A COMPARATIVE STUDY TO ASSESS THE EMOTIONAL DISTRESS AND COPING BEHAVIOUR AMONG CANCER PATIENTS AND NORMALS, IN SELECTED HOSPITALS, LUDHIANA, PUNJAB.

Swapna Melchisedec* & Paramjit Kaur **

*Professor & Principal, Baba Mangal Singh Nursing Training Institute, Moga, Punjab, India.
**Principal, Life Guard Institute of Nursing, Sangrur, Punjab, India.

ABSTRACT:

The statement of the problem was "A Comparative Study to Assess the Emotional Distress and Coping Behaviour among Cancer Patients and Normals, in selected Hospitals, Ludhiana, Punjab." The main objectives were to assess the emotional distress among the cancer patients and compare them with normal, to assess the coping behaviour used to reduce the emotional distress by cancer patients and normal, to identify the relationship of emotional distress and coping behaviour of cancer patients and normal, to find out the relationship of emotional distress with selected variables. The hypothesis was used that there will be significant difference between the emotional distress of cancer patients (measured by emotional distress tool) and the normals at 0.05 level of significance and there will be significant difference between the coping behaviour of cancer patients and the normal at 0.05 level of significance, emotional distress scores will be significantly higher at 0.05 level in cancer patients of low income group as compared with normals of low income group. Callista Roy's (1984) "An Adaptation Model" provided the basis for the conceptual framework. A comparative research approach was adopted. Data was collected from 100 cancer patients and normals, by using purposive sampling techniques. A structured interview schedule and the standardised check list (Dr. Prabhu's & Kiran Rao) were used to obtain the data. The emotional distress schedule consisted of 55 items with maximum score of 220 and the coping behaviour schedule consisted of 76 items with minimum score of 0. Analysis and interpretation of the data was done according to the objectives of the study. The data was analysed by calculating the percentage, mean, standard deviation, coefficient of co-relation and "T' test. The results found were x^2 (chi-value) for age, zero for sex and in cases of education (4.54), marital status (0.48), religion (8.8), family income (1.98), type of family (0.14) and occupation (0.06) among cancer patients and normals, was non-significant. This indicates that the groups are comparable and the chi-value for type of residence in both the groups i.e. cancer patients and normals was statistically significant (4.6). Discussion is based on the statistical analysis, current trend and previously related research.

Key Words: Comparative study, Emotional distress, coping behaviour, Cancer patients.

ABOUT THE AUTHORS:

Mrs. Swapna Melchisedec, is a Professor and the Principal in Baba Mangal Singh Nursing Training Institute, Moga in Punjab. She has 16 years of total professional experience. Her area of specialisation is psychiatric nursing. She has attended many workshops and seminars on this.

Dr. Paramjit Kaur is serving as the Principal at Lifeguard Institute of Nursing, Sangrur in Punjab. She is in panel of external examiners of B. D. Sharma University, Rohtak in Haryana. Her area of specialisation is "Mother and Child Healthcare Nursing (MCH)". She has been awarded and honoured by Indian Red Cross Society, Nehru Yuva Kendra Sangathan and Government of India for her tireless work in her area and for providing insights to her students to follow the similar path.

INTRODUCTION

Cancer, a dreadful disease, has a relentless, very painful and debilitating course and if not treated properly in time, results in death. Cancer is one of the second largest killer diseases next to the heart disease. The world wide incidence of cancer is estimated about 7 million with an annual mortality of almost 5 million. It mainly affects the aged, with the increasing life expectancy from 27 years in 1947 to 62 years now and with great exposure to pollution, changing life style etc. The incidence of cancer has increased alarmingly. Its impact is likely to increase substantially, causing a lot of pain and suffering, if appropriate remedial steps are not taken. **(Abdullah F.G and Levine E, 1981)**

Cancer and related words (e.g. Canker, Cancre, Chancre) derived from the Latin word cancer meaning "Crab". According to World Health Organization (WHO), the number of cancer deaths may go up to 8 million annually. The total incidence was estimated at 289 per 100,000 populations in developing countries. Out of 8.7 million new cases, 3.3 million would be from the developed and affluent countries and 5.4 million from the under developed countries. The annual incidence of cancer in India is estimated at 500,000 new cases per year (National Cancer Registry, 1992). Cancer will be a major and growing health problem for us over the next 20 years and we must prepare ourselves right from now to meet this formidable challenge.

STATEMENT OF THE PROBLEM

This is a comparative study to assess the emotional distress and coping behaviour among cancer patients and normals, in selected hospitals in Ludhiana, Punjab, India.

OBJECTIVES OF THE STUDY

1. To assess the emotional distress among the cancer patients and compare them with normal persons.
2. To assess the coping behaviour used to reduce the emotional distress by cancer patients and normal persons.
3. To identify the relationship of emotional distress and coping behaviour of cancer patients and normal persons.
4. To find out the relationship of emotional distress with selected variables i.e. age, sex, education, religion, occupation, type of residence, family income, type of family, marital status and duration of illness among cancer patients and normal persons.
5. To find out the relationship of coping behaviour with selected variables i.e. age, sex, education, religion, occupation, type of residence, family income, type of family, marital status and duration of illness among cancer patients and normal persons.

HYPOTHESIS

The following hypothesis was made:

H1 There will be significant differences between the emotional distress of cancer patients (measured by emotional distress tool) and the normal at 0.05 level of significance.

H2. There will be significant differences between the coping behaviour of cancer patients (measured by coping behaviour checklist) and the normal at 0.05 level of significance.

REVIEW OF LITERATURE

The review has been organised under the following two broad categories -

(1) Studies related to the emotional distress.

(2) Studies related to the coping behaviour.

STUDIES RELATED TO THE EMOTIONAL DISTRESS

Stress is universal and it is a fact of life. It is being experienced from womb to tomb. Stress does not spare any one. To some it may appear as good and forcing them to grow to their full potential whereas it may be bad for others affecting their bio-psycho-social equilibrium. **Helen Mulholland (2000)** reported that because stress can be both good and bad, it is often difficult for people to know when one develops into the other and becomes a cause for concern.

STUDIES RELATED TO THE COPING BEHAVIOUR

Coping has two widely recognised functions: regulation of stressful emotions, which is emotion-focused coping and altering the troubled persons' environmental relations causing distress, which is problem focused coping. Both forms were represented in 96% of the adolescent samples studied by these researchers **(Folkman and Lazarus, 1980).**

NEED OF STUDY

Hill (1972) identified an event pattern in which a serious illness such as cancer, precipitates of crisis that is followed by a period of disorganisation and recovery. The impact of gynaecological cancer varies for the women and the spouse, but adaptive resolution and recovery is achieved if the couple learns to cope effectively with their new circumstances.

The perceptual world of the patients has to be probed by the nurse to understand the emotional needs. Therapeutic communication must be realised as a goal of nursing to help the nurses give quality care and also help the patient to perceive the nursing care interventions satisfactorily. Although there is advancement in the treatment, cancer remains a frightening disease. The newly diagnosed patient faces a variety of disabilities such as loss of an important part of the body, loss of physiological function or death **(Mastrovito 1972).** It has been suggested that affected patients have special coping problem shared by no other patient group (Mastrovito R.C. 1972).

MATERIALS AND METHODS

Independent Variables

- Age
- Sex
- Education
- Religion
- Occupation
- Income
- Type of family
- Type of residence
- Marital status
- Duration of illness in cancer patients

Dependent Variables

The dependent variables are emotional distress and coping behaviour of the cancer patients and normals.

Emotional distress and coping behaviour score was assessed and recorded according to the criterion measure. Emotional distress score was maximum 220 and for coping behaviour maximum score was 76.

Selection and description of the field for study

The present study was conducted in CMC Hospital and in the surrounding areas of CMC Hospital, Ludhiana (Punjab).

Population

The population will include all cancer patients admitted or visiting outpatient department in CMC Hospital and matched normal persons of Ludhiana (Punjab).

Sample and Sampling Techniques

The sample of the study was comprised of 50 cancer patients of CMC Hospital and 50 normal persons from the surrounding areas of CMC Hospital, Ludhiana (Punjab).

Purposive sampling technique was adopted to collect the data.

Development of the tool

The tool was constructed to assess the emotional distress and coping behaviour of cancer patients and normal persons. Extensive review of literature, experts' opinion, personal experience of the investigators in the clinical area helped the investigators to construct the tool for measuring emotional distress. The standardised checklist (Dr. Prabhu & Dr. Kiran Rao) was used to identify the coping behaviour of cancer patients and normal persons.

Description of the Tool

The structured interview schedule was designed to cover the objectives of the study, which consisted of the following parts.

Part - I: Personal Data Questionnaire:

It includes 10 items for the personal bio-data of the cancer patients and normal persons which are the information about age, sex, education, religion, type of residence, marital status, type of family, family income and duration of illness.

Part - II: Emotional distress assessment questionnaire for each cancer patients and normal persons:

A questionnaire on emotional distress was further divided into questions related to self-esteem, anxiety, aggression, social problems and financial problems.

The maximum and minimum scores of emotional distress are as follows -

Emotional distress -

Maximum Score = 220

Minimum Score = 0

The areas of emotional distress are as follows -

1. Problems of self-esteem: It has 14 items.
   Maximum Score = 56, Minimum Score = 0
2. Anxiety: It has 12 items.
   Maximum Score = 48, Minimum Score = 0
3. Aggression: It has 7 items.
   Maximum Score = 28, Minimum Score = 0
4. Depression: It has 12 items.
   Maximum Score = 48, Minimum Score = 0
5. Social problems: It has 5 items.
   Maximum Score = 20, Minimum Score = 0
6. Financial problems: It has 5 items.
   Maximum Score = 20, Minimum Score = 0

Each item is arranged in a five point likert scale and the score is as mentioned below

> Never = 0
> Rarely = 1
> Sometimes = 2
> Often = 3
> Always = 4

Maximum score for emotional distress is 220. Scientific calculation of the emotional distress level e.g. items 14, 12, 7, 12, 5, 5 = 55 X 4 (Maximum score).

= 220

220/ 3 = 73.3

The emotional distress is classified into three levels that is -

Mild = 0 - 73

Moderate = 74 -146

Severe = 147 - 220

Part - III: The standardised checklist (Dr. Prabhu's & Dr. Kiran Rao) was used to identify the coping behaviour of cancer patients and normal persons.

Coping checklist, it has criterion measurement –

Maximum Score = 76

Minimum Score = 0 .

Yes = l

No = 0

(0-38) is maladaptive coping.

(39-76) is adaptive coping.

Content Validity of the Tool

Content validity of the tool was determined by experts' opinion on the relevance of items. The tool was given to experts from nursing education, psychiatric nursing, and medical surgical Nursing, M.CH nursing and psychiatrists.

Reliability of the tool

The reliability of the tool was calculated by applying split half method of the reliability. The reliability of the tool is calculated by using spearman brown's prophecy formula, and thus the reliability of term is established.

The "r" value of emotional distress scale was 0.88.

The "r" value of standardised coping checklist's reliability calculated by Cronbactics formula was 0.92.

Data Collection Procedures

Data collection was done in CMC Hospital. Before starting the data collection procedure formal permission was obtained from the head of the department of radiotherapy.

Analysis and Interpretation of the Data

The data was analysed by calculating the percentage, mean, standard deviation, coefficient of correlation and "T" test.

CONCLUSIONS

Callista Roy's (1984) "An Adaptation Model" provided the basis for the conceptual framework. A comparative research approach was adopted. Data was collected from 100 cancer patients and normal persons, by using purposive sampling techniques. A structured interview schedule and the standardised check list (Dr. Prabhu's & Kiran Rao) were used to obtain the data. The emotional distress schedule consisted of 55 items with maximum score of 220 and the coping behaviour schedule consisted of 76 items with minimum score 0. Analysis and interpretation of the data was done according to the objectives of the study. The data was analysed by calculating the percentage, mean, standard deviation, coefficient of co-relation and "T" test.

Major Findings

The cancer patients and normal persons were matched for age, sex, education, religion, occupation, family income, marital status, type of family, type of residence etc.

- According to the areas of emotional distress, the findings show the normal subjects have a much less score among all the areas of emotional distress as compared to cancer patients. The cancer patients used higher (58%), maladaptive coping behaviour as compared to normal persons i.e. (34%).
- The cancer patients in all the age categories experience higher emotional distress as compared to normal persons.
- According to education, the highest emotional distress is found among illiterate cancer patients whereas among normal persons the highest emotional distress score is found in primary school level education, but this difference is statistically not significant. The findings show that the females experience higher emotional distress in general and also male cancer patients experience higher emotional distress as compared to normal persons.
- The findings show that according to religion, in the Christian and Muslim cancer patients, the mean emotional distress is found statistically significant i.e. (2.72) at 0.05 level.
- The cancer patients do suffer higher emotional distress as compared to normal persons irrespective of their occupation.
- According to the type of residence findings show that the cancer patients do experience higher emotional distress as compared to normal persons.
- According to the family income the findings show that the higher family income does play a role in reducing emotional distress.
- According to the type of family the findings show that the type of family does not play a role in reducing the emotional distress and cancer patients do have higher emotional distress in both types of family.

According to the type of marital status the findings show that the cancer patients do have higher emotional distress as compared to normal persons.

According to the age, the findings show that age plays no role in using maladaptive coping behaviour, whereas among normal persons all age categories use adaptive coping behaviour.

According to education, the findings show that the irrespective of educational level, the cancer patients use maladaptive coping among high school educated subjects except in category of primary school educated and graduate subjects. Regarding coping behaviour according to the sex, the findings show that the male cancer patients and normal person males have higher mean coping behaviour scores (38.4) and (50.9) than females in both the groups. For coping behaviour according to religion, the findings show that except Christians in other categories of religion cancer patients use maladaptive coping behaviour i.e. less than 39.

According to occupation, findings show that the occupation has no role in enhancing adaptive coping behaviour or cancer patients do have experience of maladaptive coping behaviour in all occupational categories (0-38), except in labour class.

According to the type of residence, the findings show that the type of residence does not influence coping behaviour among cancer patients and normal persons. This also shows that cancer patients irrespective of their type of residence do experience maladaptive coping behaviour (0-38) and normal persons use adaptive coping behaviour i.e. 39 - 76.

According to the family income, the findings show that the family plays no roles in enhancing adaptive coping behaviour or the cancer patients do experience maladaptive coping behaviour (0- 38) except in categories with income of Rs. 10,001 - 15,000.

According to the type of family the findings show that the type of family does not play any role in enhancing adaptive coping behaviour (39-76).

According to marital status the findings shows that marital status has no role in enhancing adaptive coping behaviour.

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