



Assess the level of stress and coping abilities among patients receiving treatment for gynecological cancer

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Abstract:

Introduction: Most people fear the diagnosis of cancer. Its physiological and psychological impact on patients and families is profound. The effect of stress is directly linked to coping. Hence a study was conducted to assess the level of Stress & Stress Coping Ability among samples with Gynecological cancer in the selected Hospital of Metropolitan city. **Materials and Methods:** A descriptive research design with a non-probability convenient sampling technique was used, and sample size was 60. A structured interview questionnaire was used for data collection. The obtained data were analyzed by using descriptive and inferential statistics like frequency, percentage, mean, standard deviation, unpaired "t" test and chi square. **Results:** Majority of samples i.e. 42 (70 %) samples are having Moderate Acuity of stress, 18 (30 %) samples are having High Acuity of stress. Majority of samples i.e. 39 (65%) samples having Good Stress Coping Ability; 18 (30%) samples are having Poor Stress Coping Ability, 3 (5%) samples are having Very Good Stress Coping Ability. **Conclusion:** The present study showed that Majority of samples are having Moderate Acuity of stress, Majority of samples having Good Stress Coping Ability.

Key words: Coping abilities, gynecological cancer, Level of stress.

Introduction:

Most people fear the diagnosis of cancer. Its physiological and psychological impact on patients and families is profound [1]. Common breast cancer stressors include body image disturbances, fatigue, physical discomfort, loneliness, depression, blues [2]. The effect of stress is directly linked to coping. The term coping is used to refer to the process by which a person attempts to manage stressful demands. As a nurse, we have an important role in care of patients with stress and anxiety. Nurse should identify patient's particular stressors and help with coping techniques targeting particular concerns [3].

A descriptive research design with a non-probability convenient sampling technique was used to assess the level of Stress & Stress Coping Ability among samples with Gynecological cancer in the selected Hospital of Metropolitan city. This study was conducted by Mrs. Kalpana Anant Kamble.

Objectives :

1. To assess the level of stress among patients with Gynecological cancer.
2. To assess the coping abilities among patients with Gynecological cancer.

3. To correlate the stress and coping abilities among patients with Gynecological cancer.
4. To associate the level of stress and coping abilities with selected demographical variables.

Statement of the Problem:

"A study to assess the level of stress and coping abilities among patients receiving treatment for Gynecological cancer in selected hospitals of metropolitan city".

Materials and Methods

The research approach adopted in the present study was descriptive survey. Sample size was 60 samples with Gynecological cancer in the selected Hospital of Metropolitan city with a non-probability convenient sampling technique was used, the setting gynecological ward of Sir J.J. Group of Hospitals. A structured interview questionnaire was used for data collection.

Section A - Description of the sample in terms of demographic data

Section B - Perceived stress scale, Stress coping skills

According to the objectives, a tool was prepared. The tool consisted of a structured questionnaire. Considering that information, objectives of the study, variables of the study, review of literature

discussion with the expert and investigators personal experience the researcher prepared tool.

The research tool used for the study was a structured questionnaire.

The tool was finalized after the validity and reliability test. The validity was established by giving the tool to experts in health field like various experts in nursing, obstetrics and gynaecology and experts from preventive and social medicine departments for checking relevancy and accuracy of the content. To test the reliability of the tool, the split-half method was used. Pilot study was conducted to establish reliability and feasibility of tool. The data was analyzed by using descriptive and inferential statistics such as percentage distribution, mean, and chi-square test.

Results

In the present study, total numbers of samples were 60 from selected hospitals of metropolitan city.

- **Age**-Majority of samples i.e. 25 (42%) samples are in 41-50 years age group, 13(17%) samples are

in 51-60 years age group, whereas 2 (8%) samples are in 60-70 years age group.

- **Educational Status** - Majority of samples i.e. 22 (37 %) samples having Non formal education, 20(33 %) samples having Primary education, 16 (27 %) samples having Secondary education, 2 (3 %) samples having Graduation

- **Occupation**- Majority of samples i.e. 44 (73 %) samples are House wife, 1 (2 %) samples are Govt. employee, 15(25 %) samples are Self employee.

- **Religion**- Majority of samples i.e. 43 (80 %) samples are Hindu, 16 (17 %) samples are Muslim, 1(3 %) samples are Christian

- Majority of samples i.e. 42 (70 %) samples are having Moderate Acuity, 18 (30 %) samples are having High Acuity.

- Majority of samples i.e. 39 (65%) samples are having Good Stress Coping Ability;18 (30%) samples are having Poor Stress Coping Ability,. 3 (5%) samples are having Very Good Stress Coping Ability.

Table 1: Distribution of samples according to their level of stress

SR.NO	LEVEL OF STRESS	MARKS	FREQUENCY	PERCENTAGE
1	Low Acuity	0 to 10	0	0%
2	Moderate Acuity	11 to 25	42	70%
3	High Acuity	26 to 40	18	30%
	TOTAL		N=60	100%

Above table shows that 42 (70 %) samples are having Moderate Acuity, 18 (30 %) samples are having High Acuity.

Table 2: Distribution of samples according to their level of coping ability

SR.NO	LEVEL OF COPING ABILITY	MARKS	FREQUENCY	PERCENTAGE
1	Poor	0 to 10	18	30%
2	Good	11 to 25	39	65%
3	Very Good	26 to 40	3	5%
	TOTAL		N=60	100%

Above table shows that 18 (30%) samples are having Poor Stress Coping Ability, 39 (65%) samples are having Good Stress Coping Ability. 3 (5%) samples are having Very Good Stress Coping Ability.

Table 3: Association of stress & coping score in relation to demographic variables

Sr. No.	Items	Frequency	Mean Stress score	Mean Coping score
1.	Age			
a)	31- 40 years	20	24	26
b)	41-50 years	25	23	21
c)	51-60 years	16	23	23
d)	60-70 years	2	22	21
2.	Educational Status			
a)	Non formal	22	23	21
b)	Primary	20	21	23
c)	Secondary	16	25	25
d)	Graduation	2	26	21
3.	Occupation			
a)	Govt. employee	1	15	15
b)	Self employee	15	24	23

c)	House wife	44	23	23
d)	Daily wages	0	0	0
4.	RELIGION			
a)	Hindu	43	23	22
b)	Muslim	16	24	25
c)	Christian	1	18	26
d)	Sikh	0	0	0

Association of stress score in relation to demographic variables

- Age group of 31 to 40 years had higher stress score i.e. 24 & Age group of 60 to 70 years lower stress score i.e. 21.
- Samples who are graduated had higher stress score i.e. 26 & Samples who having primary education had lower stress score i.e. 21.
- Samples who are Self employee had higher stress score i.e. 24 & Samples who are Government employee had lower stress score i.e. 15
- Muslim religious samples had higher stress score i.e. 24 & Christian had lower stress score i.e. 18.

Association of coping score in relation to demographic variables

- Age group of 31 to 40 years had higher coping score i.e. 26 & Age group of 41 to 50 years & 60 to 70 years lower coping score i.e. 21.
- Samples who are secondary education had higher coping score i.e. 25 & Samples who having primary education & graduation had lower coping score i.e. 21.
- Samples who are Self employee & House wife had higher coping score i.e. 23 & Samples who are Government employee had lower coping score i.e. 15
- Christian religious samples had higher coping score i.e. 26 & Hindu's had lower coping score i.e. 22.

The chi-square value computed for the of the sample (2) was less than the critical value at 5% level of significance which indicated no statistical association between them. Hence, the researcher failed to support the research hypothesis. Therefore the null hypothesis was accepted.

Discussion

As an aid to the reader this chapter deals with the overview of the present study and summarizes the study findings comparing with the previous studies. The aim of this study has been to assess the level of stress and coping abilities among patients receiving treatment for Gynecological cancer in selected hospitals of metropolitan city.

This research project makes an important contribution to exploring the perceived stress and stress coping ability among the patient receiving treatment for gynecological cancer. This study indicated that future research should also include stress management measures for patient receiving treatment for gynecological cancer.

The study included multi domain measures in stress coping ability like diet and nutrition, relaxation, physical exercise, social support, communication, assertiveness, financial, time management, taking action, problem solving, challenging stressful thinking, functional beliefs, humor, spiritual.

It was found that 70 % of samples having moderate acuity of stress, these samples needs stress management strategies. 65% of samples having good stress coping ability but 18 % of samples having poor stress coping ability they also needs stress management strategies.

This was an extensive research project exploring stress level and stress coping ability. The following sections put results from this study:

Section-A: - Deals with demographic data of the sample, which consisted of 60 samples. **Section-B:** - Presentation of Perceived stress & Stress coping skills

Section-C: - Relation of Perceived stress & Stress coping skills with Demographic variable

Section-A: - Deals with demographic data of the sample, which consisted of 60 samples

- Majority of samples i.e. 25 (42%) samples are in 41-50 years age group.
- Majority of samples i.e. 22 (37 %) samples having Non formal education.
- Majority of samples i.e. 44 (73 %) samples are House wife.
- Majority of samples i.e. 43 (80 %) samples are Hindu.

Section-B: - Presentation of Perceived stress & Stress coping skills

- Majority of samples i.e. 42 (70 %) samples are having Moderate Stress Acuity.
- Majority of samples i.e. 39 (65%) samples are having Good Stress Coping Ability.

Section-C: - Relation of Perceived stress & Stress coping skills with Demographic variable

- The chi-square value computed for the sample ($\chi^2 = 0.753$) was less than the critical value at 5% level of significance which indicated no statistical association between them. Hence, the researcher failed to support the research hypothesis. Therefore the null hypothesis was accepted.

Conclusion

- Majority of samples i.e. 25 (42%) samples are in 41-50 years age group.
- Majority of samples i.e. 22 (37 %) samples having Non formal education.
- Majority of samples i.e. 44 (73 %) samples are House wife.
- Majority of samples i.e. 43 (80 %) samples are Hindu.
- Majority of samples i.e. 42 (70 %) samples are having Moderate Acuity, 18 (30 %) samples are having High Acuity.
- Majority of samples i.e. 39 (65%) samples are having Good Stress Coping Ability; 18 (30%) samples are having Poor Stress Coping Ability, 3 (5%) samples are having Very Good Stress Coping Ability.

Recommendations

On the basis of the study, the following recommendations have been drawn;

1. The same study could be replicated on the larger sample.
2. To include the larger aspect of Stress & Stress Coping Ability.
3. Interventional study can be done on larger sample.
4. Skill oriented study can be done.

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