Research Paper

Volume : 4 | Issue : 8 | Aug 2015 • ISSN No 2277 - 8179

A Study to Identify The Bio-Psychosocial Stressors and Coping Mechanism Among the Patients With Cervical Cancer in a Selected Hospital, Berhampur, Ganjam, Odisha, India.

Nursing Science

KEYWORDS : Bio-psychosocial stressors, coping mechanism, cervical cancer

Ms Sonia Behera

Asst.Professor,Dept. of Medical Surgical Nursing, Lord Jagannath Mission College of Nursing, Mancheswar, Bhubaneswar, Odisha.

ABSTRACT

A descriptive survey approach was used to identify the bio-psychosocial stressors and coping mechanism among cervical cancer patients in selected Hospital, Berhampur, Odisha.50 samples were selected byconvenient sampling technique. Data were collected through structured questionnaire and were analyzed by descriptive and inferential statistics. It was found that there is a significant relationship between the stressors and coping mechanism. So null hypothesis was rejected and research hypothesis was accepted.

Introduction

Worldwide, cervical cancer is both the fourth most common cause of cancer and deaths from cancer in women.[1] In 2012, it was estimated that there were 528,000 cases of cervical cancer, and 266,000 deaths.[2] It is the second most common cause of female specific cancer after breast cancer accounting for around 8% of both total cancer cases and total cancer deaths in women. In the last two decades alone, the number of cancer patients in the country is tripled. Among all developing countries, India has the maximum number of cancer patients, i.e. 1.5 million people and one in every 14 Indian are at risk of developing cancer, (Francisco, 2003). According to National Cancer Registry Programme, the incidence rate for cancer cervix ranging from 19.4 to 43.5 per 100000 populations[3].

Approximately 80% of cervical cancers occur in developing countries. More women in India die from cervical cancer than in any other country, according to a new report that warns deaths from this preventable disease will rise unless attitudes to women change.[4] Cervical cancer kills around 72,000 women in India every year, more than 26% of the 275,000 deaths worldwide.[4]

The vast majority of deaths from cervical cancer occur in low and middle-income countries, where vaccines and screening aren't widely available. India, China, Brazil, Bangladesh and Nigeria account for more than 50% of cervical cancer deaths worldwide.[4]

Nurses being one of the key members of the health team, play an important role in helping patients cope with chronic illness such as cancer cervix.

Statement of the problem:

A study to identify bio-psychosocial stressors and coping mechanism among cancer patients in selected Hospital, Berhampur, Odisha.

Objectives of the study:

To identify the bio-psychosocial stressors and coping mechanism among cancer patients.

To determine the significant relationship between stressors and coping mechanism among cervical cancer patients.

Hypothesis:

H_1 : There will be a significant relationship between stressors and coping mechanism.

Delimitation:

The study is delimited to the:

- Patient affected by cervical cancer.
- Those who were present during the period of data collection.

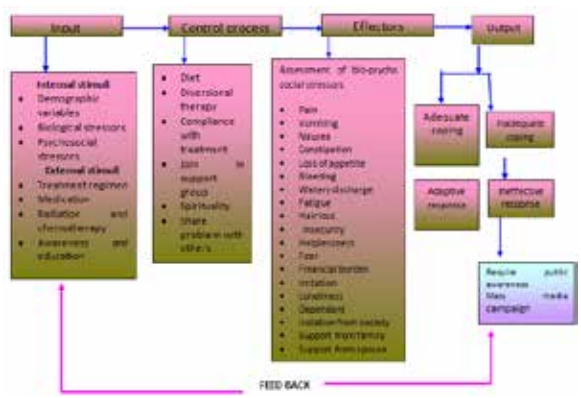


FIGURE-1 (CONCEPTUAL FRAME WORK: BASED ON SISTER CALLISTA ROY'S MODEL)

Methodology:

Research approach: Descriptive survey approach.

Research design: Descriptive study design.

Setting: Department of oncology at M.K.C.G.MCH, Berhampur Odisha ,

Sample and sampling technique: 50 samples and the non probability convenience sampling technique were adapted to select the samples.

Selection and development of research tool: The instrument used for the study was a questionnaire for interview schedule.

Section – A: Consists of items that record demographic characteristics like, age, marital status, education, residential status, socioeconomic status, menstrual history contraception, hygiene.

Section –B: Consists of items which assess the biological stressors of the patients like pain, nausea, vomiting, appetite, watery discharge, vaginal deeding fatigue.

Section – C: Consists of items which assess the psychosocial stressors of the patients like fear of death, anxiety social isolation support from family.

Section – D: consists of items which assess the coping mechanism adopted by cervical cancer patient to counter with the stressors.

Data collection:

The data was collected for one month at M.K.C.G.MCH, Berhampur odisha by using structured questionnaire.

Data analysis:
The data collected was coded, grouped, tabulated, and interpreted according to the objectives of the study. Descriptive and inferential statistics were used for data analysis

FINDINGS

Sample characteristics		Frequency	Percentage
Age	35 – 45 yrs	15	30
	46 - 55 yrs	21	42
	Above 56 yrs	14	28
Blood group	'O' ve	10	20
	'O' – ve	6	12
	'A' +ve	3	6
	'B' +ve	20	40
	'AB' +ve	10	20
	'AB' –ve	1	02
Marital status	Married	37	74
	Divorce	1	2
	Widow	11	22
	Separated	1	2
Educational status	Illiterate	23	46
	Primary	23	46
	Secondary	4	8
Residential status	Urban	22	44
	Rural	28	56
	Tobacco	22	44
	Alcohol	00	00
	No addiction	28	56
	IIb	16	32
	IIIb	28	56
	IV	6	12
Type of family	Nuclear	27	54
	Joint	23	46
Occupation	House wife	38	76
	Business	1	02
	Daily labourers	11	22

Table-1: Frequency wise distribution of samples according to their demographic variable.

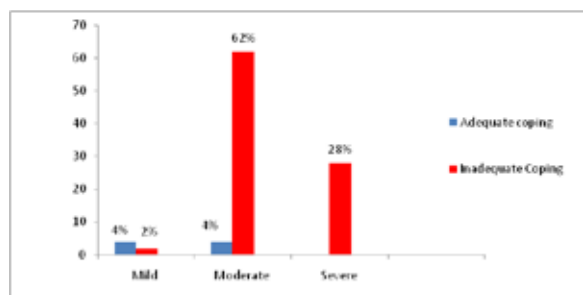
Table no 1: Depicts that highest 42% of the samples are in the age group of 46-55years where as Majority of sample belongs to B+ve blood group i.e. 40% and 74% of them were married. However similar percentages (46%) of the samples were illiterate and primary level education. Similar percentage 56% of them from rural areas and not addicted to tobacco. Majority of the subjects were under advanced stage (stage – III & IV) i.e. 34 (68%) and only 16 (32%) were in stage IIb. Majority of them were from nuclear family (54%) and highest 76% of them were housewives.

TABLE – II
Distribution of sample subject according to their obstetrical history

Sample characteristics		Frequency	Percentage
Age at menarche	10 – 11 yrs	19	38
	12 – 13 yrs	28	56
	14 – 15 yrs	2	4
	16 and above yrs	1	2
Duration of cycle	Days	23	46
	30 days	22	44
	> 30 days	5	10
No. of days of cycle	1-2 days	5	10
	3-4 days	30	60
	>4 days	15	30
Menstrual bleeding	Spotting	3	6
	Normal	34	68
	Excess	13	26
Type of material used in menstrual bleeding	Clean pad	4	8
	clean cloth	46	92
Changes of pad/day	1-2 times	35	70
	3-4 times	15	30
	>5	00	00
Clear perineal area during each change	Yes	22	44
	No	28	56

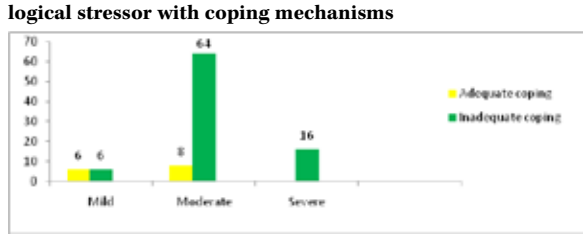
Table – II reveals that majority of sample subjects were got menarche at the age of 12-13 yrs i.e. (56%), where as similar percentages of them got their menstrual cycle between 28 days and used clean cloth (46%). Majority of sample (70%) were changes the pads per day 1-2 times and 68% of them had normal menstrual bleeding.

Figure:2- Frequency and percentage distribution of biological stressors with coping mechanisms



Level of biological stress
Fig-2: Reveals that 4% and 2% of samples had mild level of biological stressor with adequate and inadequate level of coping mechanism respectively, where as 4% and 62% of samples had moderate level of biological stressor with adequate and inadequate level of coping mechanism respectively. However only 28% of samples had severe level of biological stressor with inadequate level of coping mechanism.

Figure-3:Frequency and percentage distribution of psychological stressor with coping mechanisms



Level of Psychosocial stressor
Fig:3- Depicts that similar percentage (6%) of samples had mild level of psychosocial stressor with adequate and inadequate level of coping mechanism, where as 8% and 64% of samples had moderate level of psychosocial stressor with adequate and inadequate level of coping mechanism respectively. However, only 16% of samples had severe level of psychosocial stressor with inadequate level of coping mechanism.

Table: 3- Association between biological and psychological stressor with their coping mechanism.

Stressors	Chi square value	Level of significant
Biological stressor	5.409	Highly significant
psychosocial stressor	7.988	Highly significant

(df=1), (Table value=3.84)

Volume : 4 | Issue : 8 | Aug 2015 • ISSN No 2277 - 8179

Table 3: Chi square was calculated to find out the association between biological and psychosocial stressor with their coping mechanism. It was found that there is a significant relationship between the stressors and coping mechanism. So null hypothesis was rejected and research hypothesis was accepted.

RECOMMENDATIONS:

Based on the findings of the study the investigator proposes the following recommendations for future research.

The study can be replicated on larger samples in same setting to have a wider applicability of generalization.

The study can be conducted on larger samples in different settings.

A similar study can be conducted in other types of cancers patients.

Similar study can be conducted to compare between male and female cancer clients.

Similar studies can be conducted to compare the stressors between general patients and cancer patients.

REFERENCE

i. World Cancer Report 2014. World Health Organization. 2014. pp. Chapter 5.12. . | ii. World Cancer Report 2014. World Health Organization. 2014. pp. Chapter 1.1. | iii. Kent A (Winter 2010). "HPV Vaccination and Testing.". Reviews in obstetrics and gynaecology 3 (1): 33–4.. | iv. Will Davies, India real time' India Has Most Cervical Cancer Deaths" | May 10, 2013 |