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Religious Coping and Family Caregivers of Cancer, Cardiac and Kidney Patients

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Abstract

Family caregivers refer to informal caregivers who are unpaid family members, friends or neighbors who provide care to an individual with chronic illness who needs assistance to manage different tasks. Study was conducted to investigate how family caregivers cope with the entire burden they passing through during caregiving of their ailing family members. Sample was consisted of 300 caregivers from different hospitals of Islamabad and Rawalpindi. 100 caregivers of age above 20 years from each group i.e. cancer; cardiac and kidney patients were selected. Purposive sampling technique was used to collect research data. Graded questionnaire such as Brief Cope Scale, was used. Findings revealed that religion coping strategy is most commonly being used by family caregivers. Results of the current study are good reference for the families of caregivers as well as clinicians to understand the situation through which caregivers pass and help them overcome their turmoil to maintain health, life style and finances.

Keywords: Family Caregivers; Religion; Coping; Chronic Illness

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Introduction

Coping strategies refer to the cognitive and behavioral efforts being used by human beings to handle relationship's demands of a person and his/her environment [1]. Coping techniques are ways of dealing hardships. It is a person's ability to deal with different types of circumstances [2].

Hastings et al. identified and reported four types of coping namely through factor analysis of Brief Cope such as: (1) Active avoidance coping strategies: Individuals who use these coping strategies take active attempts to avoid a stressor and escape from effects [3,4]. These coping strategies include, substance use coping to cope with distress feelings, disengagement of behavior to lessen efforts to deal a stressor, self-blame that hinders the healing process, venting of emotions to ventilate the feelings of discomfort and distraction to get him engaged in alternate activities to take mind off a problem. (2) Problem focused coping strategies: Problem focused coping is to focus on dealing with a stressor or unforeseen circumstance effectively. People usually apply these strategies to deal with problems such as work and family problems. Problem focused coping strategies include planning that involves thinking about how to cope with a stressor, which steps to take, and how to handle an issue, active coping is used to remove a stressor and its impacts, Instrumental social support is to seek assistance, advice and information from others, use of emotional social support is to get moral support, understanding and sympathy from others. (3) Positive coping strategies: Positive coping strategies include positive reframing to handle emotional complications, the use of humor is used as a belief to improve self-esteem, reduce stress, psychological symptoms inculcated from negative life events and acceptance to accept the reality of a stress inducing situations and to get him/her engaged in different activities to deal circumstances and social as well as support. (4) Religious/denial coping strategies: Religious coping is used by an individual in a stressful situations and denial is used to avoid the stressful situation and a refusal to accept that a stressor exists.

Coping mechanisms are very useful to resolve problems in which there are large differences in caregivers' demands and their resources to cope with the demands [5]. Malhotra and Thapa concluded that faith healing and medical modes of treatment coexist. Almost all the caregivers had tried faith healing at one time or the other [6]. Caregivers admitted having faith in traditional healing. Caregivers said that they have performed sacred ceremonies, prayers, and visited religious places. It can be concluded that religion serves as a potentially effective method of coping and so the need is to integrate it into psychiatric and psychological practice. Moreover, collaborative partnerships

between mental health professionals and religious communities represent powerful resource for meeting the support needs of caregivers of persons with serious mental illness.

Caregivers' religious beliefs depict their faith in God. When cancer caregivers of cancer patients feel hopeless, they pray to God. Pray strengthens their courage and overcome stress. A participant of the study said, "*When I feel much stressed, I pray. It's very helpful. It helps to reduce my worry*" [7]. Often, when individuals are to face challenges, including serious and life-threatening situations (such as stroke), they turn toward a higher power that is religion to cope. According to religion and spirituality have positive effects on caregivers' sense of well-being and coping [8]. Researchers have brought out strong relationship between adaptation of religious values and wellbeing of caregivers [9].

Fenix et al. reported as, caregivers who are religious suffer a lower incidence psychological illness such as major depression [10]. Caregivers' beliefs increase ability to cope and faith motivates decision to tolerate any kind of challenges pertaining to caregiving [11]. Gall stated that religious coping embraced 14% of changes in psychological health and 16% of discrepancy in life satisfaction as compared to non-religious techniques. Religion was reported to offer set of beliefs which manages to get out meaning and goal of negative events and it gives them a feeling of harmony, hope and consistency. It also assists them in acceptance and adaptation.

Rationale

Caregivers' burden includes physical, emotional and financial cost of the care they provide to the patients. They suffer from consistent stress, negative experience and difficulty [12,13]. In our culture there are almost negligible training facilities available for caregivers. They face very tough challenges. Cancer, cardiac and kidney diseases are long term illnesses and have severe financial effects on family caregivers. Financial issue is almost predominant with every next caregiver or family member of the patients. They can't afford daily transport, expenses, food charges, their family day to day expenses and many other facilities for their patients. In our culture, caregivers of chronic patients are being supported neither by their family members nor health care professionals. Family caregivers are ignored and quite often they do not discuss their problems openly and consequently suffer on many counts. All these difficulties and many other problems faced by caregivers became the strong rationale for this research work aimed to highlight caregivers' problems and difficulties. Lack of training facilities at national level, like training and caregiving educational centers, rehabilitation centers and nursing schools for family caregivers, is another compelling factor to conduct this study. Our cultural values and norms were important consideration in undertaking this research. In our culture religion and faith are strong motives used for recovery from stress burden and invariably apply in almost all cases especially in case of life threatening diseases but even these faith cardinals are not taught to be utilized with a proper sequential methodology. This fact is supported by Gholamzadeh et al. which states that religious and spiritual beliefs have a positive role in caregiver adaptations to varying situation [14].

Methodology

Objectives

To investigate the coping strategies of caregivers of Cancer, Cardiac and Kidney patients.

Sample

The sample of 300 participants has been taken from different hospitals of Rawalpindi and Islamabad. One 100 participants of age above 20 years included both males and females were selected from each group i.e., 100 caregivers of cancer patients, 100 caregivers of cardiac patients and 100 caregivers of kidney patients. Purposive sampling technique was used to collect data for present research. Target population was the caregivers of Cancer, Cardiac and Kidney patients.

Instruments

Brief cope

Brief Cope Scale was developed by Carver. Brief Cope deals with ways of coping with stress in life. There are different ways to deal with problems. Each item of the scale shows a specific way of coping. Individuals cope differently with difficult situations, dangers, losses and challenges. The techniques they use to alter over time and situations depending upon the nature of the difficult situation is known coping strategy. Brief Cope Scale comprises of 28 items. Questionnaire includes 14 subscales such as Self-distraction, Active coping, Denial, Substance use, Use of emotional support, Use of instrumental support, Behavioral disengagement, Venting, Positive reframing, Planning, Humor, Acceptance, Religion and Self-blame coping. For the present study two subscale, substance use and humor were dropped due to cultural irrelevance. In this study only 12 sub scales with no reversal of code were used:-

1.	Self-distraction	items 1 and 19
2.	Active coping	items 2 and 7
3.	Denial	items 3 and 8
4.	Use of emotional support	items 5 and 15
5.	Use of instrumental support	items 10 and 23
6.	Behavioral disengagement	items 6 and 16
7.	Venting	items 9 and 21
8.	Positive reframing	items 12 and 17
9.	Planning	items 14 and 25
10.	Acceptance	items 20 and 24
11.	Religion	items 22 and 27
12.	Self-blame	items 13 and 26

Research design

Survey research method with cross-sectional research design was used to conduct the present study in which data was collected from different individuals at the same time period and we interacted only once with our participants.

Procedure

The study was conducted as per ethical guidelines of APA declaration and Research Committee of Foundation University Islamabad. Official permission was taken from Research Departments of the concerned hospitals for collection of research data. Data was collected from different hospitals of Islamabad and Rawalpindi personally by the Researcher, from the participants in the wards and waiting areas. Informed consent was obtained from participants prior to collection of research data. Participants were ensured that their confidentiality and anonymity would be maintained in the study and data collected from them would be only used for research purposes. Research instrument i.e., Brief Cope (BC) along with informed consent was given to the participants for competition. The research data was analyzed using IBM SPSS. Reliability, one way ANOVA and post hoc analysis are applied to find out results of the research.

Results

The study purported at investigating coping strategies among caregivers of cancer, cardiac and kidney patients. The sample was consisted of 300 family caregivers of cancer, cardiac and kidney patients. One 100 caregivers of age above 20 years from each group i.e. cancer, cardiac and kidney patients were selected in the study. Statistical Package for Social Sciences (SPSS) was used to analyze the research data. Reliability, one way ANOVA and Post hoc analysis are applied to evaluate objectives of the research.

Table 1 Psychometric Properties of the study variables.

					Range		
Variable	*K*	M	SD	A	Actual	Potential	Skewness
Sub scales of BC							
SD	2	57.38	1.69	0.68	2– 8	1– 8	0.253
AC	2	56.01	1.29	0.69	2– 8	1– 8	-0.606
D	2	58.9	1.58	0.72	2– 8	1– 8	1.419
UES	2	56.12	1.68	0.71	2– 8	1– 8	-0.536
UIS	2	56.09	1.66	0.7	2– 8	1– 8	-0.671
BD	2	58.47	1.82	0.73	2– 8	1– 8	0.995
V	2	57.75	1.71	0.68	2– 8	1– 8	0.451
PR	2	55.77	1.46	0.69	2– 8	1– 8	-0.783
P	2	55.89	1.38	0.69	2– 8	1– 8	0.081
A	2	55.88	1.31	0.7	2– 8	1– 8	-0.762
R	2	54.85	1.41	0.71	2– 8	1– 8	-1.869
SB	2	58.83	1.69	0.72	2– 8	1– 8	1.306

Note: All of the scales/subscales showed good Cronbranch alpha reliability. CSAQ (Caregiver Self-Assessment Questionnaire)=0.71, QLESQSF (Quality of Life Enjoyment and Satisfaction Questionnaire Short Form)=0.92. Sub Scales of BC (Brief Cope): SD (Self Distraction)=0.68, AC (Active Coping) 0.69, D (Denial) 0.72, UES (Use of Emotional Support) 0.71, UIS (Use of Instrumental Support) 0.70, BD (Behavioral Disengagement) 0.73, V (Venting) 0.68, PR (Positive Reframing) 0.69, P (Planning) 0.69, A (Acceptance) 0.70, R (Religion) 0.71, SB (Self Blame) 0.72.

Table 2 Means, Standard deviation and one way ANOVA of scores in coping strategies.

	Cancer Pts Caregivers (n=100)		Cardiac Pts Caregivers (n=100)		Kidney Pts Caregivers (n=100)			
Variables	M	SD	M	SD	M	SD	F	η^2
Sub scales of Brief Cope								
SD	4.42	1.62	4.63	1.52	4.78	1.88	1.11	0.007
AC	6.15	0.9	5.58	1.6	6.2	1.17	7.71	0.05
D	2.78	1.55	3.75	1.61	2.73	1.37	14.36	0.09
UES	6.19	1.42	5.1	1.78	6.34	1.54	18.07	0.12
UIS	5.99	1.6	5.55	1.61	6.17	1.71	3.75	0.02
BD	3.17	1.7	4.02	1.72	3.35	1.93	6.25	0.04
V	4.04	1.62	4.35	1.55	4.34	1.9	1.06	0.007
PR	6.46	1.05	5.68	1.77	6.54	1.3	11.33	0.07
P	6.04	1.07	5.93	1.81	6.32	1.09	2.15	0.01
A	6.15	1.03	5.85	1.63	6.36	1.14	3.89	0.02
R	7.56	0.93	6.44	1.81	7.45	1.02	21.84	0.14
SB	2.72	1.47	3.85	1.73	2.94	1.63	13.69	0.09

Note: N=300, SD= Self Distraction; AC= Active Coping; D= Denial; UES= Use of Emotional Support; UIS= Use of Instrumental Support; BD= Behavioral Disengagement; V= Venting; PR= Positive Reframing; P= Planning; A= Acceptance; R= Religion; SB= Self Blame.

Table 3 Post hoc analysis on coping strategies among family caregivers (N=300).

					95% Confidence Interval		
Variables	(I) Attendant	(J) Attendant	Mean Difference (I-J)	Std. Error	Sig.	Lower Bound	Upper Bound
Brief Cope	Cancer	Cardiac	-0.79	1.38032	0.835	-4.0414	2.4614
	Cancer	Kidney	-1.88	1.38032	0.362	-5.1314	1.3714
	Cardiac	Kidney	-1.09	1.38032	0.71	-4.3414	2.1614
Active	Cancer	Cardiac	0.5700*	0.17871	0.004	0.149	0.991
Coping	Cancer	Kidney	-0.07	0.17871	0.919	-0.491	0.351
	Cardiac	Kidney	0.6400*	0.17871	0.001	0.219	1.061
Denial	Cancer	Cardiac	0.5700*	0.21456	0	-1.4754	-0.4646
	Cancer	Kidney	0.05	0.21456	0.971	-0.4554	0.5554
	Cardiac	Kidney	1.0200*	0.21456	0	0.5146	1.5254
Use of Emotional Support	Cancer	Cardiac	1.0900*	0.22516	0	0.5596	1.6204
	Cardiac	Kidney	-0.15	0.22516	0.783	-0.6804	0.3804
	Cardiac	Kidney	-1.2400*	0.22516	0	-1.7704	-0.7096
Use of Instrumental Support	Cancer	Cardiac	0.44	0.23266	0.143	-0.108	0.988
	Cancer	Kidney	-0.18	0.23266	0.719	-0.728	0.368
	Cardiac	Kidney	6200*	0.23266	0.022	0.072	1.168
Behavioural Disengagement	Cancer	Cardiac	-0.8500*	0.2533	0.003	-1.4467	-0.2533
	Cancer	Kidney	-0.18	0.2533	0.757	-0.7767	0.4167
	Cardiac	Kidney	-0.6700*	0.2533	0.023	-1.2667	-0.0733
Positive Reframing	Cancer	Cardiac	0.7800*	0.19957	0	0.3099	1.2501
	Cancer	Kidney	-0.08	0.19957	0.915	-0.5501	0.3901
	Cardiac	Kidney	0.8600*	0.19957	0	0.3899	1.3301
Acceptance	Cancer	Cardiac	0.3	0.18359	0.233	-0.1325	0.7325
	Cancer	Kidney	-0.21	0.18359	0.488	-0.6425	0.2225
	Cardiac	Kidney	0.5100*	0.19944	0.034	0.0294	0.9906
Religion	Cancer	Cardiac	1.1200*	0.18677	0	0.6801	1.5599
	Cancer	Kidney	0.11	0.18677	0.826	-0.3299	0.5499
	Cardiac	Kidney	1.0100*	0.18677	0	0.5701	1.4499
Self-Blame	Cancer	Cardiac	-1.1300*	0.22897	0	-1.6693	-0.5907
	Cancer	Kidney	-0.22	0.22897	0.602	-0.7593	0.3193
	Cardiac	Kidney	-0.9100*	0.22897	0	-1.4493	-0.3707

Note: N=300, AC=Active Coping; D=Denial; UES=Use of Emotional Support; UIS=Use of Instrumental Support; BD=Behavioral Disengagement; PR=Positive Reframing; A=Acceptance; R=Religion; SB=Self Blame.

Discussion

The study investigated about coping strategies among caregivers of cancer, cardiac and kidney patients. A sample of 300 caregivers of cancer, cardiac and kidney patients was selected in equal proportion and taken from different hospitals of Islamabad and Rawalpindi.

Graded questionnaires such as Brief Cope (BC), was used. Descriptive statistics were computed **(Table 1)**. The alpha reliability depicted that all the sub Brief Cope were internally consistent and reliable for use.

The hypothesis stated that religion will be most commonly used by the caregivers to cope with stress. The hypothesis is supported by study. Results of the present study revealed that religion coping is being used mostly by caregivers of cancer, cardiac and kidney patients **(Tables 2 & 3).** Literature review also supported this finding. According to Thune-Boyle, Stygall, Keshtgar & Newman religion's positive impacts on caregiver's sense of coping have been identified [15]. Old studies have found out a valuable relationship between religion and well-being among family caregivers. Fenix et al. brought out those caregivers who are religious suffer a lower degree of stress and depression. Caregiver's beliefs increase their capacity to overcome stress and the faith motivates their decision making to tolerate a no. of difficulties during taking care of patients.

Conclusion

Current study was carried out to investigate the coping strategies among caregivers of cancer, cardiac and kidney patients. Findings of the study revealed an astounding fact that religion is most commonly being used for stress alleviation among caregivers of all three kinds of patients covered by the research. Not only that, religion coping is also being used for life satisfaction and even for disease control of the patients. This study has been conducted in Pakistan. Islam is the official religion of Pakistan. Literature review includes the studies from different countries with other religions which are supporting the present research.

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