The Relationship Between Psychological Support and the Psychological Wellbeing of Cancer Patients in Meru County, Kenya

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ABSTRACT

Psychological wellbeing is a critical component of overall health, yet it is often compromised in individuals facing life-threatening illnesses such as cancer. Patients diagnosed with cancer frequently experience significant emotional distress, making psychosocial support an essential part of holistic care. This study examined the relationship between psychological support and the psychological wellbeing of cancer patients in Meru County, Kenya, a region with a rising cancer burden and limited localized research. The study was grounded in the Biopsychosocial Model, which posits that health outcomes are influenced by an interplay of biological, psychological, and social factors. A mixed-methods correlational research design was employed. Quantitative data were collected from 169 cancer patients using structured questionnaires, including a custom psychological support scale and Ryff's Psychological Wellbeing Scale. Qualitative data were gathered through semi-structured interviews with 17 professional caregivers to provide deeper context. Quantitative data were analyzed using descriptive statistics and Spearman's rank-order correlation. The findings indicated a significant service gap, with 53.3% of patients reporting low levels of psychological support and only 42.0% having regular access to counseling. Despite these limitations, a statistically significant, moderate positive correlation was found between psychological support and psychological wellbeing ($\rho = .439$, $p < .001$). This study concludes that psychological support is a meaningful determinant of psychological wellbeing for cancer patients in Meru County. The findings underscore the urgent need to integrate structured and accessible psychological services into standard oncology care to improve patient quality of life and health outcomes.

Keywords: psychological support, psychological wellbeing, cancer patients, psychosocial oncology, Kenya, mixed-methods

INTRODUCTION

A cancer diagnosis initiates a profound and often distressing journey that extends far beyond the physical manifestations of the disease. It significantly affects patients' mental health, interpersonal relationships, and overall quality of life (Ooi et al., 2010). The emotional and psychological stress associated with cancer has been well-documented since the 1970s, establishing the importance of addressing psychosocial concerns as a standard component of comprehensive cancer care (Kazak et al., 2015). Psychosocial support, which involves providing emotional, psychological, and social care, is crucial for helping individuals manage the anxiety, uncertainty, and distress that accompany a cancer diagnosis and its treatment (Wondimagegnehu et al., 2021). Research indicates that stress-related psychosocial factors can adversely affect cancer outcomes, making effective support essential for enhancing the psychological wellbeing and overall health of patients (Matsuda et al., 2013).

Globally, cancer represents a major health challenge, and while medical advancements have improved survival rates, the psychological burden remains substantial. In Kenya, cancer is the third leading cause of death, following infectious and cardiovascular diseases (Karanja-Chege, 2022). This health challenge is particularly acute in regions like Meru County, where the incidence of cancer has shown an alarming upward trend. The county faces a unique epidemiological profile, with a high prevalence of aggressive cancers such as stomach, esophageal, and liver cancer, alongside a rising number of breast and prostate cancer cases (Kobia et al., 2019). The significant psychological impact of these diagnoses underscores the urgent need for effective psychosocial support systems.

However, a critical gap exists in the understanding of the specific psychosocial needs of cancer patients within the Kenyan context, particularly outside of major urban centers. Much of the national cancer data and research originates from registries in Nairobi and Eldoret, leaving counties like Meru underrepresented (Kobia et al., 2019). This lack of localized data hinders the development of evidence-based and culturally relevant psychosocial interventions. While international studies provide valuable insights, they may not fully capture the unique sociocultural and healthcare landscape of Meru County. Patients in this region often face limited access to essential support services, which can heighten emotional distress and diminish their quality of life. To address these challenges effectively, it is essential to understand the direct relationship between the support patients receive and their psychological state. Therefore, this study aimed to establish the relationship between psychological support and the psychological wellbeing of cancer patients in Meru County, Kenya.

LITERATURE REVIEW

Psychological Support in Cancer Care

Psychological support in cancer care encompasses a range of interventions designed to address the psychological, emotional, and social needs of patients. It is a vital component of quality cancer care, helping individuals cope with the multifaceted challenges of their diagnosis and treatment (Harvey et al., 2013). This support can include formal services such as professional counseling and therapy, as well as participation in emotional support groups where patients can share experiences and receive peer validation. It also involves informal support, such as empathetic communication and assistance from healthcare providers in managing emotional concerns and making treatment decisions (Quillen et al., 2020). The primary goal of these interventions is to mitigate psychological distress, improve quality of life, and enhance overall psychological wellbeing (Martin, 2023).

Research consistently demonstrates the importance of psychological support for cancer patients. Individuals diagnosed with cancer often experience significant mental health comorbidities and psychological distress, highlighting the need for comprehensive supportive care (Mehnert et al., 2012). Studies have shown that effective psychological interventions can help alleviate anxiety, depression, and other psychosocial burdens associated with a cancer diagnosis (Lingens et al., 2021). Furthermore, social support from family members and healthcare providers has been positively correlated with both the physical and psychological adjustment of cancer patients (Rızalar et al., 2014).

Despite its recognized importance, the provision of psychological support is often inconsistent. In various international contexts, challenges such as limited resources, lack of provider training, and cultural stigmas surrounding mental health create significant barriers to access. For example, studies in Canada have identified time constraints and low awareness of psychosocial needs among healthcare providers as major impediments (Devine et al., 2015). In Nigeria, late referrals, financial constraints, and inadequate facilities lead to suboptimal care and high mortality rates among cancer patients (Olaitan & Oladayo, 2016). These global challenges are likely amplified in resource-limited settings like Meru County, where healthcare infrastructure is still developing. This study sought to quantify the extent of psychological support available to patients in this region and to understand its relationship with their wellbeing.

Theoretical Framework

This study is grounded in the Biopsychosocial Model, a framework developed by George Engel (1977) to provide a more holistic understanding of health and illness. The model posits that health outcomes are not determined by biological factors alone but are the result of a dynamic interaction between biological, psychological, and social dimensions. In the context of cancer care, this means that a patient's wellbeing is influenced not only by the pathophysiology of the disease and its medical treatment (biological) but also by their thoughts, emotions, and behaviors (psychological), as well as their relationships, social support systems, and cultural environment (social).

The Biopsychosocial Model provides a robust theoretical lens for examining the relationship between psychological support and psychological wellbeing. Psychological support directly addresses the psychological

and social domains of a patient's experience. It aims to improve coping strategies, regulate emotions, and strengthen social connections, all of which are critical for mental health. By investigating how the presence or absence of such support correlates with patients' psychological wellbeing, this study empirically tests a core premise of the model: that attending to psychological and social needs is integral to achieving positive health outcomes. This framework moves beyond a purely biomedical perspective to recognize the complex, interconnected nature of human health, which is particularly relevant for a multifaceted illness like cancer.

METHODOLOGY

Research Design

This study employed a correlational research design with a mixed-methods approach. This design was chosen to quantitatively establish the strength and direction of the relationship between psychological support and psychological wellbeing, while also using qualitative data to provide a deeper, more nuanced understanding of patients' and caregivers' experiences. The integration of both data types allowed for triangulation, thereby enhancing the validity and interpretive depth of the findings.

Study Setting and Participants

The study was conducted in Meru County, Kenya, a region with a significant and rising cancer burden. Participants were recruited from Meru Teaching and Referral Hospital and Meru Hospice, the primary centers for cancer care in the county. The target population consisted of all adult patients diagnosed with cancer and seeking services at these facilities. Using simple random sampling from health records, an initial sample was selected. The final sample for the quantitative component consisted of 169 cancer patients who completed the questionnaire, yielding a response rate of 62.4%. For the qualitative component, 17 professional caregivers, including oncologists, nurses, social workers, and chaplains, were interviewed, representing a response rate of 68.0%.

Research Instruments

Data were collected using a custom-developed questionnaire for patients and a semi-structured interview schedule for professional caregivers. The patient questionnaire consisted of four sections. Section A collected demographic and clinical information. Section B was a six-item scale measuring psychological support, assessing access to counseling, therapy attendance, and the perceived benefit of support groups using a five-point Likert scale. Section D utilized Ryff's Psychological Wellbeing (PWB) Scale to measure multiple dimensions of wellbeing. The interview schedule for caregivers included open-ended questions designed to explore their perceptions of the psychological support services available, the emotional state of patients, and the impact of support on patients' wellbeing.

The research instruments underwent a rigorous validation process. Content validity was established through expert review by supervisors and specialists in psychology at Chuka University. Construct validity was assessed during a pilot study using Explanatory Factor Analysis, which confirmed that the items clustered into theoretically coherent dimensions. The internal consistency of the scales was evaluated using Cronbach's alpha. The psychological support scale demonstrated strong reliability ($\alpha = .877$), as did the psychological wellbeing scale ($\alpha = .977$), indicating that the instruments consistently measured their intended constructs.

Data Collection and Analysis

Ethical approval was obtained from the Research and Ethics Committee at Chuka University, and a research permit was secured from the National Commission for Science, Technology, and Innovation (NACOSTI). Informed consent was obtained from all participants before data collection. Questionnaires were administered to patients on-site, while interviews with caregivers were conducted at a time and place of their convenience. Quantitative data were analyzed using SPSS version 27.0. Descriptive statistics, including frequencies and percentages, were used to summarize participant characteristics and responses. The relationship between psychological support and psychological wellbeing was examined using Spearman's rank-order correlation.

Qualitative data from the interviews were transcribed verbatim and analyzed thematically to identify key patterns and themes that could complement and explain the quantitative findings.

RESULTS

Participant Characteristics

The patient sample (N = 169) consisted of more females (55.6%) than males (44.4%). The majority of participants were aged 51 years and above (37.3%), were married (62.1%), and had completed primary education as their highest level of schooling (76.3%). Clinically, most patients had been diagnosed within the last 1 to 3 years (53.3%). A significant proportion were diagnosed at an advanced stage, with 27.8% at Stage IV and 26.6% at Stage III. The most common emotional reaction to diagnosis was disbelief (23.7%), followed by sadness and confusion (21.9% each).

Table 1: Demographic and Clinical Characteristics of Cancer Patients

Characteristic	**Category**	**Frequency**	**%**
Age	31–35 years	5	3.0%
	36–40 years	27	16.0%
	41–45 years	31	18.3%
	46–50 years	43	25.4%
	51 years and above	63	37.3%
Gender	Male	75	44.4%
	Female	94	55.6%
Marital Status	Single	12	7.1%
	Married	105	62.1%
	Widowed	50	29.6%
	Separated	2	1.2%
Education Level	No formal education	22	13.0%
	Primary	129	76.3%
	Secondary	18	10.7%
Characteristic	**Category**	**Frequency**	**%**
Duration Since Diagnosis	Less than 1 year	55	32.5%
	1–3 years	90	53.3%
	3–5 years	19	11.2%
	More than 5 years	5	3.0%
Reaction After Diagnosis	Anxious	30	17.8%
	Angry	25	14.8%
	Confused	37	21.9%
	Sad	37	21.9%
	Disbelief	40	23.7%
Psychosocial Problems Before Diagnosis	Anxiety or excessive worry	11	6.5%
	Depression or persistent sadness	13	7.7%
	Stress (work or personal life)	17	10.1%
	Relationship difficulties	17	10.1%
	Social isolation or withdrawal	21	12.4%
	Low self-esteem or self-worth	22	13.0%
	Grief or loss	20	11.8%
	None of the above	48	28.4%

Stage of Cancer	Stage I	15	8.9%
	Stage II	25	14.8%
	Stage III	45	26.6%
	Stage IV	47	27.8%
	I am not aware	37	21.9%
Treatment Modalities	Chemotherapy	29	17.2%
	Radiotherapy	26	15.4%
	Immunotherapy	20	11.8%
	Clinical trials	18	10.7%
	Medication	76	45.0%

Descriptive Findings on Psychological Support

The availability and use of psychological support services among cancer patients in Meru County showed significant limitations. Only 42.0% of patients reported having regular access to professional counseling services. Consistent engagement with these services was even lower, with only 29.6% of patients indicating that they frequently attend therapy sessions to manage their emotional wellbeing. A substantial portion of the sample remained neutral on these items (24.3% for access and 34.3% for attendance), suggesting inconsistency or uncertainty regarding service availability.

The perceived availability and benefit of emotional support groups were particularly low. Only 24.8% of patients found such groups to be available and beneficial, while a large proportion (45.0%) disagreed or strongly disagreed. With respect to support from healthcare providers, 41.4% of patients felt they received adequate psychological support. However, comfort in discussing emotional concerns with a counselor was limited, with 31.4% expressing discomfort and 38.5% remaining neutral. Finally, 39.7% of patients found the psychological support services provided to be effective.

Table 2: Patients' Responses for Psychological Support Items in % (N = 169)

Statement	**SD**	**D**	**N**	**A**	**SA**	**Total**
I have regular access to professional counseling services.	13.0	20.7	24.3	30.2	11.8	100.0
I frequently attend therapy sessions to help manage my emotional wellbeing.	10.7	25.4	34.3	23.1	6.5	100.0
Emotional support groups are available and beneficial to me.	13.6	31.4	30.2	20.7	4.1	100.0
I receive adequate psychological support from healthcare providers.	8.3	20.7	29.6	33.7	7.7	100.0
I feel comfortable discussing my emotional concerns with my counselor.	8.3	23.1	38.5	26.6	3.6	100.0
I find the psychological support services provided to be effective.	7.7	17.2	35.5	29.6	10.1	100.0

When patient responses were aggregated into a composite score, the overall distribution of psychological support levels was revealed. A majority of the participants, 53.3% (n = 90), were categorized as having low psychological support. A further 34.3% (n = 58) reported moderate support, while only 12.4% (n = 21) experienced high levels of psychological support. This distribution clearly indicates that most cancer patients in this setting are not receiving adequate psychological resources to help them cope with their illness.

Table 3: Distribution of Psychological Support Levels Among Participants

Level of Psychological Support	**Frequency (N)**	**Percentage (%)**
Low Psychological Support	90	53.3%
Moderate Psychological Support	58	34.3%
High Psychological Support	21	12.4%
Total	**169**	**100.0%**

Qualitative Findings from Professional Caregivers

The qualitative data from caregivers provided important context for the quantitative findings, confirming the systemic gaps in formal psychological support while also highlighting the profound impact of informal, empathetic care. Caregivers consistently described the formal psychological services as insufficient to meet patient needs. One caregiver stated,

“Our facility offers psychological counseling, but many patients say sessions are too infrequent to make a lasting impact. While they appreciate the effort, they feel it lacks continuity” (CG1).

Another confirmed this, noting,

“Psychological services are in place but understaffed. Patients often share that they’d like more one-on-one time and shorter waiting periods between sessions” (CG9).

Regarding the effectiveness of services, caregivers observed that a lack of consistent engagement hindered the development of trust. As one caregiver explained,

“Counseling and support groups are only effective when consistent. Patients drop out when they feel emotionally unsafe or unheard” (CG7).

Another added that services often felt

“‘clinical,’ not emotionally nurturing. That lowers their perceived effectiveness even when they provide real benefits” (CG13).

Despite these limitations, caregivers emphasized the value of the human element in care. They observed that direct, empathetic interactions with healthcare staff could significantly improve a patient's psychological state. One caregiver shared,

“The psychological effects of regular, empathetic caregiving include improved mood, reduced anxiety, and better pain tolerance. Patients open up more, which also helps with clinical assessments” (CG9).

Another echoed this sentiment, stating,

“We can’t overlook the psychological ripple effects of caregiving. When patients feel that someone genuinely cares and isn't just performing a task, their outlook improves, sometimes even in terminal stages” (CG12).

These accounts suggest that while formal support infrastructure is lacking, the compassionate interactions within the care environment serve as a crucial, albeit informal, source of psychological support.

Hypothesis Testing

The study sought to test the null hypothesis (H01): There is no statistically significant relationship between psychological support and the psychological wellbeing of cancer patients in Meru County, Kenya. A Spearman’s rank-order correlation was conducted to examine this relationship. The analysis revealed a statistically significant, moderate positive correlation between psychological support and psychological wellbeing ($\rho = .439$, $p < .001$, $N = 169$). This result indicates that as the level of perceived psychological support increases, the level of psychological wellbeing also tends to increase. The p-value was less than .01, providing strong evidence against the null hypothesis. Therefore, the null hypothesis was rejected. This finding confirms that a meaningful and statistically significant relationship exists between psychological support and the psychological wellbeing of cancer patients in this context.

Table 4: Correlation Between Psychological Support and Psychological Wellbeing

			PWB	PS
Spearman's rho	PWB	Correlation Coefficient	1.000	.439**
		Sig. (2-tailed)	.	.000
		N	169	169
	PS	Correlation Coefficient	.439**	1.000
		Sig. (2-tailed)	.000	.
		N	169	169
**. Correlation is significant at the 0.01 level (2-tailed).				

DISCUSSION OF FINDINGS

This study established a statistically significant positive relationship between psychological support and the psychological wellbeing of cancer patients in Meru County, Kenya. This central finding, however, is situated within a context of considerable deficits in the provision and accessibility of formal psychological services. The data show that a majority of patients (53.3%) experience low levels of psychological support, with limited access to professional counseling and infrequent therapy attendance. This service gap is a critical issue and aligns with challenges observed in other resource-limited settings. For instance, Olaitan and Oladayo (2016) identified financial constraints and inadequate facilities as key barriers to care in Nigeria, while Devine et al. (2015) noted that a lack of awareness and training among providers hindered access in Canada. The findings from Meru County quantitatively confirm that these systemic limitations are prevalent and directly impact the patient experience.

Despite these significant service gaps, the study found a moderate positive correlation between psychological support and psychological wellbeing ($\rho = .439$, $p < .001$). This indicates that even when support is limited, it remains a meaningful determinant of a patient's mental health. This finding is consistent with a large body of international research affirming that psychological interventions enhance wellbeing and reduce distress in cancer patients (Taylor et al., 2021; Martin, 2023). The statistical significance of this relationship in a setting with such constrained resources powerfully reinforces the intrinsic value of psychological support. It suggests that any improvement in the provision of these services, no matter how incremental, could yield tangible benefits for patient wellbeing.

The qualitative findings from caregivers provide a crucial layer of understanding to this dynamic. They confirmed the systemic issues of understaffing and a lack of continuity in formal services. However, they also illuminated the profound impact of informal psychological support delivered through daily, empathetic interactions. Caregivers noted that when patients feel genuinely cared for, their mood and outlook improve. This highlights a key discrepancy: while the formal support system is weak, the humanistic element of care provides a vital, though inconsistent, buffer against psychological distress. This aligns with findings from Ireland, where empathic communication was identified as a critical factor in patient wellbeing (Broadbridge, 2024). It suggests that while building a robust formal support system is the long-term goal, enhancing the capacity of all healthcare providers to offer basic psychological support and empathetic care is an immediate and impactful strategy.

The results of this study also provide strong empirical support for the Biopsychosocial Model (Engel, 1977). The model's central premise is that psychological and social factors are integral to health, not peripheral to it. By demonstrating a clear and significant correlation between a psychosocial factor (psychological support) and a health outcome (psychological wellbeing), this study validates the applicability of the model in the context of cancer care in Kenya. The qualitative narratives, which describe how emotional and relational support directly influence a patient's mood, anxiety, and ability to cope, further illustrate the real-world interactions between the psychological and social domains that Engel's model describes.

This study has certain limitations. The findings are based on self-report data, which may be subject to biases such as social desirability. Respondents may have been hesitant to reveal private details or may have exaggerated their responses. To mitigate this, participants were assured of confidentiality and encouraged to provide honest answers. Additionally, the correlational design of the study does not allow for the establishment of causality. While a strong relationship was found between psychological support and wellbeing, it cannot be concluded that support causes an improvement in wellbeing. Future longitudinal or interventional studies would be needed to explore causal pathways.

CONCLUSION AND RECOMMENDATIONS

This study concludes that psychological support is a critical and significant factor associated with the psychological wellbeing of cancer patients in Meru County, Kenya. Despite facing substantial gaps in the availability and consistency of formal psychological services, patients who do receive support, whether formal or informal, report higher levels of wellbeing. This finding underscores the urgent need to address the psychological dimensions of cancer care as an integral component of the overall treatment plan. Based on these findings, it is recommended that healthcare facilities in Meru County prioritize the integration of professional psychological support into standard oncology care by hiring more trained mental health professionals, establishing clear referral pathways, and ensuring that counseling services are offered proactively and consistently throughout the patient's cancer journey. Furthermore, given the powerful impact of informal empathetic care, all healthcare providers interacting with cancer patients should receive training in basic psychological support skills and empathetic communication to create a more supportive care environment and leverage every patient interaction as an opportunity to enhance psychological wellbeing. Additionally, due to the low perceived benefit of emotional support groups, it is recommended that facilities work with community members and patients to design and implement support groups that are culturally relevant, systematically managed, and address the specific needs of the patient population in Meru County. By implementing these recommendations, healthcare stakeholders in Meru County can begin to bridge the significant gap in psychosocial care, thereby improving the quality of life and psychological wellbeing of the growing number of individuals and families affected by cancer.

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