GREAT JOURNS

Journal of Psychology

Vol.1 No.2, September 2025

Effect of Cognitive Behavioral Therapy on Mental Health of Cancer Patients in Private Hospitals in Uasin Gishu County in Kenya

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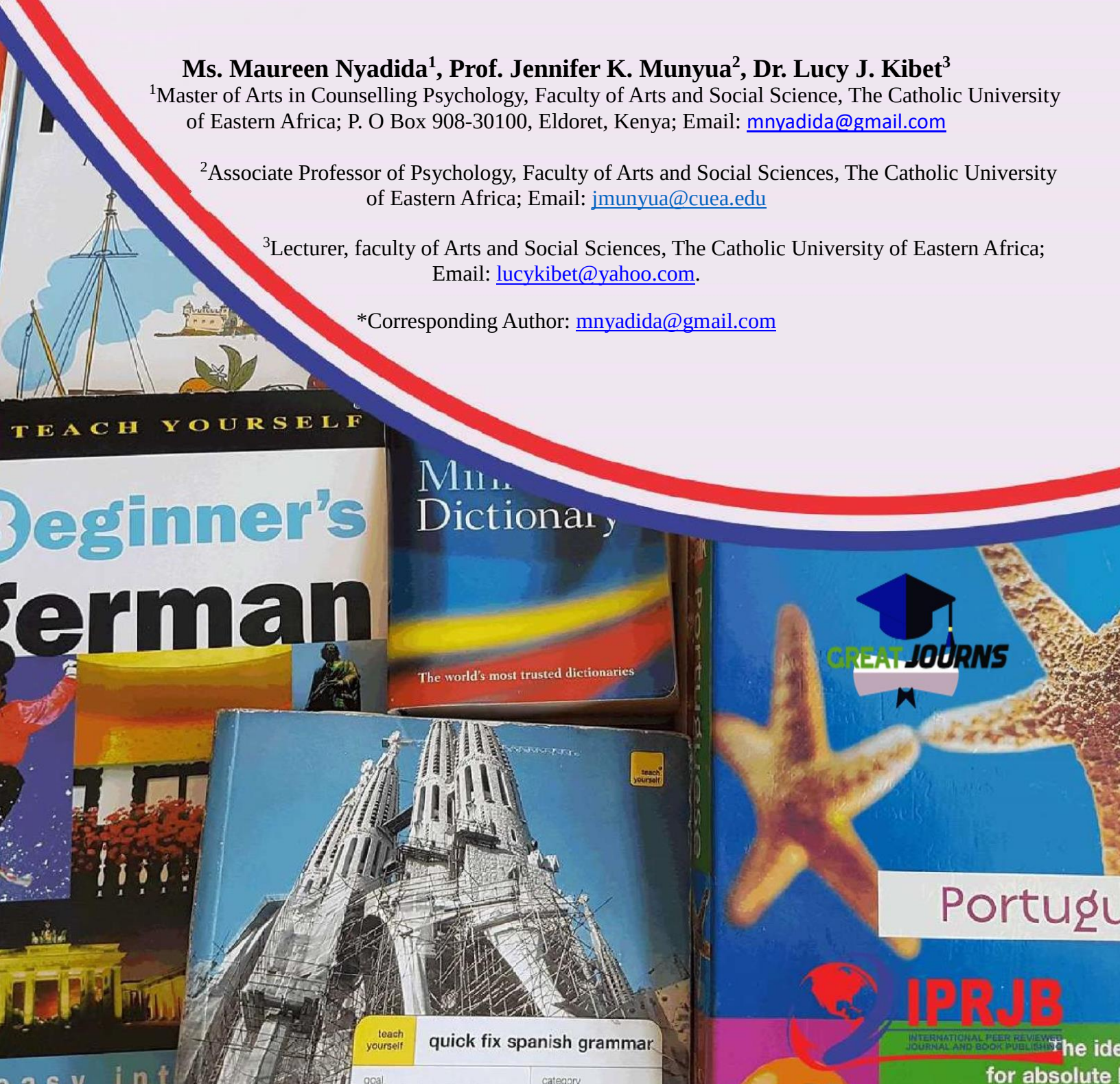

Great Journs
ISSN: 2328-4870
Vol.1 No.2, September, 2025

Journal homepage: www.greatjourns.com

ABSTRACT

The enquiry scrutinized the effect of cognitive behavioural therapy on the mental health wellness of cancer patients in private hospitals in Uasin Gishu County, Kenya, against a backdrop of snowballing cancer prevalence and a dominant biomedical model that largely neglects mental support. Notwithstanding, the rise in cancer cases, the healthcare system are deficiency of sufficient amalgamation of mental health services, enlisting patients at risk of unresolved emotional and psychological distress. The enquiry was guided by Rational Emotive Behavioral Therapy which theorizes that irrational beliefs and thought patterns are core contributors to emotional distress. An ex-post facto inquiry strategy was engaged, targeting a population of 269 cancer patients in seven private hospitals. A sample of 161 respondents was nominated through simple random sampling. Data assortment convoluted structured questionnaires and interview schedules, with data analyzed using descriptive statistics stand inferential statistics. Analysis of Variance (ANOVA) to test hypotheses. The discoveries publicized that CBT interventions had a statistically significant positive effect on the mental health wellness of cancer patients (F = 2.619, p = 0.000). Cognitive Behavioural Therapy have a significant effect on mental health wellness among cancer patients. The enquiry recommended integration of cognitive behavioural therapy into standard oncology protocols, training for healthcare providers, development of culturally tailored interventions, and policy reforms to support mental health services in cancer care.

Keywords: Cognitive Behavioural Therapy, Mental Health Wellness, Cancer Patients, Private Hospitals

1.1 Introduction

Cognitive Behavioral Therapy (CBT) is a structured, evidence-based psychotherapeutic intervention that focuses on the interaction between thoughts, emotions, and behaviors, aiming to modify dysfunctional cognitive processes and maladaptive behavioral responses (Beck, 2011; Clark, 2017). According to Beck (2011), CBT emphasizes the central role of cognitive distortions biased or irrational thought patterns in the development of emotional distress and behavioral problems. Through cognitive restructuring, behavioral activation, exposure therapy, journaling, and skills training, CBT helps individuals identify and challenge negative thinking patterns, replacing them with more realistic and adaptive cognitions. This therapeutic approach enhances emotional regulation, fosters adaptive coping mechanisms, and promotes behavioral change, thereby improving psychological well-being and quality of life. Globally, cancer remains a major public health challenge, causing significant psychological distress due to its high incidence, financial burden, and emotionally draining treatment processes (Grassi, Spiegel & Riba, 2017). Cancer patients often experience anxiety, fear, depression, and psychosocial distress, with prevalence rates as high as 35–60% depending on cancer type (Zabora et al., 2021; Hassan et al., 2018). Such distress negatively impacts quality of life (QOL), complicates treatment adherence, and may worsen physical outcomes due to the detrimental effects of chronic stress on immune function and recovery (O'Connor et al., 2021).

In Kenya, the psychological consequences of cancer are increasingly significant, yet research on psychotherapeutic interventions is largely concentrated in public hospitals (Angachi et al., 2016; Wangómbe & Kathungu, 2021), leaving a knowledge gap in private hospital settings. The present enquiry was conducted among level 5 private hospitals in Uasin Gishu County, Kenya, a region with a growing cancer patient population and overstretched public healthcare facilities (Barasa et al., 2023). The enquiry sought to determine the effect of CBT and related psychotherapeutic interventions on mental health outcomes among cancer patients in these facilities. Mental health, as defined by the World Health Organization (2024), encompasses an individual's ability to cope with stress, function productively, and contribute to society. For this enquiry , mental health was operationalized as the capacity of cancer patients to manage anxiety, depressive symptoms, stress, and maintain or improve QOL. Studies in other contexts, such as Pakistan (Husain et al., 2023), India (Abbas et al., 2022), and Ethiopia (Getu et al., 2022), have consistently demonstrated a positive and significant relationship between CBT and mental health outcomes, including reductions in depression, anxiety, and psychosocial distress.

However, these studies often focused on populations with conditions such as HIV/AIDS or substance use disorders, limiting their generalizability to cancer patients in Kenya. By applying CBT in the current enquiry , the goal was to address the unique psychological burden faced by cancer patients, including fear of recurrence, financial stress,

family responsibilities, and treatment side effects, which can all exacerbate mental distress and reduce QOL. This enquiry therefore fills a crucial gap by evaluating the role of CBT within private hospital settings, where patients may face different psychosocial dynamics compared to public facilities. The findings are expected to provide evidence for integrating structured psychotherapeutic interventions, such as CBT, into oncology care, ultimately improving mental health outcomes, enhancing treatment adherence, and contributing to holistic cancer care in Uasin Gishu County.

1.2 Statement of the Problem

A cancer diagnosis often disrupts a person's normal mental functioning, triggering shock, fear, depression, and anxiety (Lingens, Schilling & Schulz, 2023). Patients are immediately thrust into demanding treatment schedules and information overload, with their mental health frequently overlooked alongside that of their caregivers (Abu-Odah et al., 2022). Data indicates that between 2017 and 2018, one in five Kenyans diagnosed with cancer had a mental or behavioral condition, with 54% suffering mental illness and 40% experiencing clinically significant depression or anxiety (Caren, Kurgat & Mose, 2023; Shalata et al., 2024). Many patients adopt maladaptive coping strategies such as social withdrawal, fear of treatment, destructive behaviors, and inability to meet basic needs (Admiraal et al., 2021).

Previous research has largely been conducted in developed nations like Pakistan, the Netherlands, Iran, and the UK (Husain et al., 2023; Levenson et al., 2020; Tack et al., 2022), with limited studies in Africa focusing primarily on breast cancer patients (Getu et al., 2022; Onyedibe et al., 2020). Kenyan studies have centered on public hospitals (Wangómbe & Kathungu, 2021; Kumar et al., 2018), leaving a gap regarding psychotherapeutic interventions in private hospitals. This enquiry addresses this gap by investigating the effect of cognitive behavioural therapy on cancer patients' mental health in Uasin Gishu County to inform policy and practice.

1.3 General Objective

1. To determine the effect of Cognitive Behavioral Therapy on mental health of cancer patients in private hospitals in Uasin Gishu County in Kenya.

1.4 Null Research Hypotheses

H_{01} Cognitive Behavioral Therapy has no statistical significant effect on mental health of cancer patients in private hospitals in Uasin Gishu County in Kenya

1.5 Theoretical Framework.

Rational Emotive Behavior Therapy (REBT) is highly relevant to psychotherapeutic interventions for cancer patients in private hospitals in Uasin Gishu County, as many patients often experience heightened psychological distress stemming from irrational beliefs such as perceiving cancer as a death sentence or catastrophizing their diagnosis (Bernard, Ellis, & Terjersen, 2006; Dryden, David, & Ellis, 2010). By applying the ABC model, therapists in these settings can help patients identify and challenge maladaptive thoughts—such as hopelessness, guilt, or excessive fear—and replace them with rational, adaptive perspectives that foster resilience and emotional stability (Taylor, 2016; Thompson, Rudolph, & Henderson, 2004). This approach not only alleviates symptoms of depression, anxiety, and anger but also promotes unconditional self-acceptance, enhances coping with treatment regimens, and improves overall psychological wellbeing (Raypole, 2018; Sahin & Acar, 2019). In private hospital contexts where individualized care and counseling are more accessible, integrating REBT into psychotherapeutic interventions equips cancer patients with constructive cognitive, emotive, and behavioral strategies to manage distress, thereby supporting their journey toward improved mental health and quality of life.

2.0 LITERATURE REVIEW

Cognitive Behavioral Therapy (CBT) has been widely investigated as an effective psychotherapeutic intervention for reducing psychological distress among cancer patients. Husain et al. (2023) in Pakistan evaluated the integrated "Moving on After Breast Cancer" program combined with culturally adapted CBT in a quasi-experimental randomized controlled trial. Using a sample of 354 breast cancer survivors, they found significant reductions in depression, anxiety, and intrusive thoughts, alongside improvements in quality of life, self-esteem, and perceived social support. These findings underscore the efficacy of culturally tailored CBT interventions in improving the psychological well-being of cancer patients. Similarly, Abbas et al. (2022) conducted a randomized clinical trial in India involving 126 HIV/AIDS patients, which revealed that brief CBT significantly reduced stigma

and depression while improving treatment adherence, social support, and quality of life, suggesting its utility across chronic illness populations.

Evidence from systematic reviews further strengthens the case for CBT in oncology care. Zhang et al. (2022), in a meta-analysis of fifteen randomized controlled trials, confirmed that CBT significantly alleviated depression and anxiety among cancer survivors, with effects sustained for up to six months post-intervention. Osborn, Demoncada, and Feuerstein (2020) also reported similar results in their review of fourteen studies, emphasizing CBT's role in improving quality of life and reducing treatment-related psychological stress. Lin et al. (2022) employed bibliometric and scientometric methods to map research trends over a ten-year period, revealing that global output on CBT and cancer is steadily increasing, with the United States leading in publications and citations. Their analysis highlighted a growing shift toward symptom-specific interventions and the need for a standardized CBT model for cancer care. Individual trials further support CBT's impact. Hersch, Juraskova, and Butow (2022) conducted a randomized controlled trial in Australia involving 242 highly anxious cancer patients and demonstrated significant reductions in anxiety levels and improved coping skills. Faller et al. (2023) synthesized evidence from multiple countries and concluded that CBT significantly reduces psychological distress, enhances coping mechanisms, and improves life satisfaction, reinforcing the value of its inclusion in survivorship care plans.

In African contexts, evidence is emerging but remains limited. De Beer et al. (2021) reported that CBT substantially reduced depressive symptoms among cancer patients in South Africa, recommending its broader adoption. Adegboye et al. (2022) showed that group-based CBT was both effective in reducing anxiety and cost-efficient for resource-limited Nigerian settings. Ayalew and Mekonnen (2023) focused on pediatric oncology in Ethiopia and found CBT significantly lowered psychological distress, while Namutebi et al. (2021) identified barriers such as limited trained personnel and stigma, which impede implementation in Uganda. Kenyan studies offer localized insights but remain relatively few. Mwangi et al. (2020) investigated CBT's impact on breast cancer patients at Kenyatta National Hospital and found notable improvements in quality of life and reductions in anxiety and depression. Similarly, Anundo and Ongaro (2022) demonstrated that mindfulness-based CBT outperformed the 12-Step program in relapse prevention, indicating CBT's potential for integration into mental health programs. Despite these findings, most Kenyan studies have focused on public hospitals, breast cancer patients, and female populations, leaving a gap regarding broader cancer types and private hospital contexts.

Overall, the reviewed literature establishes CBT as an evidence-based approach for mitigating depression, anxiety, stigma, and other psychosocial challenges in cancer care. However, gaps persist in sub-Saharan Africa, particularly in Kenya, where research on psychotherapeutic interventions for mixed cancer populations in private hospitals is limited. Furthermore, few studies comprehensively assess multiple mental health outcomes such as depression, anxiety, stigma, fatigue, and overall psychological wellness in a single enquiry . These gaps justify the present investigation, which seeks to examine the effect of psychotherapeutic interventions on the mental health of cancer patients in private hospitals in Uasin Gishu County, thereby providing evidence to inform policy, practice, and integration of mental health care in oncology settings.

3.0 MATERIALS AND METHODS

The enquiry adopted an ex-post facto research design to examine the effect of psychotherapeutic interventions on the mental health of cancer patients in Uasin Gishu County, allowing variables to be studied without manipulation. The target population consisted of 269 cancer patients (both inpatients and outpatients) from six private hospitals and psychological counsellors. Using Yamane's (1967) formula, a sample size of 161 participants was obtained through simple random sampling to ensure equal participation chances. Data was collected using questionnaires for patients and interview schedules for counsellors. The questionnaire utilized a five-point Likert scale to assess the perceived usefulness of psychotherapy, while interviews provided deeper qualitative insights. Instrument validity was established through expert review (content, face, construct, and criterion validity), and reliability was tested using a test–retest approach, with Pearson's correlation coefficient ensuring consistency (acceptable threshold ≥ 0.75). Data collection followed formal approvals from CUEA, NACOSTI, and county authorities, with confidentiality and voluntary participation assured. Quantitative data was analyzed using SPSS through descriptive and inferential statistics, including ANOVA, while qualitative data was thematically analyzed. Ethical considerations included informed consent, confidentiality, transparency, avoidance of deception, and publication of results regardless of outcome, ensuring integrity and respect for participants

Great Journs
ISSN: 2328-4870
Vol.1 No.2, September, 2025

4.0 RESULTS AND DISCUSSION

4.1 Descriptive Statistics of Cognitive Behavioural Therapy and Mental Wellness of Cancer Patients

The enquiry sought to assess the influence of Cognitive Behavioural Therapy (CBT) on the mental health management of cancer patients, participants were presented with a series of structured statements. They were asked to rate their level of agreement on a five-point Likert scale where: 1 = Not Very True, 2 = Not True, 3 = Not Sure, 4 = True, and 5 = Very True. The responses were analyzed to determine the perceived effectiveness of CBT in addressing various psychological and behavioural aspects of cancer care. The findings were quantitatively summarized and presented in Table 1.

Table 1: Cognitive Behavioural Therapy and Mental Health Wellness among Cancer Patients

Statements		1	2	3	4	5	Mean	Std. dev
My psychotherapist encourages me to engage in relaxation and stress reduction techniques	f						3.23	1.37
	%	15.0	15.0	28.7	16.3	25.0		
I stopped fearing death after counselling	f						3.33	1.158
	%	9.8	12.7	25.5	35.0	15.0		
Through psychotherapy, I have been able to discover more about self-care as a cancer survivor	f						2.73	1.31
	%	20.0	30.0	22.5	13.8	13.9		
After counselling I have started do exercises everyday like walking and running	F						3.20	1.57
	%	22.4	16.4	10.3	19.8	31.3		
I have changed my eating habits after counselling like eating lots of fruits and vegetables	F						3.49	1.374
	%	11.9	13.2	22.5	18.8	33.8		
I am less stressed after undergoing through counselling	F						3.28	1.388
	%	17.5	13.8	12.5	35.0	21.3		
After counselling, I now positively with my condition than before	F						2.73	1.403
	%	23.9	17.5	20.0	16.3	12.6		
My psychotherapist encourages me to	F						3.06	1.525

do thought recording which has helped in reducing cancer related stress	%	21.3	16.3	16.3	28.8	17.5		
I stopped feeling bad about my condition after undergoing through counselling	F						3.56	1.611
	%	15.0	15.0	13.8	12.5	43.8		
I realized that my thoughts about my disease affect me more than the disease.	F						3.75	1.373
	%	7.5	16.3	15.0	16.3	45.0		
I stopped self-pity thoughts about cancer after undergoing through counseling	F						3.86	1.338
	%	7.5	12.5	10.8	24.3	45.0		
I stopped feeling guilty about my cancer status	F						3.56	1.52
	%	15.0	15.0	13.8	12.5	43.8		
I speak positively about my cancer status to friends and family after counseling		15.0	15.0	28.7	16.3	25.0	3.23	1.37
I stop negative thoughts and quickly replace them with positive thoughts	F						2.73	1.31
	%	20.0	30.0	22.5	13.8	13.9		
I listen to music when I feel low	F						3.49	1.38
	%	11.9	13.2	22.5	18.8	33.8		
I read books as a leisure activity	F						3.20	1.57
	%	22.4	16.4	10.3	19.8	31.3		
Watching movies has helped to appreciate life	F						3.06	1.41
	%	21.3	16.3	16.3	28.8	17.5		

Source: Survey Data, 2025

The analysis of responses from 142 cancer survivors revealed that psychotherapy had a significant positive impact on the cognitive, emotional, and behavioral well-being of patients in private hospitals in Uasin Gishu County. Psychotherapists frequently encouraged participants to engage in relaxation techniques, yielding a mean score of

3.23 (SD = 1.37), and to use thought recording to restructure negative cognitions (M = 3.06, SD = 1.53). One of the most notable findings was the reduction in existential fear, with participants strongly agreeing with the statement "I stopped fearing death after counselling" (M = 3.33, SD = 1.16), indicating meaningful therapeutic effects on coping with mortality. Emotional improvements were further reflected in the cessation of self-pity (M = 3.86, SD = 1.34) and guilt (M = 3.56, SD = 1.52), suggesting reduced internalized stigma and enhanced self-compassion.

Cognitive gains were also significant, with many respondents acknowledging that their thoughts affected them more than the disease itself (M = 3.75, SD = 1.37), underscoring CBT's core principle of cognitive restructuring. Behaviorally, participants reported adopting healthier eating habits (M = 3.49, SD = 1.37), engaging in regular exercise (M = 3.20, SD = 1.57), and participating more in leisure activities such as listening to music, reading, and watching movies, which indicated improved mood and life engagement. These results align with previous global and regional studies (Husain et al., 2023; De Beer et al., 2021; Zhang et al., 2022), confirming CBT's effectiveness in reducing depression, anxiety, and maladaptive coping while enhancing emotional regulation and quality of life. The findings, however, also revealed variability in the degree of benefit, particularly in sustaining positive reframing, suggesting contextual and individual differences such as therapy duration, severity of illness, and personal readiness for change. Overall, the enquiry highlights the critical role of psychotherapy—particularly CBT-based interventions—in mitigating psychological distress, reducing existential fears, fostering emotional acceptance, and encouraging health-promoting behaviors among cancer patients.

4.2 Mental Wellness of Cancer Patients in Private Hospitals

The enquiry examined the mental wellness of cancer patients in private hospitals in Uasin Gishu County. Responses were captured on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree), and quantitative (frequencies, percentages, mean, and standard deviation) and presented in Table 2.

Table 2: Mental Wellness of Cancer Patients in private Hospitals

Statement		1	2	3	4	5	Mean	S. Dev
Since I started undergoing psychotherapy session, I feel less depressed	f	27	20	8	48	39	3.37	1.48
	%	19.0	14.3	5.9	33.5	27.3		
I appreciate life more now after undergoing through psychotherapy sessions in the hospitals	f	13	20	7	56	45	3.71	1.30
	%	9.5	13.8	5.1	39.7	31.9		
The pain management from cancer treatment has improved due to my improve mental health	f	27	19	6	42	48	3.46	1.53
	%	19.0	13.1	3.9	29.5	33.5		
I no longer stress about cancer since I treat it like any other disease	f	20	24	13	41	43	3.45	1.43
	%	14.3	16.7	9.5	29.0	30.5		
Psychotherapy session has reduced stigma associated with cancer diagnosis and treatment	f	17	8	5	56	57	3.90	1.31
	%	11.9	5.6	3.5	39.1	39.9		
I no longer view cancer as a death sentence, I believe I can beat the disease and become a cancer warriors	f	18	22	19	13	71	3.45	1.53
	%	12.5	15.3	13.4	8.9	49.9		
Psychotherapy sessions have contributed to reduced anxiety	f	6	23	20	19	75		
	%	3.8	16.3	13.9	13.5	52.5		
Psychotherapy has promoted consistency in following prescribed therapies and medication schedules.	f	5	13	15	30	79		
	%	3.7	8.8	10.8	21.4	48.3	4.16	1.13
Since I started counseling services, I can sit at ease and feel relaxed	f	22	17	14	29	60	3.62	1.50
	%	15.6	11.9	10.0	20.3	42.5		

I look forward with enjoyment to activities since I started psychotherapy	f	13	14	15	47	53	3.80	1.29
	%	8.9	9.8	9.9	33.5	41.2		
After counseling I regain my interest in my appearance and self-care activities such as exercising and eating healthy.	f	14	21	11	30	66	3.80	1.41
	%	10.1	14.9	7.4	21.3	46.3		
I felt that I am control the important things in your life	f	5	13	12	43	69	4.11	1.11
	%	3.7	8.9	8.7	30.1	48.6		
I sleep better after attending psychotherapy sessions	f	21	18	14	31	58	3.61	1.48
	%	15.1	12.4	10.0	21.9	40.6		
I feel less fatigued	f	12	14	18	28	70	3.92	1.33
	%	8.7	10.0	12.5	20.0	48.8		

Source; Survey Data, 2025

Across the enquiry indicators, mean scores consistently reflected a strong positive impact of psychotherapy on cancer patients' mental health wellness. The mean score for reduction of depressive symptoms was 3.37 (SD = 1.48), indicating that most patients felt less depressed after undergoing psychotherapy. Cognitive reappraisal and appreciation of life recorded an even higher mean of 3.71 (SD = 1.30), showing enhanced emotional resilience and meaning-making. Pain management ability also improved, with a mean of 3.46 (SD = 1.53), though variability suggested differences in coping across individuals. Patients reported a mean of 3.45 (SD = 1.43) in shifting from stressing about cancer to accepting it like any other illness, while the perception of stigma achieved one of the highest means at 3.90 (SD = 1.31), signifying the success of psychotherapy in reframing negative narratives.

Hope and optimism about recovery had a mean of 3.45 (SD = 1.53), reflecting strengthened belief in overcoming cancer, while anxiety reduction was widely endorsed though not quantified with a mean score. Treatment adherence showed the strongest consensus, with a high mean of 4.16 (SD = 1.13), demonstrating that psychotherapy encouraged patients to follow treatment plans consistently. The ability to relax and feel at ease had a mean of 3.62 (SD = 1.50), while enjoyment of daily activities and interest in appearance and self-care both recorded a mean of 3.80 (SD = 1.29 and SD = 1.41 respectively), highlighting a positive emotional shift. Perceived control over life was also notably high, with a mean of 4.11 (SD = 1.11), showing that patients regained a sense of autonomy and agency. Sleep quality improved with a mean of 3.61 (SD = 1.48), and fatigue reduction registered a mean of 3.92 (SD = 1.33), indicating improved vitality. Overall, the consistently high mean scores across psychological domains underscore the multidimensional effectiveness of psychotherapy in enhancing the mental health and quality of life of cancer patients.

4.3 Interview Results

These results underscore the need for integrating structured psychotherapeutic programs, with possible personalization and reinforcement strategies, into oncology care within private hospital settings in Uasin Gishu County to optimize mental health outcomes and treatment adherence.

This concurs with what one of the counsellors 003/2025 in private hospitals who said:

> "*Every day, we meet cancer patients who carry not just the physical burden of the disease but also a heavy emotional weight. Many come into therapy consumed by fear of death, fear of disfigurement, fear of being a burden to their families. Some of them are deeply anxious; others are withdrawn and depressed. It's not uncommon to hear patients say they feel 'empty' or 'already dead inside.' They struggle with intrusive thoughts, poor sleep, and a profound loss of hope. These patients often need more than medicine, they need someone to help them make sense of their emotional* pain."

Another counsellor 004/2025 said;

> "*We have found Cognitive Behavioral Therapy (CBT) to be especially effective allowing the patients recognize the harmful thought patterns that fuel their emotional suffering. Through structured sessions, we guide them to challenge these distorted thoughts like 'I am a burden,' or 'cancer is a punishment' and replace them with healthier, more realistic beliefs. We use thought records, behavior activation tasks, and relaxation techniques like deep breathing and progressive muscle relaxation. The therapy has been practical and solution-focused, which makes it well-suited for patients navigating a life-threatening illness*."

Another counsellor 002/2025 in another private hospital said:

> "*We've witnessed remarkable transformations. Patients who once cried through every session began to smile. Those who refused to talk about their illness began to open up and share their stories with strength. One patient said she learned how to deal with the fear and sadness without letting it control her. Another patient began participating more actively in her treatment decisions after our sessions she said she felt more in control, less like a victim*."

Implementing CBT in private hospitals presents challenges. Time is one of the biggest obstacles we often get very limited access to patients, as doctors and nurses prioritize chemotherapy, surgery, and other physical treatments. There's also a cultural stigma; some patients believe that needing therapy means they are weak or going mad. Others think that psychological pain should be endured silently. Unfortunately, mental health services in many hospitals are not prioritized, and we work without adequate materials, space, or institutional support." A counsellor 001/2025 said

> "*We believe there is so much potential for CBT to do more. If hospitals could incorporate CBT into their regular oncology protocols, it would make a world of difference. We also need more training opportunities many of us have basic counseling training but would benefit from advanced CBT workshops and ongoing supervision. CBT materials should also be translated and adapted to reflect our Kenyan cultural context patients relate better when the language and examples used are familiar to them*."

This was echoed by a counsellor 006/2025

> "*What we are calling for is simple recognize that mental wellness is just as important as physical treatment. Let us train more counselors, integrate therapy into hospital care, and educate patients and families that it is okay to seek help. With structured support, many of our patients can not only live longer but live better. CBT gives them that chance to heal not just in body, but in mind and spirit*.

The findings from the Counsellors reported that patients struggled with sustained reframing, reconciliation with illness, and overcoming stigma due to limited time for therapy, cultural perceptions, and institutional constraints. This strongly resonates with Namutebi, Tumwesigye, and Waiswa (2021) in Uganda, who found that lack of trained professionals and stigma limited CBT's effectiveness. It echoed De Beer *et al.* (2021), who noted that resource-limited settings constrain therapy delivery despite patient receptiveness. The present enquiry 's findings contradict Garland et al. (2020), who reported more consistent improvements in mental health outcomes, highlighting that systemic barriers (rather than therapy design) may account for uneven results in Kenyan contexts. These challenges also correspond with Adegboye et al. (2022), who recommended stronger institutional and psychosocial support to reinforce CBT outcomes in African cancer care.

Great Journs
ISSN: 2328-4870
Vol.1 No.2, September, 2025

4.4 Inferential Analysis on the Effect of Cognitive Behavioural Therapy Interventions on Mental Wellness of Cancer Patients

The enquiry sought to find the effect of cognitive behavioural therapy on mental health wellness of cancer patients in private hospitals in Uasin Gishu County Kenya. The null hypothesis which stated that: *There is no significant relationship between mean score of cognitive behavioural therapy interventions on mental wellness of cancer patients in Uasin Gishu county* was tested using One-Way Analysis of Variance and the results were presented in Table 3.

Table 3: Effect of Cognitive Behavioural Therapy on Mental Health Wellness of Cancer Patients

ANOVA

	Sum of squares	df	Mean Squares	F	sig
Between Groups	692.24	19	36.43	2.619	0.000
Within Groups	125.74	123	1.022		
Total	817.98	142			

Source: Survey Data, 2025

The enquiry found a statistically significant effect of Cognitive Behavioural Therapy (CBT) on the mental health wellness of cancer patients in private hospitals in Uasin Gishu County, Kenya. Results from a one-way ANOVA ($F = 2.619$, $p = 0.000$) indicated that differences in mental health outcomes were attributable to variations in CBT interventions rather than chance, leading to rejection of the null hypothesis and acceptance of the alternative hypothesis that CBT significantly improves mental health wellness. The findings suggest that CBT effectively reduces depression, anxiety, and stigma, improves emotional regulation, treatment adherence, coping skills, and enhances overall Quality of Life. These results align with global evidence, including Husain et al. (2023) in Pakistan and Abbas et al. (2022) in India, who reported reductions in depression, anxiety, and stigma and improvements in social support and treatment adherence.

Systematic reviews (Zhang et al., 2022; Lin et al., 2022) confirm sustained improvements in anxiety and depression among cancer survivors following CBT. Similar conclusions were drawn by studies in the USA, UK, China, and Pakistan, which highlighted CBT's role in reducing distress, insomnia, and fatigue, and promoting emotional resilience (Osborn et al., 2020; Garland et al., 2020; Bibi et al., 2024).African studies, including those in South Africa (De Beer et al., 2021), Nigeria (Adegboye et al., 2022), and Ethiopia (Ayalew & Mekonnen, 2023; Getu et al., 2022), also support CBT's efficacy in reducing depression, anxiety, and psychological distress, while Ugandan research (Namutebi et al., 2021) confirmed its positive impact despite infrastructural barriers. In Kenya, similar findings by Mwangi et al. (2020) and Kiburi et al. (2023) demonstrate CBT's effectiveness in improving Quality of Life and its adaptability through text-based interventions. These converging results affirm CBT's critical role in oncology care and call for its integration into routine cancer management protocols in Kenya.

5.0 CONCLUSION

The enquiry concluded that CBT interventions have a statistically significant effect on improving mental health wellness among cancer patients. The enquiry concluded that the structured nature of CBT helps patients reframe negative thought patterns, develop coping skills, and reduce psychological distress. The enquiry also concluded that given the psychological burden associated with cancer, CBT should be considered a fundamental aspect of comprehensive oncology care, especially in low-resource settings like Kenya where access to mental health services remains limited.

6.0 RECOMMENDATIONS

The enquiry recommends for the integration of CBT into oncology care, capacity development among health professionals, and continued research to optimize delivery and sustainability of mental health interventions in cancer care. The enquiry also recommended that CBT should be adopted as part of comprehensive cancer treatment protocols in Kenyan private hospitals due to its effectiveness in improving mental health wellness of cancer patients. The enquiry also recommended for structured training programs to equip healthcare professionals with CBT skills, development of supportive mental health policies, and efforts to reduce stigma surrounding psychological interventions in oncology.

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