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The Role of Hope, Religiosity and Perceived Social Support in Psychological Distress Experienced by Caregivers of Cancer Patient

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Cancer care giving is highly demanding as patients rely on their caregivers for their daily basic functioning and also for their treatment processes. In the process care giving may become exhausting as the patient's health deteriorates and may gradually lead one to experience some sort of psychological distress. The study aimed to examine the role of hope, religiosity and perceived social support in psychological distress experienced by caregivers of cancer patients. Following the purposive sampling method, 160 caregivers who consented to participate in the study were assessed using Herth Hope Index, The Duke University Religiosity Index, Berlin Social Support Scale and Depression, Anxiety and Stress Scale-21. Data were analysed using simple percentage, Spearman's rho, Chi Square test and Mann Whitney U test. Result indicated that hope and perceived social support were found to have significant negative association with psychological distress of cancer care givers. It was also observed that religiosity was not found to be significantly associated with psychological distress of cancer care givers. No significant difference in the psychological distress of male and female cancer care givers was also found. The study provides notable insights regarding the prevalence of psychological distress among caregivers of cancer patients and the role of positive psychological factors such as hope and social support in moderating cancer care giver distress.

Keywords: Psychological Distress, hope, religiosity, perceived social support, caregivers.

A caregiver is defined as the person who most often helps the patient and is not paid to do so (American Cancer Society, 2016). They may be a spouse, parent, children, sibling, relative, close friend or a professional assistant. A person diagnosed with a terminal illness such as cancer requires a lot of assistance and aid at every point of their illness period (Sunkarapalli et al., 2016) and this can take a toll on care givers of the patient. Overwhelmed with the reality of the diagnosis and eventually its treatment, caregivers struggle as much as the patients themselves emotionally, mentally, and financially. Moreover, as the patient's health deteriorates, even those caregivers who initially had been psychologically and physically strong may become exhausted. The demands of cancer caregiving may lead caregivers to experiences some sort of psychological distress at any point of time. A number of earlier researches (Haun et al., 2014; Namboodiri 2021; Shahadevan & Sharma et al., 2020) have indicated the presence of psychological distress such as depression, anxiety, stress, etc. among caregivers of cancer patients' upto a certain level.

However, such studies are rather limited in number. Moreover, there is not a single such study that has been reported from Nagaland, a state in India that reportedly has the 11th highest incidence rate in the country registering about 700 new cases every year

(The Morung Express, 2022). There are a good number of studies that demonstrate the role of gender in psychological distress in the general population. Such studies (Mason et al. 2019; Taghizadeh et al. 2018) generally show females as more at risk for psychological distress. Positive psychological factors such as hope, religiosity and perceived social support are considered important in coping with difficult situations. There are however, not many studies that explore how these factors can be related with psychological distress of cancer care givers. This study will be an extension to the limited existing studies in exploring psychological distress among caregivers of cancer patients particularly with respect to the Nagas, examine the role of gender in psychological distress of cancer care givers and to explore the role of hope, social support and religiosity in moderating psychological distress in cancer care givers.

Method

Sample

The sample consisted of 160 caregivers identified from various hospitals across Nagaland who were assisting as primary caregiver of cancer patient. Data were collected in person following purposive sampling method on the basis of the following inclusion criteria – a) must belong to Naga Community, b) must be 18 years and above of age, c) must be able to read and understand English and d) must be the primary caretaker of a person currently undergoing treatment for cancer. Informed consent was obtained from each hospital authority and all the participants.

Tools used

Depresssion, Anxiety, and Stress Scale-21(DASS-21) developed by Lovibond and Lovibond (1995) was used as a measure of psychological distress. It has three subscales - *Depression scale, Anxiety Scale and Stress scale*, each having 7 statements. A score of 0 to 9, 0 to 7 and 0 to 14 on the Depression, Anxiety and Stress scales respectively is considered normal while scores above it are taken as indicative of having psychological distress. *The Herth Hope Index (HHI)* developed by Herth (1999) was used for assessing levels of hope in the participants. The scale has 12 statements that are presented on a four point Likert scale ranging from 1 (strongly disagree) to 4(strongly agree). Higher scores on the scale represent higher hope. *Berlin Social support scale (BSSS)* developed by Schwarzer & Schulz (2000), which measures cognitive and behavioural aspects of social support was also used. In the present study, only one subscale of the scale, i.e. *Perceived support* has been used which is a 4-point Likert type scale with a total of 8 statements. Scores obtained by adding up item responses (sum scores) is considered as a measure of Perceived social support. *The Duke University Religiosity Index (DUREL)* developed by Koenig & Bussing (2010) with two dimensions, namely, Organisational Religious Activity (*ORA)* and Non-Organisational Religious Activity (*NORA)* was used for assessing religiosity. Both subscales have 1 statement each with 6 possible answers in terms of religious participation.

Ethics

Informed consent was obtained from all the participants and the study has been approved by the Ethics Committee, Department of Psychology, Nagaland University, Nagaland.

Results

Descriptive statistics were worked out and non-parametric statistics were employed as data did not meet assumptions for parametric statistics. The various tests used for analyzing

the data were simple percentage, Spearman's correlation coefficient and Mann-Whitney U test. Data was analyzed using SPSS v21 software. The total number of participants in the study was 160 which comprised of 37.5% (n=60) males and 62.5% (n=100) females. Participants were in the age range of 18 to 64 years.

The prevalence of psychological distress among caregivers of cancer patients was assessed by examining the levels of depression, anxiety and stress reported by the participants. The result of the present study shows that a considerable number of participants were found to have symptoms of depression (n=63), anxiety (n=102) and stress (n=36). From table 1, it can be seen that depression, anxiety and stress were reported in varied levels by considerable percentages of the participants.

Table 1. Participants reporting different levels of depression, anxiety and stress.

Levels	Depression	Anxiety	Stress
Normal	60.6%	36.7%	77.5%
Mild	20.6%	5%	9.4%
Moderate	15.6%	38.8%	11.3%
Severe	1.3%	11.9%	1.3%
Extremely Severe	1.9%	8.1%	6%

The overall hope scores of the participants ranged from 29-48, with mean of 39.49 (SD = 3.83). The perceived social support scores ranged from 20 to 32, with mean of 29.45 (3.08). Frequency of responses for religiosity, both ORA and NORA, are shown in table 2. It can be seen that majority of the participants reportedly engage in both organisational as well as non-organisational religious activities frequently.

Table 2. Frequency of responses for ORA and NORA and Chi square test results

Religious activity	Response category						Chi Square test result		
							Depression	Anxiety	Stress
ORA	More than once a week	Once a week	A few times a month	A few times a year	Once a year or less	Never	X^2= 1.455	X^2= 6.580	X^2= 3.634
f(%)	61(38%)	43(27%)	29(18)	21(13)	1(1%)	5(3%)	p=.918	p=.254	p=.603
NORA	More than once a day	Daily	Two or more times a week	Once a week	A few times a month	Rare y or never	X^2= 1.444	X^2= 6.580	X^2= 3.634
							p=.918	p=.559	p=.814
f(%)	37(23%)	53(33%)	22(14%)	15(9%)	24(15%)	9(6%)			

Mann Whitney test was used to evaluate the gender difference in the prevalence of psychological distress among caregivers of cancer patients. The test showed no significant difference between males and females in terms of depression (U=2885.00, M = 1.63, p=.067), anxiety (U=2930.00, M =2.51, p=.804) and stress (U=2656.50, M= 1.38, p=.223). In the light of the finding, the prevalence of psychological distress did not differ by gender.

Social support was found to have a significant negative correlation with depression(r=.34; p<.001), anxiety(r= -.25; p=.002) and Stress (r= -.23; p=.004). Hope was found to have significant negative correlation with depression r= -.31; p<.001) and stress(r=-.24; p=.003). The relationship of hope with anxiety was negative but not significant (r= -.14; p=.078).Chi square tests did not show any significant association between religiosity and psychological

distress(Table 2) indicating that the frequency of engagement in religious activities was not associated with the level of depression or anxiety or stress.

Discussion

Psychological distress is alarmingly rising across the globe but is often an overlooked issue. It is considered as a maladaptive response to a stressful situation which could be experienced by anyone however it may be generally more serious for those who are and have experienced tragic life incidences. Psychological distress is considered to be highly correlated with caring for chronic patients as it creates long time pressure (Badr et al., 2014; Maridal et al., 2021;).Consistent with other research findings (Haun et al., 2014; Osama et al., 2021; Sahadevan and Namboodiri, 2021), the present study has demonstrated the prevalence of psychological distress among caregivers of cancer patients.

Caregivers help patients with a range of activities including transportation, finances, personal care, emotional support and symptom management (Sharma et al., 2020) leaving them with limited or no time to take care of one's own needs (American Cancer Society, 2016). Thus caregivers may ultimately experience psychological distress which mostly remains unseen or unfelt by other people around them. It is therefore vital that caregivers' mental and physical health be given importance as much as one has concern for the patient.

Positive psychological factors such as hope, religiosity and perceived social support are considered important in coping with difficult situations. In the present study it is interesting to find out that the level of hope and perceived social support among caregivers is considerably high. Being members of religiously oriented society, a large percentage of the respondents reportedly engage in organisational as well as in non-organisational religious activities. The study explored whether these positive psychological factors have any relation with psychological distress.

Results of the study also show that hope and perceived social support are negatively associated with psychological distress indicating that these positive agents can moderate the negative impact of caring for a terminally ill patient on mental health. In positive psychology, hope is considered a profound feature of human life allowing life to keep going with positivity and happiness. It is considered as a positive motivational state that is based on an interactively derived sense of successful agency and pathway and that it serves to drive the emotions and well-being of people (Snyder, 1994). Previous research has shown hope as positively related to psychological well-being and negatively correlated to psychological problems (Jahanara, 2007; Sunkarapalli et al., 2016). Consistent with these findings, hope was found to be negatively correlated with psychological distress in the present study.

Social support from family, friends, and significant others can be influential in decreasing psychological distress in general (Khatiwada et al., 2021). Perceived social support from people deemed to be important in one's life can satisfy the basic social requirements such as love, affection, self-esteem and belonging to a group. It is believed to have a direct effect on one's physical and emotional health (Rizalar, 2014). Consistent with findings from previous studies (Preksha & Kaur, 2016; Salim et al., 2019), the present study also demonstrated negative correlation between social support and psychological distress.

Most people at times of crisis or distress turn to seek comfort through divine intervention causing one to be strong and courageous which may help wipe off distress.

Weaver and Flannelly (2005) suggested that religion can be the most important factor responsible for successful coping with stress of care giving. In the present study, however, engagement in religious activities was not found to be significantly associated with levels of psychological distress. Future studies may replicate the study or use different methodology to further look into the role of religiosity in psychological distress of cancer care givers.

Although one could assume gender difference in terms of experiencing psychological distress with females showing higher distress as compared to men (Mason et al. 2019; Taghizadeh et al. 2018), contradictorily the present study reported that there was no significant gender difference in the psychological distress of cancer caregivers.

Conclusion

The present study has a number of limitations including the use of non-probability sampling and limited sample size. However, in spite of these limitations the study provides notable insights regarding the prevalence of psychological distress among caregivers of cancer patients and the role of positive psychological factors such as hope and social support in moderating cancer care giver distress.

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