A Research to Examine the Stress Level and Coping Means Applied by Family Members of Patients with Cancer

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ABSTRACT

One of the main causes of illness and disability worldwide nowadays is cancer. Both first and the second most common cause of mortality in the developed world are cancer-related illnesses. Individuals with a cancer diagnosis constitute a valuable subset within our society. Cancer's effects extend beyond the individual to include family and the community. The stress that caregivers go through is much the same as what cancer patients go through. As they accompany the patients on this journey, the family members are also adjusting to new roles and dealing with personal difficulties that may or may not be connected to the patient's condition. The health of the caregiver is impacted by stress while providing care. The study showed that 34(56.67%) of the samples were female, 23(38.33%) of the samples were in the age group of 29-38years, 49(81.66%) of the samples were married, Spouse were the care takers of cancer patients 25(41.66%), More than half of the caregivers caring the cancer patients for 3-12 months 35(58.33%). Moderate stress was experienced by 49(81.7%)of caregivers and 11(18.3%) of caregivers were experienced severe stress. 35(58.3%) of the caregivers used Adaptive coping strategy and 25 (41.6%) of them used Maladaptive coping strategy. Study concludes that 82% of the caregivers were having moderate stress and majority of the caregivers were using adaptive coping strategies to deal their stress.

Keywords: Stress, Coping Strategy, Caregivers, Cancer.

Introduction

Cancer is a chronic illness that can be terrible and burdensome for both the patient and their family. It is mostly characterized by aberrant cell proliferation, and it spreads through the blood and lymphatic systems, which carry cells to different areas of the body. Cancer cells do not undergo "apoptosis," in contrast to normal cells, because they continue to divide, grow, and disseminate. There are already more than 100 different forms of cancer recognized. Carcinogenesis, a complicated process, is one of the main elements influencing the diverse aetiology of cancer. According to statistics, more than 50 million people die from cancer each year, and 80 percent of these fatalities take place in developing nations.[1]

Anxiety, despair, worry, and loneliness are the most prevalent psychological issues that manifest as the most overt signs and symptoms of caregiver stress. These psychological responses are correlated with the caregiver's evaluation of the encounter; those who perceive greater benefits and meaning from the encounter report lower stress levels and higher quality of life. Many people who provide care for someone with cancer report feeling just as distressed as the cancer patient, if not more so.[2]

The act of managing stress and adjusting to new challenges is known as coping. An individual's physical and psychological symptoms of stress can be lessened by using various coping methods.[3]

Cancer isn't just about the patient, it's about the entire family. Not only does it cause pain and suffering for the patient, but it also puts financial, emotional, social and physical strain on their loved ones.[4]

At the time of diagnosis, families are often overwhelmed by emotions and existential worries, while supporting patients, assuming personal caregiving duties and responsibilities, and trying to juggle other life events. Patients and caregivers may be concerned about how to use coping skills and adjust to changes in routine and activities. Families may be frustrated by the need to manage caregiving demands that go beyond caregivers' capabilities and leave them feeling overwhelmed. Caregiving roles may last for several years. Roles/tasks may involve a significant number of hours a week, some of which may be considered full-time work.[5]

NEED FOR THE STUDY

Cancer is one of over 200 diseases that cause uncontrolled and uncontrolled cell growth. It's a serious health condition that affects people of all races and ethnicities. Cancer is not only a disease that affects your mental and physical health, but it also affects the functioning of your family.

Stress is an psychological factors which we can observe in both the patient and caregiver, caregivers are experiencing more stress because they need to take care of other family members, looking into financial aspects and the treatment outcomes.

Coping is the way back to function normally, some of the caregivers may use adaptive coping strategy and others may use maladaptive coping strategy, so we have taken this study to find the level of stress and coping strategies used by caregivers.

STATEMENT OF THE PROBLEM

"A research to examine the stress level and coping means applied by family members of patients with cancer".

OBJECTIVES

The objectives of the study were:-
1. To assess the level of stress among family members of cancer patients.
2. To assess the coping strategies used by family members of cancer patients.
3. To find association between socio demographic variables with coping strategies.

HYPOTHESIS

H_1: There will be a significant increase in stress among family members of cancer patients.

H_2: There will be using adequate coping strategies among family members of cancer patients.

H_3: There will be an association between sociodemographic variables with coping strategies.

METHODOLOGY

Research approach: Quantitative research approach

Research design: Cross sectional

Sample: Family members of cancer patients

Sample size: 60 samples

Sample technique: Convenient sample technique was used to select the sample.

DESCRIPTION OF THE TOOL

The tool was organized in three sections:

Section A: Demographic data consisting of items seeking information about the baseline data such as age income, size of the family, education, ethnicity, degree of affinity to the patient and duration of care.

Section B: Perceived Stress Scale is to assess the level of stress. This 5 point Likert scale consists of 10 items. The measurements on the scale are set according to the following scoring system: The response never = 0, almost never = "1", sometimes="2", fairly often="3" and very often="4"

Section C: Brief COPE Inventory Scale to assess the coping strategies of family members of cancer patients. This 4 point Likert scale comprised of 28 items. The measurements on the scale are set according to the following scoring system: The response I haven't been doing this at all="1", I have been doing this a little bit="2", I have been doing this a medium amount="3", I have been doing this a lot="4".

RESULT:-

Section 1: Distribution of demographic variables of family members of cancer patients.

Section 2: Assessment of level of stress among family members of cancer patients.

Section 3: Assessment of coping strategies used family members of cancer patients.

Section 4: Association between sociodemographic variables with coping strategies.

SECTION 1:

Table 1: Distribution of demographic variables of family members of cancer patients.

N=60

DEMOGRAPHIC DATA	FREQUENCY	PERCENTAGE (%)
GENDER		
Male	26	43.33%
Female	34	56.67%
AGE		
18-28 years	14	23.33%
29-38 years	23	38.33%
39-48 years	14	23.33%
Above 48 years	9	15%
RELIGION		
Hindu	42	70%
Christian	10	16%
Muslim	8	14%
MARITAL STATUS		
Married	49	81.66%
Unmarried	9	15%
Widow	2	3.33%
PLACE OF RESIDENCE		

| Rural	9	15%
Urban	23	38.33%
Semi urban	26	43.33%
Semi rural	2	3.33%
ETHNICITY		
African American	--	--
American	--	--
Asian	60	100%
Others	--	--
MONTHLY INCOME OF FAMILY		
5000-10000	4	6.45%
10000-15000	18	30%
15000-20000	34	54.83%
Above 20000	4	6.66%
DEGREE OF AFFINITY TO THE PATIENT		
Spouse	25	41.66%
Mother/Father	10	16.66%
Son/Daughter	22	36.66%
Others	3	5%
DURATION OF CARE		
3-12 Months	35	58.33%
12-24 Months	18	30%
24 Months and above	7	11.66%
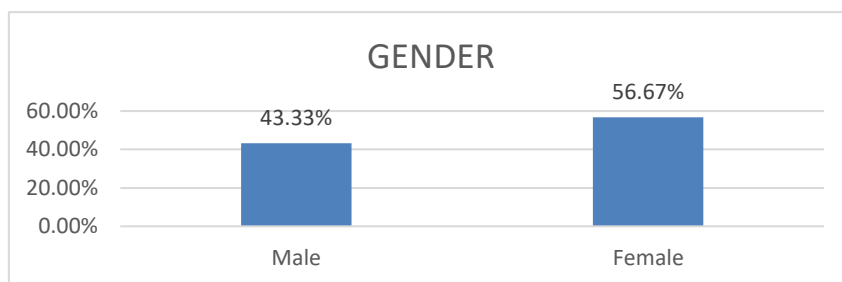
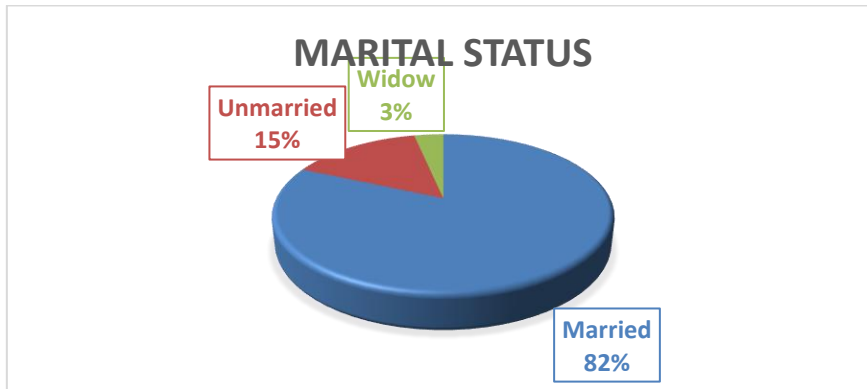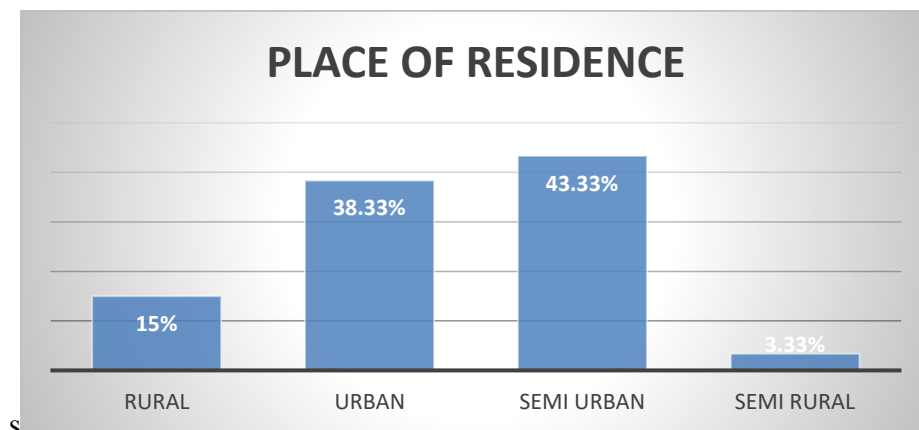**Figure 1: Classification of respondents by gender**
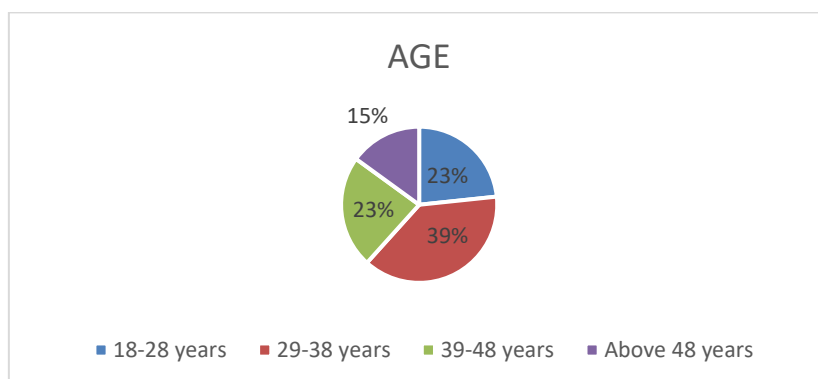
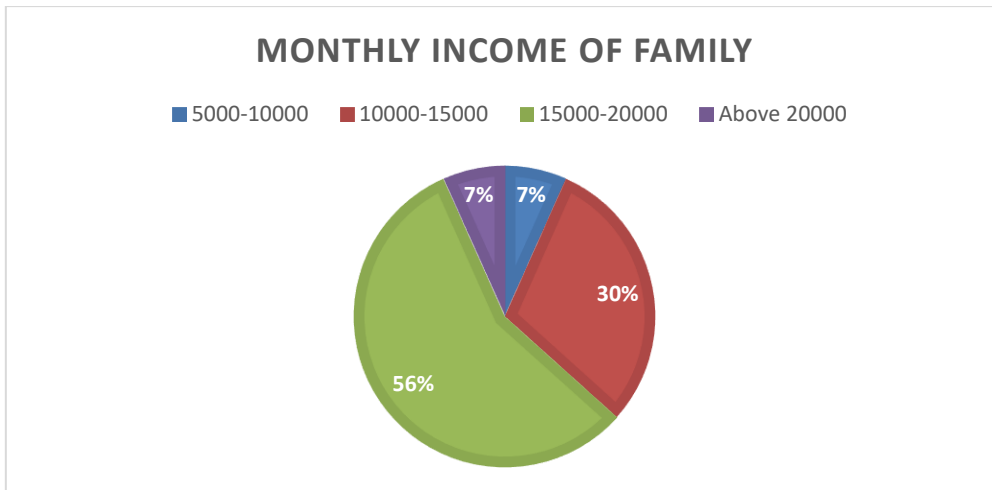**Figure 2: Classification of respondents by age**
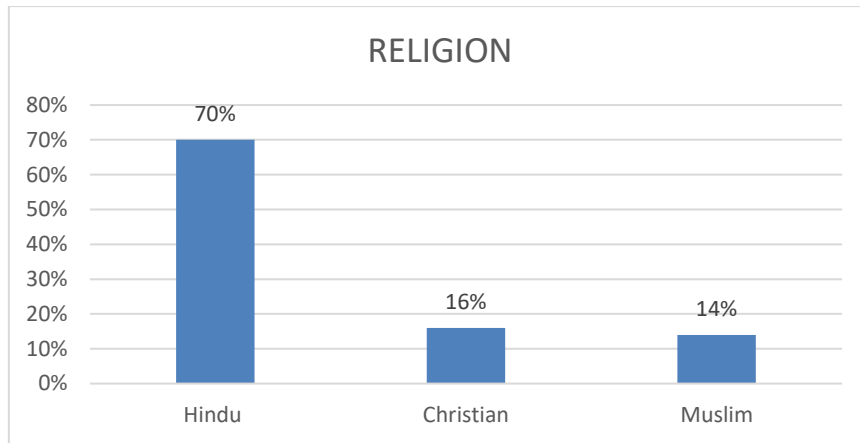
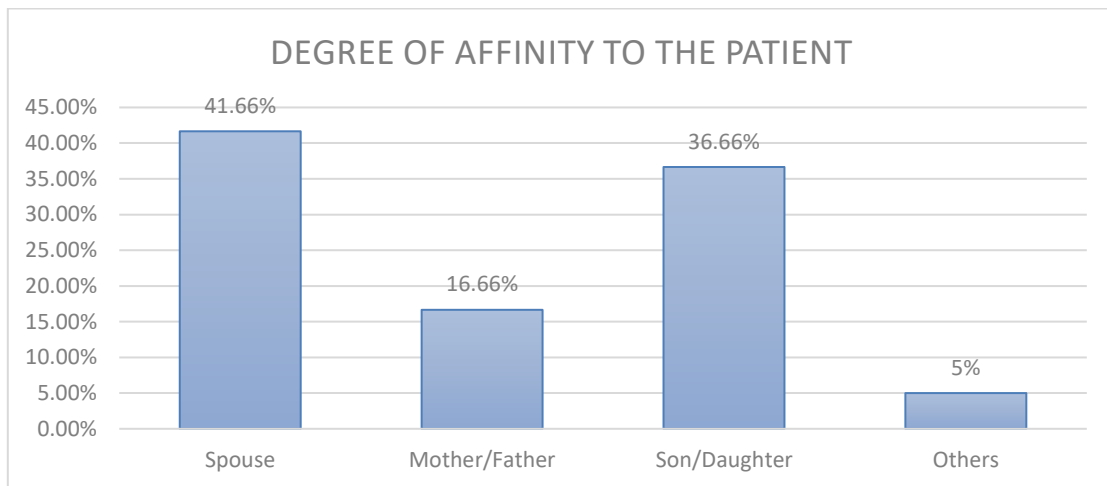**Figure 3: Classification of respondents by religion**

Figure 4: Classification of respondents by marital status
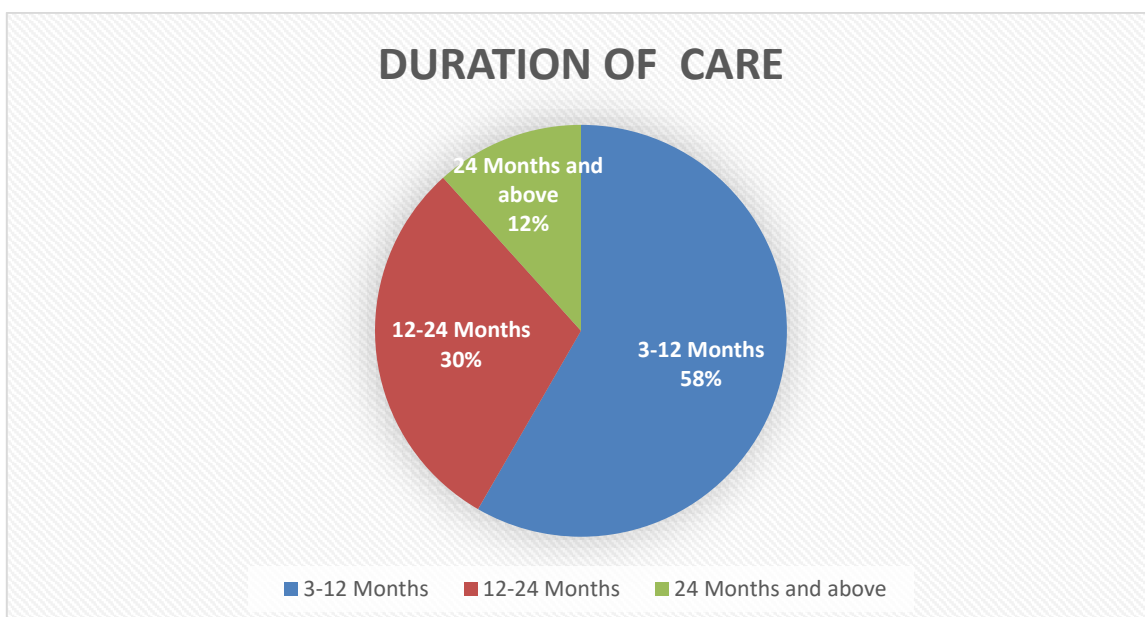

Figure 5: Classification of respondents by place of residence.

Figure 6: Classification of respondents by monthly income of the family
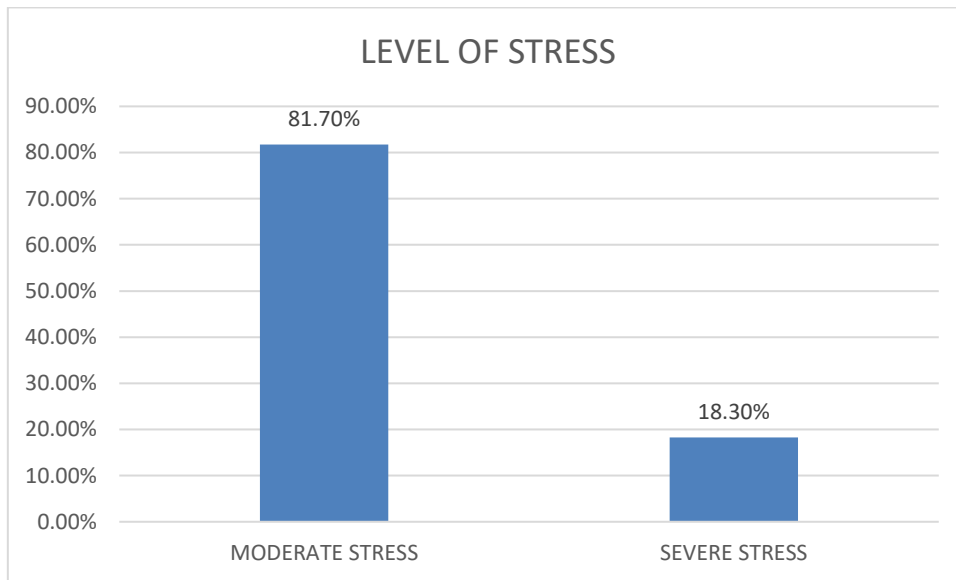

Figure 7 : Classification of respondents by degree of affinity to the patient

Figure 8: Classification of respondents by duration of care.

Table 2: Assessment of level of stress among family members of cancer patients.
N=60

LEVEL OF STRESS	FREQUENCY	PERCENTAGE
MODERATE STRESS	49	81.7%
SEVERE STRESS	11	18.3%

Figure 9: Classification of respondents by level of stress.

Table 3: Assessment of coping strategies used family members of cancer patients.
N=60

COPING STRATEGIES	FREQUENCY	PERCENTAGE
ADAPTIVE COPING	35	58.3%
MALADAPTIVE COPING	25	41.7%
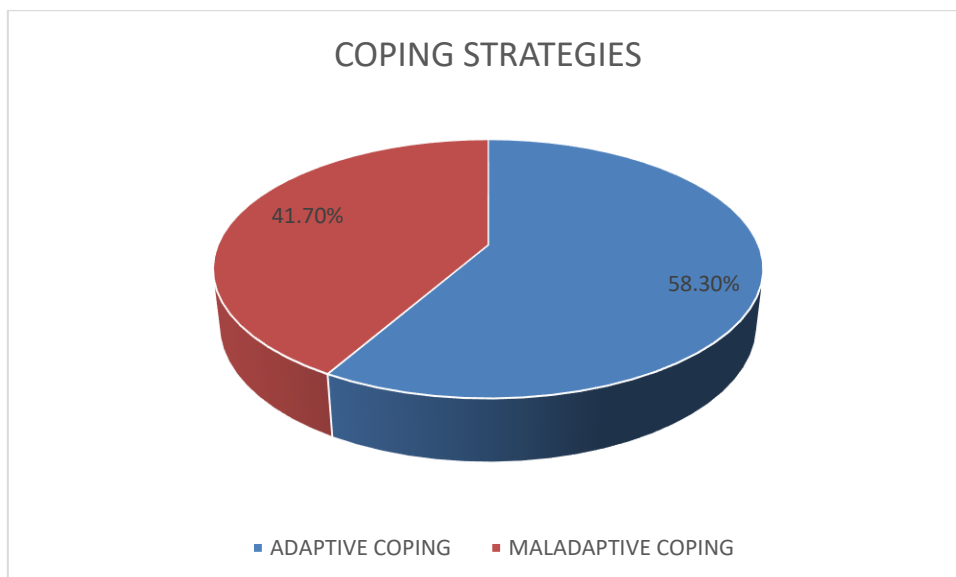
Figure 10: Classification of respondents by coping strategies.

Table 4: Association between socio demographic variables with coping strategies.
N=60

Demographic Variable	Category	Coping Strategies		Chi-square	P value	Df
		Adaptive	Maladaptive			
GENDER	Male	1	1	6.6	0.30 (NS)	5
	Female	3	1			
AGE	18-28 years	1	2	12.3	0.28 (NS)	10
	29-38 years	2	3			
	39-48 years	1	0			
	39-48 years	0	1			
	Above 48 years	2	0			
RELIGION	Hindu	2	1	6.1	0.30 (NS)	5
	Christian	1	1			
	Muslim	1	0			
MARITAL STATUS	Married	3	0	8.5	0.23 (NS)	6
	Unmarried	2	1			
	Widowed	1	1			
PLACE OF RESIDENCE	Rural	2	0-	5.9	0.43 (NS)	6
	Urban	1	0			
	Semi-urban	2	0			
	Semi-rural	0	0			
MONTHLY INCOME	5000-10000	3	1	13.4	0.36 (NS)	12
	10000-15000	5	1			
	15000-20000	1	2			
	Above 20000	0	0			
DEGREE OF AFINITY	Spouse	2	1	5.3	0.50 (NS)	6
	Mother/Father	1	0			
	Son/Daughter	1	0			
	Others	0	0			

(NS)=NOT SIGNIFICANT

sCONCLUSION

Majority (56.67%) of family members were females, maximum percentage of family members (38.33%) were between the age group of 029-38 years, highest percentage of family members (70%) were Hindus, majority of family members (81.66%)were married, maximum number of family members (43.33%) were residing in semi urban area, majority of the family members (54.83%) were had monthly income of 15000-20000. Highest number of family members (41.66%) were spouses, majority of family members (58.33%) were providing care for 3-12 months.

More than three by fourth (81.7%) of the family members were had moderate stress and 18.3% of the samples had severe stress. About 58.3% of family members were using adequate coping strategies and 41.6% were using maladaptive coping strategies.

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