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A DESCRIPTIVE STUDY TO ASSESS THE STRESS AND COPING AMONG CAREGIVERS OF CANCER PATIENTS AT SELECTED ONCOLOGY HOSPITAL, BENGALURU, KARNATAKA

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ABSTRACT

Cancer is a major global public health challenge contributing significantly to morbidity and mortality worldwide, and caregiving for cancer patients is physically and emotionally demanding, often leading to psychological stress. A descriptive correlational study was conducted among caregivers of cancer patients at selected oncology hospital, Bengaluru, using a purposive sampling technique, and standardized tools were employed to assess perceived stress levels and coping strategies. The findings revealed varying levels of caregiver's stress along with the use of different coping mechanism, highlighting the extent of burden experienced in oncology care settings. The study emphasizes the need for customized support system and targeted interventions to improve caregiver well-being and enhance the overall quality of patient care.

Introduction:

Cancer is a significant global public health challenge, contributing to rising morbidity and mortality worldwide, with millions of new cases reported annually—particularly in countries like India.[1] The impact of the disease extends far beyond the patient to their family members, who often become primary caregivers due to cultural norms and limited formal support services.[2] These caregivers assume multifaceted roles, including physical care, medication administration, and financial management, often without adequate training, which places them under persistent psychological and emotional strain.[3]

Studies indicate that 40–70% of caregivers experience moderate to severe stress, which is heavily influenced by the coping strategies they adopt.[4] While adaptive strategies like problem-solving and acceptance promote emotional well-being, maladaptive behaviors such as avoidance can increase the overall burden.[5] This study aims to assess these stress levels and identify local coping strategies to help healthcare professionals develop early, holistic support interventions

Need for the study:

While advancements in cancer treatments have successfully improved patient survival rates, they have simultaneously prolonged the duration and complexity of the caregiving role.[1] As a result, family caregivers who often provide long-term physical, emotional, and financial support with minimal formal training frequently face cumulative stress, physical exhaustion, and chronic health issues.[2]This unmanaged caregiver stress is highly concerning as it can negatively affect patient outcomes, Including treatment adherence and symptom management.[7] Despite their critical importance, caregivers remain a largely overlooked group within healthcare systems, and routine psychological assessments are rarely integrated into standard oncology care.[8] Given the specific lack of research focusing on caregivers in

local tertiary centers in Bengaluru.[9] This study is essential to uncover context-specific stress and coping patterns, which will enable nurses and policymakers to design evidence-based, caregiver-centered interventions that improve the quality f life for both patients and their families.

Objectives

The objectives of the study are:

- To evaluate the stress levels experienced by caregivers of cancer patients using a standardized assessment tool.
- To assess the coping strategies used by caregivers of cancer patients to manage stress.
- To analyze the association between selected demographic variables, stress levels, and coping strategies among caregivers of cancer patients.

Hypothesis

H1: There is a significant association between selected demographic variables and stress levels among caregivers of cancer patients at selected oncology hospital, Bengaluru, Karnataka.

H2: There is a significant association between selected sociodemographic variables and coping strategies among caregivers of cancer patients at selected oncology hospital, Bengaluru, Karnataka.

Methodology

Research Approach:

The chosen research approach for the research study is non-experimental research approach.

Research Design:

The chosen research design for the present study is a descriptive correlational research design.

Setting:

Oncology hospital of Bengaluru has been selected as setting for the study.

Target population:

Caregivers of cancer patients make up the target population of this study.

Accessible Population:

Caregivers of cancer patients at the selected oncology hospital, Bengaluru

Sample:

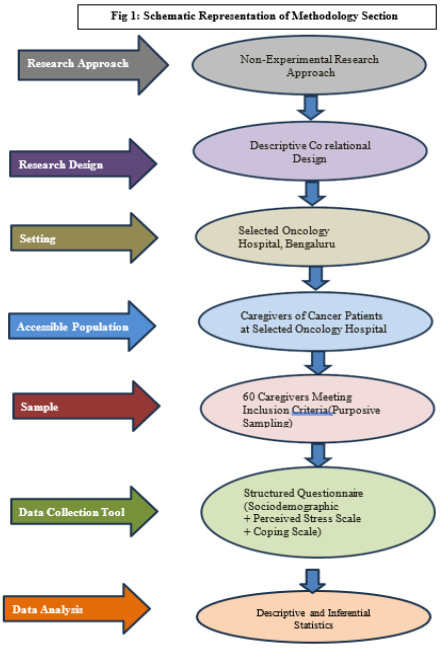
60 caregivers who met the inclusion criteria and were selected using purposive sampling technique

Inclusion criteria:

- Caregivers of cancer patients admitted or receiving treatment at the selected oncology hospital, Bengaluru.
- Caregivers aged18years and above.
- Caregivers who have been providing care for atleast 1 month to the cancer patient.

Exclusion criteria:

- Caregivers of cancer patients who are healthcare professionals.
- Caregivers who were not willing to participate in the study.



Description of the tool:

A structured data collection tool was used to gather information from the caregivers in a systematic manner. It consisted of the following sections:

Section A: Sociodemographic Profile

This section included details such as caregiver's age, patient's age, gender, education, duration of caregiving, type of family, residence, family income, previous knowledge about cancer, and family history of cancer.

Section B:

Perceived Stress Scale: Stress levels were measured using a standardized 10- item. Perceived Stress Scale Scores ranged from 0– 40 and were interpreted as follows:

Table-1: Interpretation of perceived stress scale.

Sl. no	Score	Interpretation
1.	0-13	Low stress
2.	14-26	Moderate stress
3.	27-40	Highstress

SectionC:

A structured coping strategy toolconsistsof14questionswith4optionseachand the scoring was 0- 3 each.

Table-2: Interpretation of coping strategy tool.

Sl. no	Score	Interpretation
1.	Lessthan21	Positive coping
2.	Morethan21	Negative coping

DATA ANALYSIS:

Data were analyzed using descriptive and inferential statistics. Frequency, percentage, mean, and standard deviation were used to describe sample characteristics.

The chi-square test was employed to determine the association between stress levels, coping strategies, and selected demographic variables.

Table 3: Sociodemographic variables of study participants Sociodemographic Variables

Age (years)	Frequency(n)	Percentage (%)
21–30	28	46.6
31–40	10	16.6
41–50	8	13.3
51–60	3	5
Others	11	18.3
Age of the patient(years)		
<5	13	21.6
5–15	0	0
16–30	22	36.6
>30	25	41.6
Gender		
Male	35	58.3
Female	25	41.6
Educational qualification		
10th	16	26.6
Pre-university	14	23.3
Graduate	28	46.6
Postgraduate and above	2	3.3
Duration of caregiving		
<6months	28	46.6
1–2years	17	28.3
3–4years	11	18.3
>5years	4	6.6
Type of family		
Joint family	24	40
Nuclear family	34	56.6
Extended family	2	3.3
Place of residence		
Rural	33	55

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Urban	20	33.3
Semi-urban	7	11.6
Family income(₹)		
<10,000	24	40
10,001–20,000	18	30
20,001–30,000	10	16.6
>30,000	8	13.3
Previous knowledge regarding cancer		
Yes	33	55
No	27	45
History of cancer in the family		
Yes	18	30
No	42	70

Figure 2: Frequency and percentage distribution of the perceived stress among the care givers of the cancer patients.

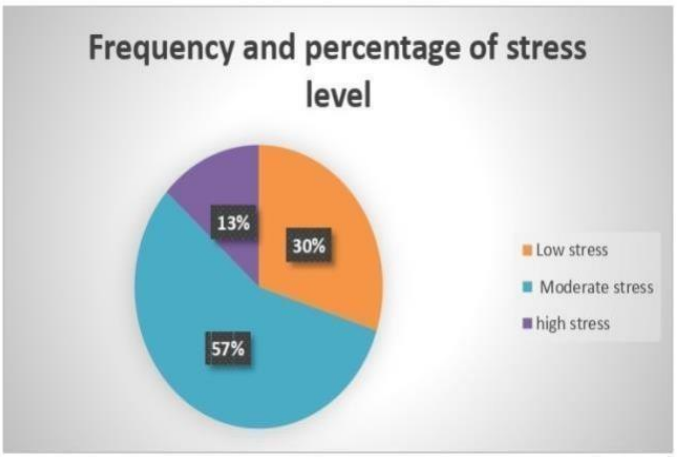

Figure 2: The above figure shows that majority of caregivers (57%) have moderate stress whereas (30%) of caregivers have high perceived stress and (13%) of caregivers have low stress.

Figure 3: Frequency and percentage distribution of the coping strategy among the caregivers of the cancer patient

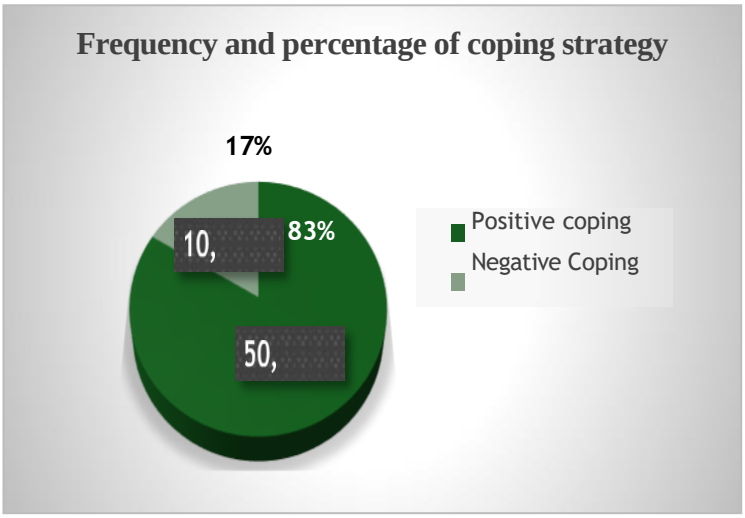

Figure 3: The above figure depicts that majority of the caregivers (83%) adopt positive coping strategies in contrary (17%) of caregivers adopt negative coping strategies.

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Table4: Association between socio-demographic variables and stress experienced by the caregivers of the cancer patients.

SL. No	Socio-demographic variables	Level of stress			Chi-square (x2)	P-value
1	**Age**	**Low**	**Moderate**	**High**	4.98Df=2	0.026 S*
	21-30years	10	15	3		
	31-40years	0	6	4		
	41-50years	3	4	1		
	51-60years	0	2	1		
	Others	5	6	0		
2	**Age of the patient**					
	Below5years	8	2	2	13.21Df=1	0.03 S*
	5-15years	0	0	0		
	16-30years	6	13	2		
	30yearsandabove	3	18	4		
3	**Place of residence**					
	Rural	9	18	6	4.034 Df=1	0.045 S*
	Urban	4	14	2		
	Semi urban	5	2	0		
4	**History of cancer in the family**					
	Yes	7	9	2	8.077 Df=1	0.004 S*
	No	11	25	6		

Table4: Presentstheresultsofastatisticalanalysis indicating a significant association between socio demographic variables like Age of the caregiver, Age of the patient, place of residence and history of cancer in the family and stress experienced by the caregivers of the cancer patients.

Table5:Associationbetweensociodemographicvariablesandcopingstrategiesofcaregiver

Sl.No	Demographic Variables	Coping Strategies		Chi- square (x2)	p- value
1.	**Age**	**Positive coping**	**Negative coping**	5.139 Df=1	0.023 **S***
	21-30years	23	5		
	31-40years	9	1		
	41-50years	6	2		
	51-60years	3	0		
	Others	9	2		
2.	**Age of the patient**			2.693 Df=1	0.101 NS
	Below5 years	10	2		
	5-15years	1	1		
	16-30years	17	4		
	30yearsandabove	22	3		
3.	**Place of residence**			3.036	0.081

	Rural	25	8	Df=1	NS
	Urban	18	2		
	Semi urban	7	0		
4.	**History of cancer in the family**				
	Yes	17	1	7.123 Df=1	0.008 **S***
	No	33	9		

Table 5: Presents the result of a statistical analysis indicating a significant association between socio demographic variables like Age of the caregiver and history of cancer in the family and Coping strategies of the caregivers of the cancer patients.

Result and discussion:

The study revealed that caring for cancer patients creates a substantial emotional burden, with 57% of caregivers experiencing moderate stress and 30% reporting high stress levels. Despite this considerable psychological strain, a large majority of the caregivers (83%) actively utilized positive coping mechanisms—such as problem-solving, seeking support, and acceptance—to manage their daily challenges. However, the 17% who relied on negative coping strategies remain a clinical concern, as these maladaptive methods are closely linked to emotional exhaustion and heightened psychological distress.

Statistical analysis further demonstrated significant associations between caregiver stress and specific socio demographic factors, including the caregiver's age, the patient's age, place of residence, and family history of cancer. Notably, younger caregivers and those tending to older patients experienced higher stress levels, whereas having a prior family history of cancer contributed to more positive coping patterns. Consistent with existing literature, these findings emphasize that caregiver stress is a multifactorial issue, and strengthening adaptive coping skills through targeted psychosocial education is essential to reduce caregiver burden and improve outcomes.

Conclusion:

The study concludes that caregivers of cancer patients face substantial psychological stress, with the majority reporting moderate to high levels of strain due to the intense emotional and physical demands of their role. While most participants successfully utilized positive coping mechanisms such as problem-solving and seeking support, the presence of negative coping strategies among a subset of caregivers highlights a significant risk for emotional exhaustion and burnout. Because stress levels and coping effectiveness were found to be significantly associated with factors such as caregiver age, patient age, place of residence, and prior family history of cancer, there is an urgent need to integrate structured, personalized support and adaptive coping training into routine oncology services. Ultimately, prioritizing caregiver well-being is essential for maintaining a high standard of holistic cancer care and improving outcomes for both the caregiver and the patient.

Nursing Implications:

Nurses should integrate regular stress assessments into oncology care to identify caregiver distress early and provide essential emotional support and education. Nursing education and administration must prioritize caregiver- centred programs, ensuring staff are equipped with counselling techniques and adequate resources. Additionally, continuous nursing research is necessary to develop evidence-based interventions that minimize caregiver burden and enhance the overall quality of cancer care.

Recommendations:

Future research could involve comparative studies to understand the different experiences of caregivers across various oncology populations, such as those dealing with breast, lung, or pediatric cancers. Additionally, interventional studies should be conducted to evaluate the effectiveness of targeted stress management and coping strategy programs designed to support these caregivers.

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