

# The Relationship of Stress and Hopelessness among Caregivers of Life Threatening Illnesses

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## Abstract

The current study aimed to measure stress and hopelessness among caregivers of life threatening illnesses. Purposive sampling technique was used and a sample consisted of 180 (90 male & 90 female) caregivers of cancer and liver cirrhosis patients, aged 17 to 60 years was taken from Liver center DHQ and Cancer center Allied Hospital. DASS Stress scale by Lovibond & Lovibond (1995) and Beck hopelessness scale by Beck (1993) were used. Pearson's Product Moment Correlation and Independent T-test were computed for the statistical analysis of the data. Findings indicate insignificant correlation between stress and hopelessness. Further this study find out that older age caregivers experience high level of stress and hopelessness as compare to younger age caregivers.

**Keywords:** Stress, Hopelessness, Caregivers, Life threatening illness, Pearson's product moment correlation coefficient, Independent sample T-test.

## Introduction

The current study is designed to assess the level of stress and hopelessness among caregivers of life threatening illnesses. Stress and hopelessness among caregivers is a significant researchable issue and needs to explore in detail. Like other developing countries in Pakistan unfortunately the term caregiver is not much popular among general public. Life threatening illnesses have been growing at high rate since nineties. The caregivers of these illnesses have many psychological problems. General public usually pay less attention to the psychological health of the caregivers as compared to other physical problems. As a result it becomes indelible mark on ill individuals, their families and on the caregivers and reason of increasing the severity of the stress and hopelessness. In this way, it affects the well-being of cancer and liver cirrhosis patients.

Stress is a negative emotional experience result from a mismatch in the individual's appraisal that the stressor is stressful and their ability to cope with and therefore reduce their response to it. Stress Having many different meaning for many people usually lay person define it in term of pressure, tension, unpleasant external force or emotional reaction. Psychologists usually define stress in variety of different ways. The contemporary definition of stress regarding the external environment as a potential stressor as stress and the concept of stress as like something that might include Biochemical, Psychological as well as Behavioral changes (Bennett, 2000).

Hopelessness is a patron of thinking where individual believes they are trapped in misery with no expectation of things ever getting better. Hopelessness means beyond optimism or hope; despairing, impossible to accomplish, solve or resolve problems, not able to learn, perform or work as desired. Inadequate hopelessness is desperation. It's when one feel backed in to a corner with no way out. It's reversible because when one feel hopeless one often are blinded by emotion and don't see that these are in fact many ways out. Sometimes a change of place and outlook life is all it takes to lift the fog. Feelings of hopelessness are caused by a chemical imbalance in the brain severe depression which could one's judgment and makes them believe that they are helpless, or prevents them from being able to see ways of getting help (Schneider, 1995).

A caregiver is anyone who provides physical, emotional, spiritual, financial or logistical support to a loved one with a chronic, disabling or life threatening illness. An informal or primary caregiver is an individual in a patient's life that provides unpaid assistance and disease related care. Due to the typically late onset of cancer and liver cirrhosis, caregivers are often the spouses, children of patients, parents, other family members, or close friends. Informal caregivers are a major form of support for the patients with chronic diseases because they provide most care outside of the hospital environment (Nijboer, 1998).

Hanahan, (2000) conducted an descriptive research on cancer causes and cancer research on many levels of complexity they find out that Cancer is a group of diseases characterized by unregulated separation and supper of cells. The disease cells may follow in fluids, as in leukemia. Maximum, yet occur in dense tumors that formerly seem in innumerable tissues in many parts of the body. By their inventive settings they are personal into various types of cancer, such as lung, colon, breast, or prostate cancer. Restricted tumors can be detached by

surgery or treatment with high existence rates. As cancer grows, however, it metastasizes aggressive the close tissues, inward the blood stream, dispersal and founding colonies in distant parts of the body. Only a third of patients with metastasized cancer live additional than five years.

Albert (2007) defined that the most common cancer (but not the hematological cancers) start as focal microscopic clones of transformed cells, and diagnosis only becomes likely once sufficient tumor bulk has accumulated to reason indications or signs. In order to try to make an earlier diagnosis and increase the curative possibilities, an increasing number of screening programmers are being developed which target the asymptomatic or pervasive stages of the cancer as in marks as in prostatic and ovarian cancers.

Kummar, (2009) patients with cirrhosis are at risk for the development of hepato cellular carcinoma cirrhosis results from the necrosis of liver cells followed by fibrosis and nodule formation. The liver architecture is diffusely abnormal and this interferes with liver blood flow and function. This derangement produces the clinical features of portal hypertension and impaired liver cell function.

Caregivers stress symptoms can negatively affect the physical and mental health of caregivers. If a person is taking care of loved one with cancer or liver cirrhosis, the symptoms can be observed. These symptoms are (1) sleeplessness; when a person takes responsibility of the care of his of his loved one it is an additional responsibility and it can level to sleeplessness. The worst part of sleeplessness is exhaustion and it can make life harder. (2) Irritability and trouble concentrating; because of stress care gives can be cause irritable and have trouble concentrating. And if caregiver is not sleeping well he will feel more irritable than normal or can't concentrate at work or home and may be headed for care giver burnout. (Schulz, 2004).

Tavoli's, (2007)research also supported the results of this research. He conducted a cross sectional study of anxiety and depression with cancer patients and caregivers. Overall scores indicate that there were no significant differences between gender, educational level, marital status, Cancer site and anxiety and depression scores.

Kim, (2008) conducted a research about the caregiver burden is commonly used to describe multiple dimensions of distress that result from an imbalance between care demands and the availability of resources to meet those demands. Although quality of life is a multidimensional construct, the most studied aspect of quality of life in caregivers is psychological distress. Most family caregivers do not experience clinically significant levels of depression when providing care, but some studies report levels of depressive symptoms in caregivers that are similar to, or even higher than, those in patients with cancer.

McMillan, (2006) older caregivers are especially vulnerable because they may present with comorbidities, they may be living on fixed incomes, and their available social support networks may have shrunk. In addition, older caregivers of cancer patients may neglect their own health needs, have less time to exercise, forget to take their own prescription medications, and become fatigued, feeling weak from interrupted sleep. It is therefore common for caregiving by older people to lead to poor physical health, hopelessness, and strain. Yet another study found that coping strategies of older caregivers were and less effective.

Hodges,(2005) Family members confronting serious illness have been found to experience as much distress as, if not more distress than, the patient with cancer. This distress arises from the caregiver role itself as well as witnessing the patient's sufferings.

Biegel,(1991) older age caregivers may compromise their physiological functioning and increase their risk for physical and psychological health problems this difference in the personality of older age caregivers and younger age caregivers is also an important factor in considering hopelessness level.

### **Objectives**

- To find out relation of stress and hopelessness among caregiver of cancer and liver cirrhosis patients.
- To find out the difference of stress and hopelessness among older age caregivers and younger age caregivers of cancer and liver cirrhosis patients.

### **Hypotheses**

There would be a significant relationship between stress and hopelessness among caregivers of life threatening illnesses.

- There would be a significant relationship between stress and hopelessness among the caregivers of life threatening illnesses.
- There would be a significant difference on stress score among older age caregivers of life threatening illnesses and younger age caregivers of life threatening illnesses.
- There would be a significant difference on hopelessness score among older age caregivers of life threatening illnesses and younger age caregivers of life threatening illnesses.

## **Method**

### **Participants**

A sample consisted of (N=180) caregivers of cancer and liver cirrhosis patients was taken for the current study from liver center DHQ and Allied hospital Faisalabad. The sample was further divided into (n=90) men and (n=90) women. The age range of participants taken was from 17 to 60 years. The minimum education of participants was matriculation.

### **Research Design and Sampling Technique**

Correlational research design and comparative group design were used for the current study. Purposive sampling technique was used to select the sample.

### **Inclusion and Exclusion Criteria**

180 caregivers of cancer and liver cirrhosis patients were included in the sample. Married and unmarried both caregivers were included in the sample. Caregivers who were caring for other diseases were not included in the sample. Caregivers who were below age of 17 or above 60 were also not included in the sample.

### **Instruments**

The following instruments were used to assess the level of stress and hopelessness among caregivers of life threatening illnesses.

#### **Depression Stress Anxiety Scale (DASS)**

The Depression Stress Anxiety Scale (DASS) by Lovibond & Lovibond (1995) was used to assess the level of stress among caregivers of life threatening illnesses. It has 42 items, and three sub scales of depression, anxiety and stress. Each scale consists of 14 items, each reflecting a negative emotional symptom. Each of these rated on a four-point Likert scale of severity of the participant's experience over the previous week with the intention of emphasizing states over traits.

All the items of DASS are designed to measure the symptoms of depression, anxiety and stress among participants. All DASS items took five to ten minutes for completion. This scale is made up for adult population. This scale allowed measuring the severity of a participant's symptoms of depression, anxiety and stress. The DASS stress scale assessed different symptoms of stress, i.e. worthlessness feeling, upset, etc, and it assessed the difficulty in relaxing, nervous arousal, agitation, upsetting, impatient and over reaction. Stress scale of DASS has 14 items, So the minimum score could be 0 and maximum score could be 34+

In the present research, translated Urdu version of depression, anxiety and stress (DASS) by Maria Habib was used to assess the stress level of the caregivers of life threatening illnesses. The coefficient alpha value of the instrument was  $\alpha=.93$ .

#### **Beck Hopelessness Scale (BHS)**

Beck Hopelessness Scale (BHS) was developed by Dr. Aaron T. Beck in 1978. The questionnaire BHS consists of 20 items. The Beck hopelessness scale measures negative attitude about future. The beck hopelessness scale takes approximately 5-10 minutes to administer. It is appropriate for person aged 17 years & adults. The beck hopelessness scale can be administered individually or in a group. The coefficient correlation of the instrument was .57 and internal consistency was satisfactory (Cronback's  $\alpha=.88$ ).

BHS is appropriate in clinical, medical and research settings. In psycho-diagnostics, it can assess client's feelings of hopelessness about future, pessimistic attitude about the world and depressed feelings. It can be applied to map out the areas that need future exploration in the assessment process as well as to help determine the overall need for therapy.

### **Procedure**

Sample was selected through purposive sampling technique from Liver center DHQ and Cancer center Allied hospital Faisalabad. Informed consent was obtained from the administration and the respondents. The ethical standards of research were considered as the participants were given a brief description about the research and were insured that information will be kept confidential. The demographic information about the variables such as age, gender, education and socio economic status was gathered. Depression, Anxiety, stress Scale and Beck Hopelessness Scale were used to measure the variables of stress and hopelessness in the study.

### **Statistical Analysis**

Pearson product moment correlation and Comparative group design T-test was used for the statistical analysis of the data all the way through Statistical Package for Social Sciences (SPSS).

## Results

Table 1

Correlations matrix between stress and hopelessness scores (N=180)

Variable	Hopelessness
Stress	0.097

df=178, P>0.05

Results indicate that this hypothesis is insignificant at  $p>0.05$  level. It shows that there is insignificant correlation between stress and hopelessness among caregivers of life threatening illnesses on DASS and BHS.

Table 2

Difference between older age (n=90) and Younger age (n=90) caregivers of life threatening illnesses for their score of stress on stress scale of DASS.

Age group	M	S.D	t	p-value
Young	23.559	9.12	7.791*	0.000
Old	33.39	7.11		

df= 178 \* $p<0.01$

Results indicate that this hypothesis is significant at  $p<0.01$  level. It shows that there is a significant difference in the mean score of stress between old and young caregivers of life threatening illnesses.

Table 3

Difference between older age(n=90) and younger age (n=90)caregivers of life threatening illnesses for their score of hopelessness on BHS.

Age group	M	S.D	t	p-value
Young	13.55	3.51	3.086*	0.008
Old	15.55	4.75		

df=178, \* $p<0.01$

Results indicate that this hypothesis is significant at  $p<0.01$  level. It shows that there is a significant difference in the mean score of hopelessness between old and young caregivers of life threatening illnesses.

## DISCUSSION

**Hypothesis 1;** Results did not support the hypothesis as there is an insignificant relationship between stress and hopelessness among caregivers of life threatening illnesses. The reasons behind these results in Pakistan might be that Pakistan is an Islamic country. The caregivers, being Muslims, perceive that everything is preplanned and decided by Allah. This belief keeps them apart from hopelessness. Equally true is the fact that they remain in stress due to prolong treatment, economic burden, and patient's sufferings. All these reasons minimize their depressive feelings, stress and anxiety, and help them to cope with the stressors. Moreover, the caregivers realize if they themselves fall in to hopelessness, the patient will also become hopeless, which has may severely affect patient's willpower, and in chronic illness this is considered to be very important so the caregivers try to keep their patients apart from hopelessness. Furthermore, it has been observed that men were behaving hopeful, optimistic and less stressed as compare to women. Men are considered more dominant in Pakistani society that's why they show themselves stronger and emotionally stable as compared to women because they have responsibility to run the whole family. It has also been observed that men have more social support and less emotional expressions that's why men overcome his stress and hopelessness about chronic disease. So it show that stress and hopelessness are not significantly related to each other in men. Pakistan is a developing country, so women caregivers have not more social support. Women took an added responsibility for assisting the patient with a chronic illness it creates changes in the family dynamics, household disruption, financial pressure and the added work load. In this regard women become hopelessness and stressed as compare to men.

**Hypothesis 2;** The findings show that there is a significant difference among old age caregivers and young age caregivers on stress. Result show that young age caregivers are less stressed as compare to old age caregivers. In Pakistani society old age people have no financial resources. Their poor physical health and less time for sleep leads them to poor psychological health. Besides this it has been observed that guilt feelings developed in those caregivers whose son or daughter suffered from such chronic illness. They feel it is due to their bad deeds. Furthermore young age caregivers developed sense of responsibility as compared to old age caregivers in this situation. This hypothesis is supported by a study by McMillan (2006) that older caregivers are especially vulnerable because they may present with co morbidities, they may be living on fixed incomes, and their available social support networks may have shrunk. In addition, older caregivers of cancer patients may neglect their own health needs, have less time to exercise, forget to take their own prescription medicines, and become

fatigued, feeling weak from interrupted sleep. It is therefore common for care giving by older people to lead to poor physical health, hopelessness and strain. Yet another study found that coping strategies of older caregivers were less effective. In this regard, younger age caregivers use social support and less passive reactions and expression of emotions than older age caregivers. There would be a significant difference on stress scores among older age caregivers and younger age caregivers.

**Hypothesis 3;** The findings show that there is a significant difference among older age caregivers and younger age caregivers on hopelessness score. Results show that young age caregivers are more hopeful as compare to old age caregivers. Furthermore, it has been observed that young people have optimistic point of view about life. Their trust on God makes them open minded. Mostly young age people have a view with recent researches and scientific treatment of chronic illnesses so they feel less hopelessness. It has been observed that young people were behaving relaxed, optimistic and physically and psychologically less fatigued as compare to old people. Moreover young people show themselves stronger and emotionally stable as compared to old people because they have a lot of responsibilities to perform like financial, treatment arrangements and medications. There would be a significant difference on hopelessness scores among old age caregivers and young age caregivers.

## CONCLUSION

The present study explored the relationship of stress and hopelessness among caregivers of life threatening illnesses. Findings of this study revealed no significant relationship between stress and hopelessness among male caregivers but significant correlation was found among female caregivers of life threatening illnesses. Moreover it has been found that there is a significant difference among old age caregivers and young age caregivers on stress and hopelessness scores. Findings indicate that old age caregivers have high level of stress and hopelessness than young age caregivers of life threatening illnesses.

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