STRESS AND COPING IN CAREGIVERS OF CANCER PATIENTS

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Abstract
The purpose of the present study is to focus on the role of family caregivers as the providers of unpaid assistance to ill or aging relatives, usually to the detriment of their own physical and mental health. Currently, more than thirty million family caregivers provide assistance to their elderly parents, siblings and/or spouses, many of whom suffer from severe diseases like Cancer. The objective of the study is to explore the level of stress and coping ways in care givers of cancer patients. The research assesses the psychological well being of care givers and the effect of social support system on their life. To administer the level of stress of the care givers, Kingston care giver stress scale (Hopkins & Kilik, 2004) was used, whereas multi-dimensional social support scale (Zimet et al., 1990) was employed for measuring the social support system of care givers. The total sample size includes 200 care givers both male and female. The findings of the study reveals that there are significant differences in the level of stress, coping and social support between the caregivers of nuclear and joint family system as P< 0.05. Hence proving that, a strong social support from family and friends plays a crucial role in the well-being of patients.

Keywords: STRESS ; COPING ; CAREGIVERS ; CANCER PATIENTS

INTRODUCTION
A caregiver is any person who assists another person in a medical condition such as cancer, dementia, or brain injury, and requires assistance in the performance of daily tasks which are often basic in nature. The tasks that caregivers usually assist in include house-cleaning, grocery shopping, cooking, administering medicine, bathing, paying bills, using the toilet, dressing, eating, etc. Caregivers who are not given financial rewards in return of their care-giving services are called family caregivers or informal caregivers. The most common types of care-giving relationships include: providing care to adults in one’s family, such as grandparents, uncles, aunts, and siblings; spouses providing care to a sick husband or wife; middle-aged parents providing care to their disabled children who may be adult; providing care to a friend or neighbor, and children providing care to a disabled parent or elderly and sick grandparent.

Care-giving is a job without clearly defined goals. Family caregivers usually begin care-giving without adequate training or expertise and are often expected to provide quality care without significant help. Consequently, a family caregiver ignores his/her own health by prioritizing the patient’s needs and well-being. Today, numerous healthcare providers are eager to observe the symptoms of caregiver distress during the provision of cancer treatment to a patient. This is because caregiver strain reduces the effectiveness of care-giving, and consequently the patient suffers adverse affects. Therefore, helping the caregiver equates to helping the patient (National Cancer Institute 2012).
Caregivers face numerous problems, challenges and issues which effect their psychological well being. The emotional and physical stress that they carry can take many forms like frustration, depression, fatigue, anger, guilt, loneliness, etc. Stress is commonly observed in a caregiver when he/she believes that his/her responsibilities outnumber the amount of time, energy and other resources that the caregiver has to effectively perform the care-giving task. Thus, stress is often found among the caregivers of cancer patients, who may need to simultaneously satisfy a great number of demands. Stress-management addresses this situation by protecting the health of caregivers and equipping them well for the provision of quality care (Cancer Care, Inc. 2012). According to Women’s health.gov (a project of the United States Department of Health and Human Services Office on Women’s Health), care-giving stress affects women more than men. Approximately, 75 percent cases of emotional, physical, or financial stress have been reported by women.

Although there are plenty of issues related to the well-being of care-givers, there can be ways to deal and cope with these problems. Lazarus and Folkman defined coping as “constantly changing cognitive and behavior efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resource of the person.” In other words, coping is a way to effectively address the stress concerns. It involves not a single act but processes that allow us to manage various stresses. Keeping faith and finding hope have been proved helpful in substantially mitigating care-giving stress. Spiritual health may equip caregivers with more hope, thus enabling them to find meaning in the cancer experience and be more accepting of what it is. There is a research which studied the methods through which caregivers deal with stressful care-giving situations and the relationship between coping strategies and caregivers’ psychological well-being. Fifty eight caregivers, discharged from a rehabilitation hospital, identified a recent stressful event in care-giving and mentioned the strategies used to deal with the event. After making adjustments for patients’ impairment level, the study reported that caregivers who were engaged in more escape-avoidance coping reported higher depression levels and more conflict in their personal relationships, whereas those engaging in positive reappraisal reported positive affects. It was further found that younger caregivers, esp. women, were more likely to employ avoidance strategies (PsycINFO Database Record © 2012).

The two basic types of family system in current society include Nuclear family system and Joint family system. Regardless of the family type, lack of social support from a caregiver’s family also leads to stress and loneliness. In caring for the patient or elderly person, caregivers often find themselves isolated from the society. Little time is available to maintain social contacts. This social isolation further increases with the progress of the disease since higher levels of care-giving consume more time. The objective of this study is to analyze the levels of stress and coping-strategies in caregivers of cancer patients. The research assessed the psychological well-being of care-givers and the effect of social support system on their life. To administer the level of stress of the care-givers, Kingston caregiver stress scale (Hopkins & Kilik, 2007) was used, whereas multi-dimensional social support scale (Zimet et al., 1988) was used for measuring the social support system of care-givers.

METHODOLOGY

Sample Size
The total sample size used includes 200 care-givers of cancer patients, both male and female. The subjects were approached through convenient sampling from different hospitals of Karachi. There were 100 subjects from nuclear family system and 100 from joint family system.
Design
A cross sectional study design was used.

Material
Three scales and a demographic sheet were to be filled by the subjects. The demographic sheet consisted of general information of the subjects, including age, sex, education, employment status, family system and relationship with the patient. Kingston care giver stress scale (Hopkins & Kilik, 2004) was used to measure the stress of the care givers. This scale monitors changes in family care givers stress level over time. It has 10 items divided into three sub scales: care giving issues, family issues and financial issues. Care-giving coping strategies were examined by coping strategies inventory short form made by Jackson Heart study investigators, 2001 consisting of 16 items on coping ways. The third and the last was Multi-dimensional social support scale (Zimet et al., 1990) which was used to measure the social support system of care givers. It has 12 items and it measures social support across three domains: friends, family and significant others.

Ethical Considerations
The study was designed in a way that it causes no potential or actual harm to research subjects. The subjects were required to sign consent forms which included a brief description of the purpose of the study. They were informed that their data will be kept confidential and their personal information will not be used while stating the results.

Procedure
The present study was conducted in the Oncology Department at PNS Shifa Hospital. Firstly, we took permission from the hospital authorities and were then allowed to collect data for our research from the concerned department. After signing the consent form, the subjects were provided with the demographic sheet. When they finished filling the sheet, they were given the self-administered questionnaires. Subjects’ queries and difficulties relating to the questions were aptly responded. Subjects were also assured that if they wish to leave or withdraw participating, they were free to do so.

RESULTS

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t-test table for social support between caregivers of nuclear and joint family system

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CONCLUSION
There are significant differences in the level of stress, coping and social support between the caregivers of nuclear and joint family system as P< 0.05. Hence null hypotheses are rejected.

DISCUSSION
The results of the study have revealed that there are differences in the level of stress, coping and social support between the caregivers of nuclear and joint family systems. Hence, it has been proved that a caregiver working alone is more likely to feel stress and loneliness than the one working in a joint family system, where there are other people present to share his or her stressful situations. Prior researches conducted on these topics have also proved that stress and loneliness are major issues among caregivers. The care giving experience is a stressful phenomenon. It affects nearly all the aspects of a caregiver’s life, including his or her physical, emotional, and psychological health. A review article on care for caregivers (Journal of Pain and Symptom Management, 2003) reveals a recurrent theme, present in the reviewed articles and research work, that the demands placed on caregivers and their response to those demands are not simple. Caregivers’ responses do not directly correlate with caregiver demographic characteristics or with patients’ psychological or physical health. Most researchers regard the care that family caregivers provide as assistance with activities of daily living (ADL) or instrumental activities of daily living (IADL). Nevertheless, these concepts do not appropriately capture the complexity and difficulty of care-giving. For example, assistance with bathing does not entirely capture the difficulty of giving bath to a person who is actually resisting the bath. Likewise, helping with medication does not adequately pictures the annoyance of medicine administration to a subject who has to take multiple medicines several times a day, including inhalers, injections, eye-drops, and oral medicine. The need to make decisions on behalf of a patient who is him/her-self unable to do so is troublesome. This is because it lies outside the caregiver’s ordinary role. The concern that only the right decisions are made is full of stress (Susan C. Reinhard, Barbara Given, 1998).

In United States, a negative and depressive outcome of care-giving has substantially occupied the academic domains in social, behavioral, and gerontological literature. However, more recently, there have been attempts to assess the positive outcomes of care-giving to relatives and friends (Gregory Jerome Harris, 2008). The study employed secondary data from the National Alliance for Care giving (NAC) and the American Association of Retired Persons (AARP) (2003) to test the hypothetical model predicting the influence of intensity of care demands (stress), formal and informal coping resource usage, and manageability on well-being between white and colored population of American caregivers. A comparison model of White and African American caregivers indicated only one vital predictor on well-being which consisted of the direct effect of intensity of care demands (stress) on well-being, indicating that White caregivers went through more stress in the care-giving role as compared to African-Americans. Moreover, remarkable group differences were found between Whites and African-American caregivers.
Americans on formal coping resource usage. Most importantly, African-Americans reported a greater use of external supportive services in the provision of care for the subject.

In the bygone days, the Pakistani society witnessed powerful joint-family systems; however, during recent times, a penchant for having nuclear families is on a rise due to change in lifestyles. Scientific, industrial and technological advancement is cited as one of the biggest reasons of such social reforms. The nuclear-family trend is not without its pros and cons; it has both adverse and favorable effects on human health. Especially in the case of a caregiver, it is very important to have strong social support from family and friends.
References
Travis SS, Bethea LS, Winn P. Medication administration hassles reported by caregivers of dependent elderly persons. J Gerontol;55A(7):M412-7 2000