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# A Comparative Study of Stress and Coping among Caregivers of Cancer Patients and Alcohol Dependence

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**Abstract**

The incidence and prevalence of cancer has been increasing in developing countries in the last few decades. Cancer is viewed increasingly as a chronic disease, with prolonged management and increased rates of survival, leading to long term care requirements of the patient. The act of caring for a sick patient is multifaceted. The caregiver needs to have dedicated time to take the patient for hospital appointments and care for disease and treatment related problems at home as well. Alcohol use disorders (AUD) are a significant risk factor for a range of adverse health outcomes, reducing the lifespan of those who drink by more than a decade. Dependent drinking is the most severe form of AUD, often characterized by increased tolerance to alcohol, impaired control over drinking, persistent drinking despite harmful consequences and physical withdrawal upon discontinuation. In India, the prevalence of dependent drinking among males aged 15 and over is estimated at 7%, a significantly higher prevalence than the average for the World Health Organization South East Asia Region (2.9%). Coping with such problems needs a lot of patience. Caregivers must give up their personal time to care for their family members. The aim is to study the stress and coping between caregivers of cancer patients and alcohol dependents. The sample consisted of 60 caregivers 30 each of cancer patients and alcohol dependents. The caregivers were residents of Bangalore City. With the consent of the caregivers, they were administered caregivers strain index and brief cope. A purposive sampling design was opted for the study. The mean, SD, and 't' was computed using appropriate statistical measures. The result revealed that there was significant difference in stress and coping between the caregivers.

**Keywords:** Stress, Coping, Caregivers, Cancer Patients, Alcohol Dependents.

## Introduction

Cancer is a genetic disease caused by the uncontrolled proliferation of abnormal cells within the body and their spread to other parts of the body (Keshamma *et al.,* 2022). Cancer is one of the leading, and deadliest diseases in the world which is responsible for increasing mortality rate globally (Northouse, 2010). Cancer cells expand rapidly, penetrate, migrate, and attach to healthy tissues and organs (Keshamma *et al.,* 2021). In India, the number of new cancer cases in 2016 was around 14.5 lakhs and the figure is likely to reach 17.3 by 2020. Patients diagnosed with cancer are said to be the most vulnerable group in the society. Cancer affects not only the patients but also his/her entire family. Treating the cancer patient is often an exercise of treating the part if not the whole family of the patient (Northouse, 2010). In addition to causing distress to the patient, it puts financial, personal, social, and health stress on family members. However, in the later stages of life, many people would prefer palliative care and opt to be at home surrounded by their family and friends with support and supervision from palliative care team **(**Cannolly, 2014). Northouse (1984) and Brown (1990) suggest that in addition to causing distress to the patient, it puts financial, personal, social and health stress on family members. If care givers are among the family, as they usually are, stress reduces the quality of care that the patient receives. The amount and type of stress is culturally determined and needs to be evaluated accurately if strategies are to be developed to combat it. If the stress of the care givers is reduced, then one can expect the patient to benefit. Moreover, in order to more accurately analyse and cater to the requirements of those who have been diagnosed with cancer worldwide, the World Health Organization (WHO) has recently published the first global survey of its sort. This survey is an important part of a larger initiative to elevate the perspectives of people who have had firsthand experience with cancer, including survivors, caregivers, and bereaved people (Keshamma *et al.,* 2022)

As patients move through the stages of diagnosis, therapy, remission and relapse, their quality of life (QOL) deteriorates steadily state (Girgis *et al.,* 2013). During this, Calman (1984) and Patterson *et al.,* (2013) note, daily routines of the family are disrupted, typical duties and activities performed by one member may change or shift onto other family

members and there are financial issues. The impact of the disease is higher in a country like ours, state, where the family and not the state, is the source of all support to the patient and the role played by the family is very crucial (Broom and Doron, 2013).
Nearly every family in the globe will be affected by cancer in some way because one in five people will have the disease at some point in their lives. Everyone affected by a cancer diagnosis suffers significant bodily and psychological effects as a result (Keshamma *et al.,* 2022) Family members are the most important physical and emotional care providers. (Stajduhar, 2008) Caregiving family members help the patient perform activities such as self-care, movement, transport, communication, household chores, shopping, cooking, financing, organization of appointments and social activities. In addition, they need to perform various other activities such as helping the patient cope with symptoms and coordination of medical care (Girgis *et.al.,* 2006; Nijboer *et.al.,* 1998) As well as physical care, they also take on emotional care such as enabling social support, helping them make decisions and searching for/obtaining information. As a result, those who provide care suffer from numerous difficulties such as physical issues, social issues and financial difficulties. (Nijboer *et.al.,* 1998).

The coping process involves constant adaptations of people in their own circumstances (Folkman, 1984; Hawken *et.al.,* 2018). Among those coping styles, people seem to prefer problem-focused coping to emotion-focused coping (Tan, 2007). Their ways of coping play a pivotal role in determining the influence of the stressor on their mental health status, when considering it in the context of culture, society and environment (Teixeira, 2018). In addition, applying appropriate and effective coping strategies enables cancer caregivers to mitigate their caregiving burden, reduce psychological pressure and thereby improve their quality of life. (Aydogan *et.al.,* 2016; Faronbi, 2018; Greenglass, 2002). Furthermore, it is a part of the World Health Organization's Framework for Meaningful Engagement of People Living with Noncommunicable Diseases (Keshamma *et al.,* 2022). The global survey's objective is to gather responses from at least 100,000 participants in 100 different nations, the vast majority of whom will reside in low- and middle-income areas (Keshamma *et al.,* 2022) Alcohol use, particularly alcohol use that meets criteria for abuse or dependency, is a cause for concern among caregivers, as both their health and the health of their care recipient is at risk, particularly if they are responsible for assisting their care recipient with activities of daily living. For example, caregiver alcohol use has been linked to elder abuse (Conlin, 1995; Cooney and Howard, 1995).

Murray and Lopez (1996) (The study on Global burden of diseases) identified alcohol use as one of the global risk factors, accounting for 1.5% of all deaths in the world and 3.5% of disability adjusted life years and 4.0% of the global burden of diseases (Jurgen Rehm *et. al.,* 2004). Addiction is a family problem and is a major source of stress for family members.
Alcohol use disorder (AUD) is a group of behavioural and physical symptoms that can include withdrawal, tolerance and craving (APA, 2013). Often considered a family disease, AUD also takes a toll on the lives of family members (Roth, JD 2010). The increase in unpredictable and unreliable behaviour in individuals with AUD translates into stress and strain in caregivers. (Ganesh, 2017). This leads to defective coping and increases their vulnerability to mental illness. (Darlami K, 2015). Family bears the brunt of domestic violence of all forms, that is, physical, verbal and sexual. (Narasipuram, 2012). Low marital satisfaction, poverty and embarrassment are other impediments to the well-being of caregivers. This ultimately pushes the family to penury. (Kishor M, 2013).

Avoidance, discord, fearful withdrawal and sexual withdrawal were the most common coping components identified among wives of alcoholics. (Nanjundaswamy, 2013; Shanthi, 2017). Jones and Jackson *et al.,* (1954), first propounded the ‘stress model’ (Shanthi, B, 2017). The coping mechanisms characteristic of alcoholic women relative to their nonalcoholic controls. The profile of coping strategies utilized by the alcoholic group is consistent with a poor quality of life and compounding of problems (Rao, (1992). Alcoholism affect emotionally, physically, socially and psychologically. Spouses feel difficult to manage her married life and feel stress. (Philip *et.al.,* 1999). Since the second half of the 20$^{th}$ century, our knowledge about the biology of cancer has made extraordinary progress.

## Methodology:

**Aim:**
To find the stress among caregivers of cancer patients and caregivers of alcohol dependence.
To find the coping methods among caregivers of cancer patients and caregivers of dependence.

**Objective:**
To study the stress among caregivers of cancer patients and caregivers of alcohol dependence.
To study the coping methods among caregivers of cancer patients and caregivers of alcohol dependence.

**Hypothesis:**
There will be no significant difference in stress between the caregivers of cancer patients and caregivers of alcohol dependence.
There will be no significant difference in avoidant coping method between the caregivers of cancer patients and caregivers of alcohol dependence.
There will be no significant difference in problem focused coping method between the caregivers of cancer patients and caregivers of alcohol dependence.
There will be no significant difference in emotional focused coping method between the caregivers of cancer patients and caregivers of alcohol dependence.

**Variables:**
**Independent variable:** caregivers of cancer patients and caregivers of alcohol dependence
**Dependent variable:** stress and coping methods – avoidant coping, problem focused coping and emotion focused coping.

**Sample:**
The sample consisted of 60 caregivers, of which 30 were caregivers of cancer patients and 30 were caregivers of alcohol dependence. The caregiver's age ranged between 30 to 45 years. All the caregivers were residents of Bangalore. Both male and female caregivers participated in the study.

**Inclusion Criteria:**
Both male and female caregivers
Age of the caregivers ranged between 30 to 45 years.
The caregivers were residents of Bangalore.
The caregivers were closely related to the patient.

**Exclusion Criteria:**
Caregivers having any psychological problems were not considered for the study.
Caregivers other than Bangalore residents were not considered for the study.
Caregivers other than close relative to patients were not considered for the study.

**Research design:**
A between group design with purposive sampling was opted for the study.

**Tools:**
**The Caregivers Strain Index: (1983).**
The caregivers strain index was developed by Betsay C. Robinson. It measures the caregiver's strain. The questionnaire consists of 13 statements. Each item consists of 'Yes' or 'No' responses. The subject has to read the items and respond to it by putting a tick mark in the appropriate box applicable to him/her. The scale has an internal consistency reliability of0.86 and construct validity is supported by correlations with the physical and emotional health of the caregiver and with subjective views of the caregiving situation.

**Brief-Cope: (1997).**
The Brief-COPE is a 28 item self-report questionnaire designed to measure effective and ineffective ways to cope with a stressful life event. The scale is often used in health-care settings to ascertain how patients are responding to a serious diagnosis. It can be used to measure how someone is coping with a wide range of adversity, including a cancer diagnosis, heart failure, injuries, assaults, natural disasters, and financial stress. The reliability of the standardized English version of brief COPE inventory established by Carver (1997) was 0.88. The Brief-Cope was developed as a short version of the original 60-item COPE scale (Carver et al., 1989), which was theoretically derived based on various models of coping. The Brief Cope was initially validated on a 168-participant community sample who had been impacted by a hurricane (Carver, 1997), and shown to have adequate factor structure.

**Procedure:**
The caregivers of cancer patients and caregivers of alcohol dependence were met personally by the researcher. The caregivers were explained the importance of the study. After having their consent, the caregivers were administered the brief cope questionnaire and the caregivers strain index. The questionnaires were translated into Kannada language to those who were comfortable in the Kannada language. All the participants cooperated well with the researchers and answered the questionnaires. Any doubt regarding the questionnaire were clarified immediately. The caregivers were assured of the confidentiality of the data and that the data would be used for research purpose only.

**Analysis of the result:**
The results were scored, and independent t test was computed to study the stress and coping methods of the caregivers.

**Table 1 shows the Mean SD and "t for stress between caregivers of cancer patients and caregivers of alcohol dependence.**

| Variable | Group | N | Mean | SD | t |
|---|---|---|---|---|---|
| Caregivers Stress | Caregivers of Cancer patients | 30 | 10.86 | 1.04 | 4.84** |
| | Caregivers of Alcohol dependence | 30 | 12.03 | .80 | |
| ** Significant at 0.01 level. | | | | | |

Table 1 shows the mean, ad, and 't' for stress between caregivers of cancer patients and caregivers of alcohol dependence. The mean for caregivers of cancer patients is 10.86 and the SD is 1.04. The mean for caregivers of alcohol dependence is 12.03 and the SD is .80. The 't' value is 4.84 which is significant at 0.01 level indicating that there is a significant difference in stress between caregivers of cancer and alcohol dependence. The result of the present study has been supported by the study carried out by Antony, *et.al.,* (2018). The result revealed that caregivers experienced moderate to severe stress while caring for theirs wards. In another study conducted by Kulkarni, P, et.al (2014) the result of the study showed that the caregivers of cancer patients experience stress and were ready to ask for professional help from nurses, medical social workers, and counselors to cope up with their stress.

**Table 2 shows the Mean SD and t for Avoidant Coping between caregivers of cancer patients and alcohol dependence.**

| Variable | Group | N | Mean | SD | t |
|---|---|---|---|---|---|
| Avoidant Coping | Caregivers of Cancer patients | 30 | 10.90 | .71 | 1.51 |
| | Caregivers of Alcohol dependence | 30 | 10.56 | .97 | NS |

The above table shows that the mean obtained for caregivers of cancer patients is 10.90, SD is .71. The mean for caregivers of alcohol dependence is 10.56 and SD is .97. The obtained 't' value is 1.51 which is not significant at any level indicating that there is no significant difference in coping between the caregivers of cancer patients and alcohol dependence. Contradictory result has been seen from the research study conducted by Xing Tan et. *al.,* (2021) have found that the caregivers of breast cancer patients used avoidant coping method to cope with the stress. Study conducted by Nguyen Xuan Long, *et.al.,* (2021) on Coping strategies and social support among caregivers of patients with cancer: a cross-sectional study in Vietnam, has revealed that most of the caregivers used active coping, acceptance and positive reframing were the most used coping strategies among participants, while substance use was the least commonly used.

Table 3. Showing the Mean, SD, and 't' for Problem Focused Coping between caregivers of cancer patient and alcohol dependence.

| Variable | Group | N | Mean | SD | t |
|---|---|---|---|---|---|
| Problem Focused Coping | Caregivers of Cancer Patients | 30 | 11.43 | .50 | 4.33** |
| | Caregivers of Alcohol dependence | 30 | 10.56 | .97 | |
| ** Significant at 0.01 level | | | | | |

Table 3 shows the mean, SD and t for problem focussed coping between caregivers of cancer patients and alcohol dependence. The mean score of caregivers with cancer patient is 11.43, SD is .50. The mean score for caregivers of alcohol dependence is 10.56, SD is .97. The obtained 't' value is 4.33 which is significant at 0.01 level indicating that there is a significant difference in problem focussed coping between caregivers of cancer patients and alcohol dependence. The result of the present study has been supported by the study carried out by Teixeira, *et. al.,* (2018). The result of the study has shown that problem-focused coping was associated with decreased caregiver burden, decreased depression, and better adjustment. In another study carried out by Karabulutlu, (2014) on Coping with stress of family caregivers of cancer patients in Turkey. The result showed that the coping attitude used most frequently by family caregivers was active planning, and the least used coping attitude was avoidance isolation. In another study conducted by Litzelman, *et. al.,* (2018) have revealed that most of the caregivers used problem focused coping to cope with their stress.

**Table 4. Showing the Mean, SD, and 't' for Emotion Focused Coping between caregivers of cancer patient and alcohol dependence.**

| Variable | Group | N | Mean | SD | t |
|---|---|---|---|---|---|
| Emotion Focused Coping | Caregivers of Cancer Patients | 30 | 12.13 | 1.35 | 4.05** |
| | Caregivers of Alcoholics dependence | 30 | 10.86 | 1.04 | |
| ** Significant at 0.01 level | | | | | |

Table 4 shows the mean, SD and t for problem focussed coping between caregivers of cancer patients and alcohol dependence. The mean score of caregivers with cancer patient is 12.13 and SD is 1.35. The mean score for caregivers of alcohol dependence is 10, 86 and SD is 1.04. The obtained 't' value is 4.05 which is significant at 0.01 level indicating that there is a significant difference in coping between the caregivers of cancer patients and alcohol dependence. The result of the present study has been supported by the study conducted by Teixeira, et. *al.*, (2018) on "The impact of coping strategies of cancer caregivers on psychophysiological outcomes: an integrative review" have revealed that emotion-focused coping was related to higher levels of posttraumatic growth and psychological distress. Kent, *et. al.*, (2015) studied Health behaviours and coping among informal caregivers of lung and colorectal cancer survivors: Distribution and interrelationships. The result of the study indicated that Caregivers most frequently reported using emotion-focused coping styles (religion, acceptance, positive reframing, and emotional support). Caregivers with some physical activity (1-149 minutes/week vs. none) scored higher on emotion-focused coping. A study by Greening and Stoppelbein (2007), showed that symptoms of depression, anxiety, and post-traumatic stress were positively associated to emotion-focused strategies (such as blaming), as well as the use of psychotropic substances.

## Conclusion:

The result in the study has revealed that the caregivers of cancer patients experience more stress compared to the caregiver of alcohol dependence.
The study revealed that there is no significant difference in avoidant coping between caregivers of cancer patients and caregiver of alcohol dependence.
It is observed from the obtained result that most of the caregivers of cancer patients use problem-focussed and emotion focussed coping strategies to cope with their stress than caregivers of alcohol dependence.

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