

Assess the Stress and Coping Among the Caregivers of Patients with Cancer in Selected Oncology Center Mangaluru

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Abstract: Today cancer stands among the leading cause of disease and disability in the world. Cancer is the leading cause of death in the developed world and the second leading cause of death in the developed world. The patients who are diagnosed with cancer are a valuable group in our society. The impact of cancer not only affects the person but also it affects family and the community. The stress experiences by the care givers are more or less similar to the patients who are diagnosed with cancer. Throughout this journey, the family members, being with the patient, are also facing their own stresses and changing roles which may be directly or indirectly related to the patient's illness. Stress during the care giving affects the health of the caregiver. The study is aimed to assess the level of stress and coping among caregivers of patients with cancer. A total of 100 caregivers of patients with mental illness were selected by Non probability convenient sampling technique. The tools used for the data collection were Kingston's stress scale and coping strategies inventory and socio-demographic Proforma. The study results revealed that majority of the caregivers (58%) were in the age group of 18-38 years. Majority of them (89%) had moderate level of stress, 9% had mild level of stress and 1% had severe level of stress. Majority of the caregivers (70%) had average coping.

Keywords: level of stress, coping, caregiver, patient, cancer.

1. INTRODUCTION

Cancer is a group of more than 200 diseases characterized by uncontrolled and unregulated growth of cells. It is a major health problem that occurs in people of all ethnicities.¹Cancer is a disease that not only affects the individual's mental and physical integrity but also affects the functionality of the family system. The way the patients cope with their disease, the way they adapt to their treatment and whether or not they develop psychopathology, interact with the coping methods of the family, family dynamics and support systems².A caregiver is an unpaid or paid person who helps another individual with impairment with his or her activities of daily living. Family members are the most important physical and emotional care providers to the patients with cancer .³ At some point in life every individual becomes a caregiver. A caregiver is someone who provides physical and emotional care to the person suffering with an illness. In many cases caregivers are family members, often spouses, parents or children or close friends, providing care to sick persons and can be positive and rewarding experience. The role can be stressful with often overwhelming physical emotional and financial demands. Caregiver stress is a condition of exhaustion, anger, rage or guilt that results from unrelieved caring for a chronically ill dependent . Coping is the process of managing requirements and difficulties caused by the individual's inner and outer world, expending cognitive and behavioral efforts to solve personal and interpersonal problems and seeking to control and reduce stress. Today cancer stand among the leading cause of disease and disability in the world. Cancer is the leading cause of death in the developed world and the second leading cause of death in the developed world. The patients who are diagnosed with cancer are a valuable group in our society. The impact of cancer not only affects the person but it affects family and the community also. A person's whole life turns to a standstill. The family is caught in a state of numbness,

shock and fear. The stress undergone by the care givers are more or less similar to the patients who are diagnosed with cancer. Throughout this journey, the family members, being with the patient, are also facing their own stresses and changing roles which may be directly or indirectly related to the patient’s illness. The cancer illness, therefore, is a family matter .⁴ They also experience stress but it is hardly recognized or dealt with in the health care setting. Lowered stress level enhances an individual’s ability to cope with situations and helps them to positively assist in the care of the sick individual. As the number of cancer increases the number of care givers is also increased. Stress during the care giving affects the health of the caregiver. Coping strategies are specific efforts that individual used to manage the stress .So, this study is done to know level of stress among the caregivers and the coping strategies used by them when they take care of their family members who is suffering from cancer.

2. METHODS AND MATERIALS

A descriptive approach was adopted for the study. The samples are selected using non probability convenient sampling technique. The sample consisted of 100 care givers of patients with cancer. The instruments used for the data collection were demographic Performa, Kingston care givers stress scale and coping strategies inventory. The data obtained were analyzed in terms of the objectives and hypothesis by using descriptive and inferential statistics. The data of the main study was collected in the month of June 2015 in Yenepoya Medical College Hospital Mangaluru by administering demographic Performa, Kingston care givers stress scale and coping strategies inventory to 100 subjects. The data collected were analyzed by using descriptive and inferential statistics.

Table1: Description of subject according to the level of stress N=100

Level of stress	Stress scores	Frequency	Percentage
No stress	0-7	1	1%
Mild stress	8-18	9	9%
Moderate stress	19-29	89	89%
Severe stress	30-40	1	1%

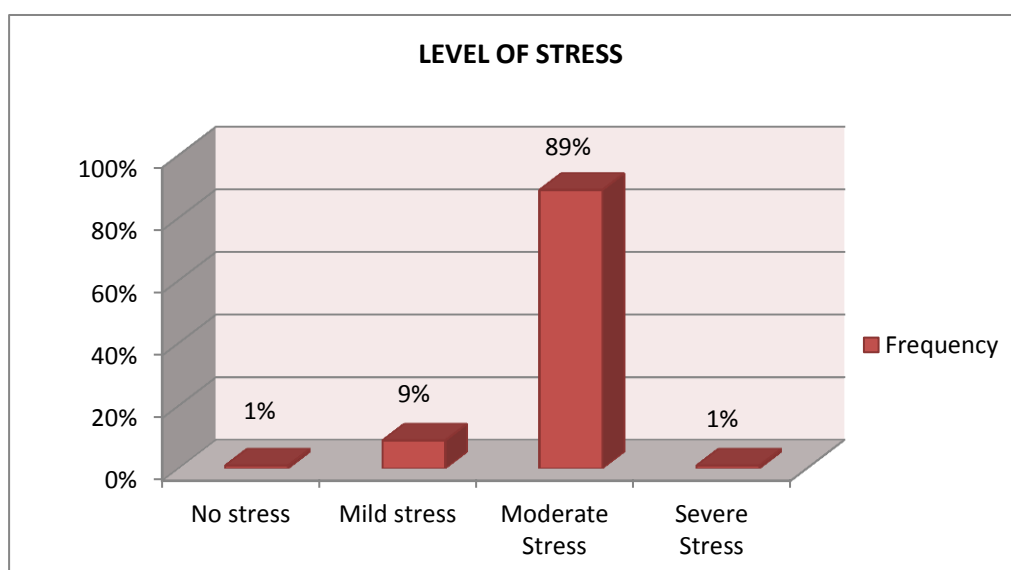


Fig1: Description of subject according to the level of stress.

Table 2: Description of subject according to the coping mechanism of caregivers N=100

Category	Score	Frequency	Percentage
Poor coping	19-45	28	28%
Average coping	46-69	70	70%
Good coping	70-95	2	2%

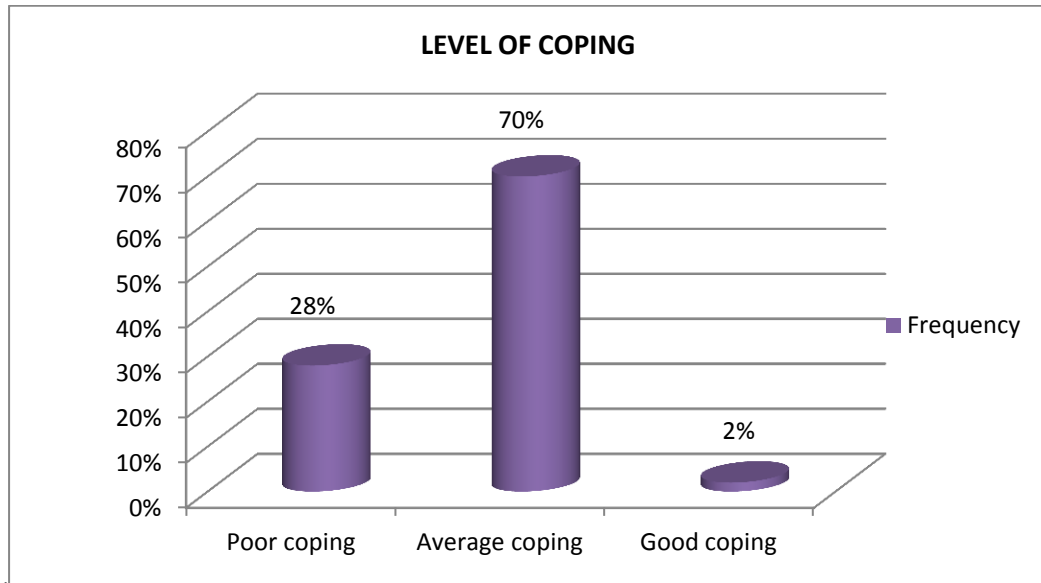


Fig2: description of subject according to the coping mechanism of caregivers

Table 3: Association between stress level and selected demographic variables N=100

The level stress were classified as <median 21.5, >median 21.5

Demographic variable	Stress score		df	χ^2 value
	<median	>median		
1. Age				
a) 18-38	25	23		
b) 39-58	18	21	2	0.253
c) 59-78	0	4		
2. Gender				
a) Male	23	17		
b)Female	28	32	1	0.277
3. Education				
a) no formal	11	11		
b) primary	17	21	3	0.793
c) high school	14	9		
d) PUC and above	9	8		
4. Occupation				
a) Homemaker	18	13		
b) Self employee	15	23	3	0.791
c) Government employee	5	1		
d)Any other	12	13		
5. Place of residence				
a)Urban	9	10		
b) Semi urban	30	26	2	0.725
c) Rural	12	13		
6. Income of the family				
a) Rs.<5000	13	19		
b) Rs.5001-10000	23	22	3	0.297
c) Rs.10001-15000	6	7		
d) Rs.>15000	8	2		
7. Socio-economic status				
a)A.P.L	10	7		
b)B.P.L	40	43	1	0.600
8. Relationship				
a) Father/mother	10	7		
b) Husband/wife	23	29	3	0.755
c) Son/daughter	17	9		

d) Any other	1	4		
9. Duration of care giving				
a) 6 months -1 year	19	16		
b) 1 year - 1.5 year	18	15	3	0.031
c) 1.5 year- 2 year	9	14		
d) more than 2 year	4	5		

Table values=3.84, 5.99, 7.82. P>0.05

The data presented in table 4 shows that, there is a significant association between level of stress and selected demographic variables. The level of stress score was dependent of variables like age ($\chi^2 = 0.253$, $p>0.05$), gender ($\chi^2=0.277, p>0.05$), education ($\chi^2=0.793$, $p>0.05$), occupation ($\chi^2=0.253$, $p>0.05$), place of residence ($\chi^2=0.277$, $p>0.05$), income of the family ($\chi^2=0.297$, $p>0.05$), socio-economic status ($\chi^2=0.600$, $p>0.05$), relationship ($\chi^2=0.755$, $p>0.05$), duration of care giving ($\chi^2=0.031$, $p<0.05$). Thus it is concluded that there is a significant association between the level of stress and duration of care giving. Therefore the null hypothesis was rejected and research hypothesis was accepted.

Table 5: Association between coping level and selected demographic variables N=100

The level coping were classified as <median 53, >median 53

Demographic variable	Coping score		df	χ^2 value
	<median	>median		
1. Age				
a) 18-38	37	21		
b) 39-58	15	24	2	0.246
c) 59-78	3	1		
2. Gender				
a) Male	23	17		
b) Female	34	26	1	0.021*
3. Education				
a) no formal	9	13		
b) primary	16	22	3	0.107
c) high school	15	8		
d) PUC and above	12	5		
4. Occupation				
a) Homemaker	22	9		
b) Self employee	21	17	3	0.111
c) Government employee	3	3		
d) Any other	11	14		
5. Place of residence				
a) Urban	9	10		
b) Semi urban	33	23	2	0.153
c) Rural	15	10		
6. Income of the family				
a) Rs.<5000	17	15	3	0.174
c) Rs.10001-15000	8	5		
d) Rs.>15000	6	4		
7. Socio-economic status				
a) A.P.L	12	5		
b) B.P.L	44	39	1	0.256
8. Relationship				
a) Father/mother	6	11		
b) Husband/wife	32	20	3	0.327
c) Son/daughter	19	7		
d) Any other	1	4		
9. Duration of care giving				
a) 6 months -1 year	18	17		
b) 1 year - 1.5 year	19	14	3	0.431
c) 1.5 year- 2 year	16	7		
d) more than 2 year	5	4		

Table values=3.84, 5.99, 7.82. P>0.05

The data presented in the table 4 shows that, there is a significant association between level of coping and selected demographic variables. The level of coping score was dependent of variables like age ($\chi^2 = 0.246$, $p > 0.05$), gender ($\chi^2 = 0.021$, $p < 0.05$), education ($\chi^2 = 0.107$, $p > 0.05$), occupation ($\chi^2 = 0.111$, $p > 0.05$), place of residence ($\chi^2 = 0.153$, $p > 0.05$), income of the family ($\chi^2 = 0.174$, $p > 0.05$), socio-economic status ($\chi^2 = 0.259$, $p > 0.05$), relationship ($\chi^2 = 0.327$, $p > 0.05$), duration of care giving ($\chi^2 = 0.431$, $p > 0.05$). Thus it is concluded that there is significant association between level of coping and gender. Therefore the null hypothesis is rejected and research hypothesis is accepted.

3. CONCLUSION

In the present study by assessing the level of stress among the care givers of patients with cancer, it was found that 89% of care givers had moderate stress and 70% of care givers had average coping. This chapter enlightens the need of the research study. The research reveals that there is an association between the level of stress and level of coping with selected demographic variables and there is no significant relationship between level of stress and level of coping. The study suggested that nurse administrators along with nursing personals in collaboration with other health departments can organize teaching program to educate the caregivers about how to cope with the stress when they are involved in caring patients with cancer.

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