

# A Study to Assess Effectiveness of Structured Teaching Program on Knowledge Regarding Management of Compassion Fatigue Among Caregivers of Patients Undergoing Chemotherapy in Selected Tertiary Care Hospitals

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## ABSTRACT:

Compassion fatigue is characterized by exhaustion, anger and irritability, negative coping behavior including alcohol and drug abuse reduce ability to fill sympathy and empathy. Family care givers, thus has a huge responsibility of patient home management which may result in mental and physical stress.

**OBJECTIVES:** To assess the pretest knowledge regarding management of compassion fatigue among caregivers of patients undergoing chemotherapy in selected tertiary care hospital. To assess the effectiveness of structured teaching program in caregivers of patients undergoing chemotherapy in selected tertiary care hospital. To find association between pretest knowledge score with selected demographic variable.

**RESEARCH METHODOLOGY:** Experimental.

**APPROACH:** Quantitative non-randomized purposeful.

**RESEARCH DESIGN:** Quasi Experimental research design.

**FINDINGS:** Higher percentage (40%) were between 31-40 years followed by (26.25%) between 41-50 years, (20%) between 20-30 years and (13.75%) between 51-60 years. More than half caregivers (62.5%) were male and remaining (37.5%) were female. Higher percentage (37.5%) were secondary educated followed by (30%) higher secondary, (22.5%) were primary educated, (10%) were having no formal education. Majority (55%) caregivers were worker, (30%) were having private job, (11.25%) were unemployed, (2.5%) were having government job and (1.25%) caregivers were housewife. Majority (45%) caregivers family income was Rs20,001 - Rs40,000, (30%) were having Rs40,001-Rs60,000, (22.5%) were having Rs10,000-Rs20,000 and (2.5%) were having Rs60001-80,000.**CONCLUSION:-** The overall prevalence of knowledge regarding management of compassion fatigue was higher in male

subject with age group between 31-40years. Occupation also affects prevalence of knowledge regarding management of compassion fatigue.

**KEYWORDS:** Compassion Fatigue, Management, Chemotherapy, Caregiver.

## 1. INTRODUCTION:

Harris and Griffin (2015) define compassion fatigue as physical emotional and spiritual results of chronic self sacrifice and prolonged exposure to difficult situation that renders a person unable to love, nurture care for or empathize with another suffering, compassion fatigue also known as a secondary traumatic stress, it is a condition characterized by gradually less caring of compassion over time the term compassion fatigue was coined to describe the phenomenon of stress resulting from exposure to a traumatized individuals rather than from exposure to trauma it self.<sup>[1]</sup>

Participation of family members has become integral part of home care management of chronic disease like cancer. The diagnosis of cancer not only affects individual, patients but also affect lives of other family members bringing an immense amount of stress and many challenging situations (Wozniak 2014). There is increasing trend of patient opting for home based care in order to stay in familiar environment. It may lead to significant change in daily routine, common activities and distribution of duties of family members. Moreover most of the families are minimally prepared to face such situations and are prone to develop compassion fatigue over period of time (Wozniak 2014 and glajchen 2004). Family care giving has gain attention in the past decade with growing realization for support family caregivers benefit caregivers, patients and the health care team. Even though family involvement.<sup>[2]</sup>

## 2. PROBLEM STATEMENT

“A study to assess effectiveness of structured teaching program on knowledge regarding management of compassion fatigue among caregivers of patients undergoing chemotherapy in selected tertiary care hospitals.”

## 3. OBJECTIVES

1. To assess the pretest knowledge regarding management of compassion fatigue among caregivers of patients undergoing chemotherapy in selected tertiary care hospital.
2. To assess the effectiveness of structured teaching program in caregivers of patients undergoing chemotherapy in selected tertiary care hospital.
3. To find association between pretest knowledge score with selected demographic variable.

## 4. METHODOLOGY

**RESEARCH APPROACH:** Quantitative non-randomized purposeful

**RESEARCH DESIGN:** Quasi Experimental research design.

**POPULATION:** Caregivers of patients undergoing chemotherapy.

**SAMPLE:** Caregivers of patients.

**SAMPLE SIZE:** 80 caregivers.

**SETTING:** The study was conducted in OPD and chemotherapy ward of Kamalnayan Bajaj Hospital.

**SAMPLING TECHNIQUE:** Probability sampling technique.

**TOOL:** Questionnaire including demographic variables is used.

**SAMPLING CRITERIA:**

**INCLUSION CRITERIA:**

1. Above 20 years of age group.
2. Available during data collection.

**EXCLUSION CRITERIA:**

1. Caregivers of patients undergoing chemotherapy, who are.
2. Caregivers who are occasionally involved in patient care.

**5. RESULT**

**Table 1- Frequency and percentage distribution of level of knowledge regarding management of compassion fatigue among caregivers of patients undergoing chemotherapy. N=80.**

The table no 1 majority of the samples 47(58.75%) had average level of knowledge on management of compassion fatigue, 29(36.25%) had poor level of knowledge and 4(5%) of the sample had good level of knowledge regarding management of compassion fatigue among caregivers of patients undergoing chemotherapy.

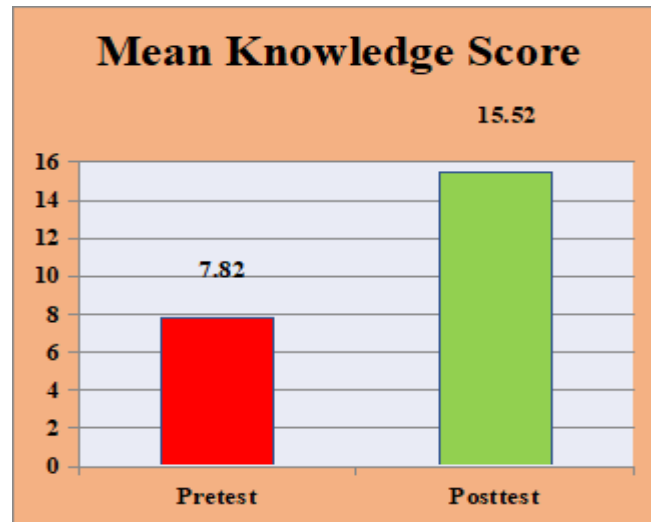
Test	Mean	SD	SEM	T	DF	P-value
Pre-test	7.82	3.41	0.38	17.75	79	<0.0001
Post-test	15.52	1.81	0.20			

**Table -2 Effectiveness of structured teaching program on management of compassion fatigue among caregivers of patients undergoing chemotherapy.N=80**

Level of Knowledge	Score	Frequency	Percentage
Poor knowledge	0-6	29	36.25
Average knowledge	7-13	47	58.75
Good knowledge	14-20	4	5

The table no.2 shows that there were 80 caregivers of patients undergoing chemotherapy, pretest on knowledge regarding management of compassion fatigue was measured by using structured knowledge questionnaires. The paired t test was applied to compare difference between average scoring of before and after administration of structured teaching program on knowledge regarding management of compassion fatigue. It was found that gain in knowledge regarding among caregivers, the paired ‘t’ test

value was 17.75\* at the level of P 0.05. Since P value is less than 0.05 (P value = 0.0001) difference in scores is statistically significant. Researcher conclude at 5% level of significance and 79 degrees of freedom that the above data gives sufficient evidence to conclude that after receiving structured teaching on knowledge regarding management of compassion fatigue is higher mean knowledge scores in post-test than in pre-test. Hence reject null hypothesis and accept research hypothesis.



**Figure 2: Distribution of mean knowledge score among caregivers**

Figure shows that the mean knowledge score on management of compassion fatigue among caregivers in pre test was 7.82 and in post test it was 15.52, by these it can be concluded that structured teaching was effective among caregiver regarding knowledge on management of compassion fatigue.

The chi value of family income was  $\chi=15.437$  with 6 degree of freedom was found significant association with level of knowledge and there were no demographic variables found association with level of knowledge on management of compassion fatigue among caregivers of patients undergoing chemotherapy.

## 6. DISCUSSION

Quasi experimental study pre and post-test design was undertaken to assess the effectiveness of structured teaching program on knowledge regarding management of compassion fatigue among caregivers of patients undergoing chemotherapy at kamalnayan bajaj hospitals . The collected data was analyzed by using experimental and inferential statistic and presented in the form of table and figure in chapter IV. This chapter attempt to discuss the findings of the study as per objectives and hypothesis. The study finding are discussed under the following headings.

- Description of socio demographic data of caregivers of patients.
- Assessment the knowledge of management on compassion fatigue to be followed in caregivers of patients.
- Assess the effectiveness of structured teaching program on caregivers knowledge.
- Testing of hypothesis.

**Description of socio demographic data of caregivers of patient undergoing chemotherapy.**

Higher percentage (40%) caregivers of patients under study were 31-40 years of age (table no1) is consistence with study of “S. Lukhmana” that (56.5%) 40-50years. Majority (62.5%) of caregivers of patients were male and (37.5%) were female (table no1), this finding was similar to “Kabunga Amir, Mbugua Stephen and Makori George study that (66.4%) male and (33.6%).

**Assessment of Knowledge regarding management of compassion fatigue.**

In pre-test the overall mean score was (7.82±2.5) which indicate the caregivers under the study had poor knowledge regarding management of compassion fatigue (table no3). It was congruent with study findings of “Danisa Angelica Gamat Iacson(2021) that pre-test mean score was (30.05) and SD was (1.57).

**7. CONCLUSION**

The caregivers of patients undergoing chemotherapy suffers from various problems related to health and daily living activities. The knowledge regarding management of compassion fatigue in caregivers of patients, is helpful to prevent further complications of compassion fatigue. It was evident that management of compassion fatigue does have significant impact in caregivers of patients. The management of compassion fatigue is the most preventive intervention for preventing complications of compassion fatigue.

**8. RECOMMENDATIONS**

Recommendations for further study based on the findings of the following recommendations could be made-

- A similar study can be undertaken for the large sample generalizes the findings.
- A similar study can be conducted on the effectiveness of the planed teaching regarding improve management of compassion fatigue.

**9. REFERENCES**

1. J Christ Nurs 2015 Apr- Jun; 32(2):80-7.1. Nursing on empty: compassion fatigue signs, symptoms, Chelsia Harris, Mary T Quinn Griffin.
2. J Support oncol 2004 Mar-Apr; 2(2):145-55 The emerging role and needs of family caregivers in cancer care. Myra Glajchen.
2. Claire Sorenson et al. J Nurs Scholarsh. 2016 Sep. Understanding Compassion Fatigue in Healthcare Providers: A Review of Current Literature.
3. Ying-Ying Zhang et al. J Nurs Manag. 2018 Oct. Extent of compassion satisfaction, compassion fatigue and burnout in nursing: A meta-analysis.
4. Bhavneesh Sharma Sleep in Congestive Heart Failure Published in final edited form as: MedClin North Am. 2010 May ; 94(3): 447-464. doi:10.1016/j.mcna.2010.02.009.