Therapy (Mean score = 93.91) when compared with the mean score of the Control Group further gave credence on the improvement recorded as a result of the therapy rendered. Whereas there was no significant improvement on the quality of life of the participants in the control group.

Discussion

This study examined the Effect of Group Therapy (GT) on Quality of Life of Women living with Breast Cancer. The interest of this study was born as a result of the suffering most cancer patients and particularly women living with breast cancer go through which inadvertently impact negatively on their quality of lives despite the treatment they maybe receiving. It therefore spur the researchers to think that apart from the conventional medical treatments, there maybe other things lacking in their treatment that would have helped to ameliorate their sufferings and possibly improve their state of wellbeing and quality of life. Psychological component of care was however contemplated, hence this study. The finding therefore revealed that Group Therapy significantly improved the quality of life of women diagnosed with breast cancer. The result further showed that for every woman with breast cancer that have good quality of life, they are 6 times more likely to have received Group therapy. This is very impressive. Thus, implying that GT is a veritable tool and should be given its rightful position when it comes to cancer management and breast cancer in particular. Hence, the hypothesis which stated that Group therapy will significantly improve the quality of life of women diagnosed with breast cancer was accepted. This result support the findings of (Christy & Michael, 1986; Sharon et al, 2017; Sehati et al, 2018; Ascensión et al, 2019) who opined that Group therapy reduces the fear of recurrence,

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increasing optimism in patients, the feeling of personal growth and greater emotional well-being in surviving breast cancer women. They also maintained that fostering a positive group environment bolsters treatment efficacy for women with early stage breast cancer as well as improve their quality of life. This is true, most of the patients come to treatment with mixed feelings either with their preconceived notion or their cultural believe about the disease; then, finding themselves in a group therapy usually offers a relief to their anxieties, phobia, doubts as well as help them to accept the situation they find themselves. The possible explanation to this finding is not far fetch, group therapy serve different purposes to the team members. It afford them the opportunity to learn from one another on the different coping strategies, reassures them that they are not alone and that there is hope having seen others survive it. Group therapy equally gives room for better understanding of the disease as members share information concerning it, questions are asked and clarifications given, thereby equipping them with better knowledge and enhancing their coping strategies. When this happened including observing other women survivors of breast cancer, it produces a reduction in the levels of worry, anxiety, fear, depression and stress attached to the disease and thereby enhances quality of life including acceptance of the disease. Participants from therapy groups also report that the intervention was equally effective in reducing suicidal tendencies / ideation. Many claimed they had contemplated suicide to end everything as life was no longer meaningful when they consider impending sufferings that await them as well as the source of sustaining their unending routine medical treatment.

In sum, this study highlighted improved quality of life of the intervention group. Participants who received Group Therapy and Group Therapy enjoyed better quality of life than the Control Group. The finding of the following scholars (Pantea, 2022; Faranak et al, 2022; Haoyao et al, 2019; Christy & Michael, 1986; Sharon et al, 2017; Sehati et al, 2018; Ascensión et al, 2019) gave credence to the outcome of the present findings. The result is not surprising, evidence has it that psychological interventions are as effective as some medical interventions. In fact Group therapy has been found to be useful in chronic pain management, reduction of anxiety, depression and dysfunctional coping strategies for women with breast cancer (Pantea, 2022). On the other hand, the observed poor quality of life among the control group was anticipated. Cancer as generally known impacts negatively on the quality of life of the sufferers, this is even worse when the required treatment is not given. At the moment, psychological intervention is yet to be properly integrated as a treatment protocol for cancer to so many facilities, hence, undermining the psychological correlates that contribute to poor quality of life. The outcome of this findings are quiet impressive as well as came at the right time.

Implication of the findings

The impacts of breast cancer on the quality of life of women is a thing of serious concern. Majority of the women if not all diagnosed with breast cancer suffer greatly with attendant manifestations of psychological comorbidity. It is also suspected that some of the death incidences recorded among the women with breast cancer are as a result of psychological comorbidity other than cancer

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related complications. Owing to the above, the import of the findings of this study is quite germane. Hence, it has far reaching implications to the Healthcare institutions, government, policy makers, Healthcare Workers, Individuals and the entire populations. The finding revealed that psychological intervention (Group Therapy) significantly improved the quality of life of women diagnosed with breast cancer. This no doubt underscores the relevance of psychological interventions as a complementary therapy in cancer management. It is also hoped that if fully integrated as one of the cancer protocol, it will not only address the psychological symptoms associated with cancer but will forestall some avoidable deaths and suicide. This finding therefore serve as a wake up call to the relevant agencies, institutions, government, policy makers, Healthcare workers, individuals and the entire public on the utility of psychological services and the need for its inclusion as one of the recognized treatment regimens in cancer management. The outcome of this study is very promising, it is therefore suggested that other cancer patients as well as other patients generally facing terminal illness may also benefit from this intervention.

Limitation of the study

One major limitation of this study was distance, many of the participants were coming from different / far places. Assembling them on weekly basis for the intervention was a major setback. Their health condition was also another challenge. Many of them, due to their health challenges were not regular to the sessions and thereby prolonging the duration mapped out for the exercise. Also the use of self-reporting inventory after the intervention may have posed some setback on the outcome of the finding. Some respondents may have under-reported some of the behaviours expected of them while at the same time exaggerated those they think project them better. There was also lack of resilience to continue the study by some of the participants. Many opted to discontinue as the claim they were not having enough resources to sustain their transport fare and feedings. Again the number of participants was small (67) and they were mostly Igbo persons. Thus, the geneneralizabilty of the findings is not advised.

Suggestions for further studies

Since assembling them and distance were the major challenges in this study, it is suggested that future studies may consider adopting e-therapy / virtual approach in delivering the intervention. This will as well not put their health condition in danger. Alternative approach such as pure experimental method of gathering data may also be considered since self reporting inventories has it's own inherent pitfalls. Also future studies may consider incorporating some items that can act as an incentive to help motivating to continue the study. Again the number of participants was small (67) and they were mostly Igbo persons. Subsequent research, should try to increase the number of the participants and spread it across the length and breath of the country or even beyond to guaranty evenly distribution and fair generalization.

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