

A DESCRIPTIVE STUDY TO ASSESS THE PREPAREDNESS, COPING ABILITY AND QUALITY OF LIFE OF CARE GIVERS OF CANCER PATIENTS ADMITTED IN MOHAN DAI OSWAL HOSPITAL, LUDHIANA, PUNJAB

Authors Name: Mrs. Rubia

Associate Professor, MD Oswal College of Nursing, Ludhiana, Punjab, India

E-Mail Id: rubia.sapra@yahoo.co.in

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Abstract	<i>In 2008, the worldwide cancer incidence was an estimated 12.7 million, and 7.6 million cancer deaths are estimated to have occurred. Malignant neoplasms were the second leading cause of death and the projected number one cause of death in future would be cancer. The rising figure become a major challenge for care givers. Care givers act to support patient, facilitate treatment, and supplement roles that cancer patients are unable to fulfill due to cancer and its treatment. A quantitative research approach and Descriptive non-experimental research design has been adopted to conduct the study on 60 caregivers of cancer patients admitted in Mohan Dai Oswal Hospital, Ludhiana by using convenience sampling technique. The data was collected by using standardized tools. The pilot study was conducted on six care givers. The reliability of the tool was tested by using Karl Pearson's co-relation formula; r_1 (preparedness) = 0.8, r_2 (coping ability) = 0.9, r_3 (quality of life) = 0.9. Prior permission was obtained from Medical Superintendent of Mohan Dai Oswal Hospital, Ludhiana. Study results showed that the mean preparedness score was 24, the mean coping ability score was 61.45, and mean quality of life score was 62.33. Present study concluded that although there was maximum prevalence rate of cancer. But their care givers had maximum preparedness and coping ability to provide best care to their patients. Their quality of life was average.</i>
Keywords	<i>Caregivers, knowledge, preparedness, coping ability, quality of life.</i>

INTRODUCTION

Cancer is one of the leading cause of deaths and it accounted for 7.6 millions deaths worldwide in 2008. Statistics have shown that the disease killed over 635,000 and 556,400 people India in 2008 and 2010 respectively. The rising figure becomes a major challenge for care givers.

The role of family in the Indian setting is paramount considering the availability of palliative care services. The care giver can be seen as holding a unique position of both providing and needing support. The world health organization promotes the importance of families receiving input from palliative care services, identifying the patient and family as the unit of care.

Preparedness is defined as a perceived readiness for multiple domains of care giving role such as providing physical care, providing emotional support, financial support and dealing with the stress of care giving that also involve capacity and willingness to care. Coping ability is to deal with stressor that a person while living through stresses in daily life experiences. Different people have individual tolerances with the stressful events. The cancer experience can still profoundly affect care givers quality of life. Research indicates that as patient disease progresses, the physical wellbeing of care givers also decrease. The care giving is demanding and overwhelming and can be a very stressful experience, affecting all aspects of care giver quality of life.

In a study with 59 care givers, Schenbring and Colleagues reported higher care giving burden and lower care giver quality of life was associated with perceived preparedness for the care giving role. (B. Ferrel and Mazanec, 2009; Schenbring, 2002)

NEED OF STUDY

Cancer is a disruption in one's life. People who experience cancer become cancer patient and their significant other may be called upon to become care givers. Care giver act to support patient,

facilitate treatment, and supplement roles that cancer patients are unable to fulfill due to cancer and its treatment. Indeed, cancer happens to families and social networks, not just to individual. Stenberg Ruland and Miaskowski, 2010 concluded that care givers of cancer patient during and after the treatment phase a lot of physical social and emotional problems and impact on their daily life and increased responsibility. The insight gained from this review will help researcher and clinicians to understand the complexity of problems and responsibilities, family care givers experiences. This understanding may encourage them to include support for family care giver as a part of total holistic patient care.

However, more research is needed to better understand the variations in care giving experiences over time; how the care giving perspective is influenced by different culture, socio-economic background as well as gender and age; and how problems and responsibilities related to care giving interfere with daily life. Therefore psychological and social issues need to be investigated to promote the preparedness, coping ability and quality of life of cancer patient's care giver.

PROBLEM STATEMENT

A Descriptive study to assess the preparedness, coping ability and quality of life of the care givers of cancer patient admitted in Mohan Dai Oswal cancer Hospital, Ludhiana.

OBJECTIVES

- To assess the preparedness, coping ability and quality of life of care givers of cancer patient admitted in Mohan Dai Oswal cancer Hospital, Ludhiana.
- To find the correlation between preparedness, coping ability and quality of life among care givers of cancer patients.
- To find the association of preparedness, coping ability and quality of life with demographic variables.

OPERATIONAL DEFINITIONS

Care givers: The relative who accompanying cancer patient in hospital above the age 21 year.

Preparedness: Preparedness is a perceived readiness for multiple domains of the care giving role such as providing physical care, providing emotion support, setting up in home support services and dealing with the stress of care giving.

Coping ability: Coping can be defined the ability of care givers of cancer patients how they overcome from the situation.

Quality of Life: The degree of satisfaction of an individual in the areas of physical, emotional, social and functional domain.

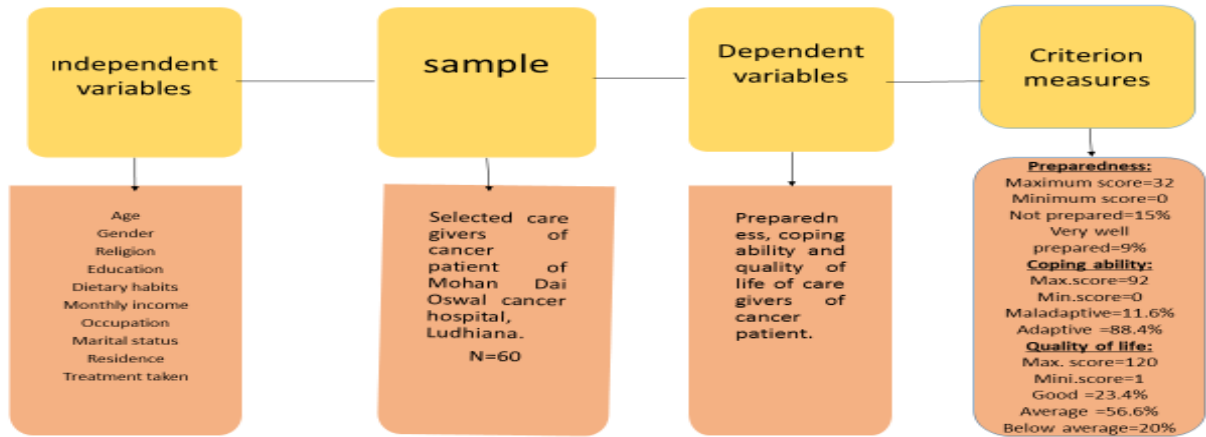
Research Methodology

Research approach: A quantitative research approach was adopted by researchers to assess preparedness, coping ability and quality of life of care givers of cancer patients.

Research design: In the present study a descriptive non-experimental research design is used.

Target population: It consist of all relatives (males and females) of Mohan Dai Oswal cancer hospital. **Sample and sampling technique:** Convenience sampling technique was used to select 60 care givers of cancer patients from Mohan Dai Oswal cancer hospital, Ludhiana.

RESEARCH DESIGN



Developing and description of the tool

The standardized tools were used to assess the preparedness, coping ability and quality of life of care giver of cancer patients. Tool consists of four sections.

Section A: - Demographic characteristics consist of 12 items used to collect sample characteristics. The includes are age, gender, religion, educational status, dietary habits, family income in months, occupation, marital status, residence, treatment taken by patient, disease interval in years and disease interval in months.

Section B: - DeAnne Zwicker, Dr NP, APRN, BC gives standardized tool that consist of 8 items regarding preparedness. Each item containing five options that's range is 0 to 4.

Section C: - A standardized tool consisted of 23 items regarding coping ability. Each item containing four options that's range is 1-4.

Section D: - A standardized tool consisted of 30 items regarding quality of life. Each item containing five options that's range is 0-4.

Content Validity

In this tool to be used to assess preparedness, coping ability and quality of life was validated by experts.

Reliability of the Tool

The reliability of the instrument was established by administering the tool of 6 sample studying in Mohan Dai Oswal Cancer hospital, Ludhiana. The reliability of the tool was tested by using Karl Pearson's co-relation formula; the tool was reliable

r_1 (preparedness) = 0.8, r_2 (coping ability) = 0.9, r_3 (quality of life) = 0.9).

Data Collection Procedure

Permission for the study- prior to permission was obtained from the concerned authority MS from Mohan Dai Oswal Cancer hospital. Before administrating the tool, the research introduced her to the respondents and purpose of data collection was explained to them. In order to obtain maximum co-operation from respondents, they were reassured that confidentiality of data would be maintained.

Ethical Consideration

Through proper channel the written permission was taken from the MS of Mohan Dai Oswal Cancer hospital, Ludhiana. A verbal consent was taken from care givers by explaining the purpose of study to gain their confidence and co-operation and subjects were reassured that their information would be kept confidential and would be for their benefits.

Pilot study

- A written permission to conduct the study was obtained from the MD of Mohan Dai Oswal cancer Hospital, Ludhiana.

- The study was conducted on the care givers of cancer patients.
- The questionnaire was given to 6 respondent who fulfill the sampling criteria. The purpose of study was explained to the subjects and confidentiality was assured to all subjects. The average time taken for answering the questions was 15-20minutes. The tool was found to be feasible and practicable, no change were made in tool.

Plan for data analysis

The data has been analyzed using both descriptive inferential statistics calculation has been done manually with calculator and Microsoft excel. The various statistical measures used for analysis were frequency distribution measures of dispersion (mean, n, percentage) were applied to find out the statistical significance.

RESEARCH FINDINGS

According to age majority of care givers were from (21-30) years of age i.e. 36.6% and minority of care givers were from (>51)years i.e. 16.6. In case of gender, most of the caregivers were male i.e.53.40% and lesser were females i.e. 46.6%. Regarding religion most of the caregivers were sikh i.e. 60% and lesser were any other i.e. 1.6%. In case of education, maximum of the caregivers were matric/senior secondary, i.e. 46.6% and minimum were illiterate i.e. 5%. In case of food habits majority of care givers were vegetarian, i.e. 78.3% and minority were eggitarian i.e. 3.4%. According to total family income majority was 10000 to 15000/- i.e. 38.4% and minors were <5000/- and 5001-10,000/- i.e. 15%. Regarding occupation, the majority of caregivers were on private job i.e.56.6% and minority was 10%. In case of marital status, most of caregivers were married i.e. 75% least were unmarried i.e. 25%. In case of residence majority of care givers were villagers i.e. 48.4% and minimum were from town i.e. 5%. Regarding treatment received by patient most of patients were received chemotherapy i.e. 46.6% and minimum were operation i.e. 3.3%.In case of disease interval in years of cancer patient most of patients had illness from less than one year i.e. 60% lesser were above 6-10 years i.e. 5%. In disease interval in months patients had maximum illness from less than 6months and minimum from above 24 months i.e. 5%.

Study results showed that maximum number (85%) was very well prepared which was followed by minimum (15%) not prepared. The mean preparedness score was 24. Majority (88.3%) were having adaptive coping which was followed by 11.6% subjects were having mal-adaptive coping ability. The mean coping ability score was 61.45, and maximum number (56.6%) were having average quality of life which was followed by 23.4% subjects having good quality of life and 20% having below average quality of life.The mean quality of life score was 62.33, the following table shows the relation between preparedness, coping ability and quality of life of subjects.

Category	Mean	r =1 (a&b)	r =2 (b&c)	r =3 (a&c)
1. Preparedness(a)	24			
2. Coping ability(b)	61.45	0.008	0.6	0.18
3. Quality of life(c)	62.33			

CONCLUSION

Present study concluded that although there was maximum prevalence rate of cancer. But their care givers had maximum preparedness and coping ability to provide best care to their patients. Their quality of life was average.

IMPLICATION

The findings of the study have several implications which are discussed in following three areas:-
 Nursing Practice:-The present study has several implications in the nursing practice. Nurses can assess preparedness, coping ability and quality of life of care givers of cancer patient. On the basis of the result of cancer care givers new strategies, plans can be incorporated into nursing practice

which help in educate the care givers.

Nursing administration:-Administration should conduct large awareness programs and improve the skills of care givers.

Nursing research:-A comparative study can be conducted to compare preparedness, coping ability and quality of life of OPD and IPD care givers of cancer patient.

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