A Descriptive Study to Assess Compassion Fatigue among Caregivers of Patients Undergoing Chemotherapy in Selected Tertiary Care Centre

ABSTRA

rather than from exposure to the trauma itself (Figley, 1995). CF is characterized by exhaustion, anger and irritability, negative coping behaviours including alcohol and drug abuse, reduced ability to feel sympathy and empathy, a diminished sense of enjoyment or satisfaction with work, increased absenteeism, and an impaired ability to make decisions and care for patients and/or clients (Mathieu, 2007). This can have detrimental effects on individuals, both professionally and personally, including a decrease in productivity, the inability to focus, and the development of new feelings of incompetency and self-doubt. This self-doubt can cause problems at work and home, and over time will affect all relationships (Coroner talk).

The term ‘compassion fatigue’ is predominantly used with professional caregivers, such as nurses, doctors and social workers. But it can be seen among any individuals that work directly with trauma victims or constantly deal with people who are in state of crisis (Lynch, & Lobo, 2012). Family caregivers of patients suffering from chronic diseases like cancer is one of the vulnerable group to develop compassion fatigue over period of time especially due to nature of disease & treatment duration and longer survival of patients. The terms family caregiver and informal caregiver refer to an unpaid family member, friend, or neighbour who provides care to an individual who has an acute or chronic condition and needs assistance to manage a variety of tasks, from bathing, dressing, and taking medications to tube feeding and ventilator care (Reinhard et al., 2008).

health consequences from their physically and emotionally demanding work as caregivers and reduced attention to their own health and health care (Schumacher et al., 2008). Caregivers who try to manage their own life activities and responsibilities along with care giving may still feel sense of burden occasionally (Pavalko & Woodbury, 2000; Schumacher et al., 1993; Stephens et al., 2001). Distress may arise from getting involved in high level of care giving but it ,may also be experienced when not been able to engaging valued care giving activities (Cameron et al., 2002). Caregivers who are employed may find it difficult to adapt employment obligations along with role of caregiver. This may affect their financial and professional aspect of life. (Neal et al., 1993) Sometimes work may also act as buffer to stress as they get respite from care give activities (Pinquart & Sörensen, 2003). Clark et al in their study on cancer caregiver fatigue found that caregivers of patients with advanced stage cancer undergoing radiotherapy reported experiencing significant difficulties with fatigue (Clark et al., 2014). During the process of care giving for cancer patients, relatives are affected physiologically, psychologically and socially. They tend to hide their feelings for fear that it might upset patient. They also faced difficulty dealing with patient's reactions during the treatment process (Serçekuş et al., 2014). Chemotherapy is a treatment strategy which goes on for weeks to months. And majority time patient needs to visit hospital for receiving chemotherapy which may take few hours to full day. Care takers almost always have to accompany the patients which can be become inconvenient to him/her over a period of time. Moreover chemotherapy is associated with variety of acute and late onset side effects which are generally managed at home. Family caregivers, thus has a huge responsibility of patient home management which may result in mental and physical stress.

Issues discussed in the area of psychological health of caregivers include anxiety, worry, burden, depression, and anger. Most of the literature is on anxiety, depression, and burden. Descriptions are beginning to mention compassion fatigue and post-traumatic stress as psychological health concerns for caregivers; especially caregivers of hospice patients (Fletcher et al., 2009). A large number of patients with chronic diseases like, cancer are cared for in homes by the family members in India. The vital role that these family members play as "caregivers" is well recognized; however, the burden on them is poorly understood (Lukhmana et al., 2015).

CONCEPTUAL FRAMEWORK

The health promotion model proposed by Nola J Pender (1982; revised, in 1996) was used for this research study (Figure 1). The health promotion model describes the multi-

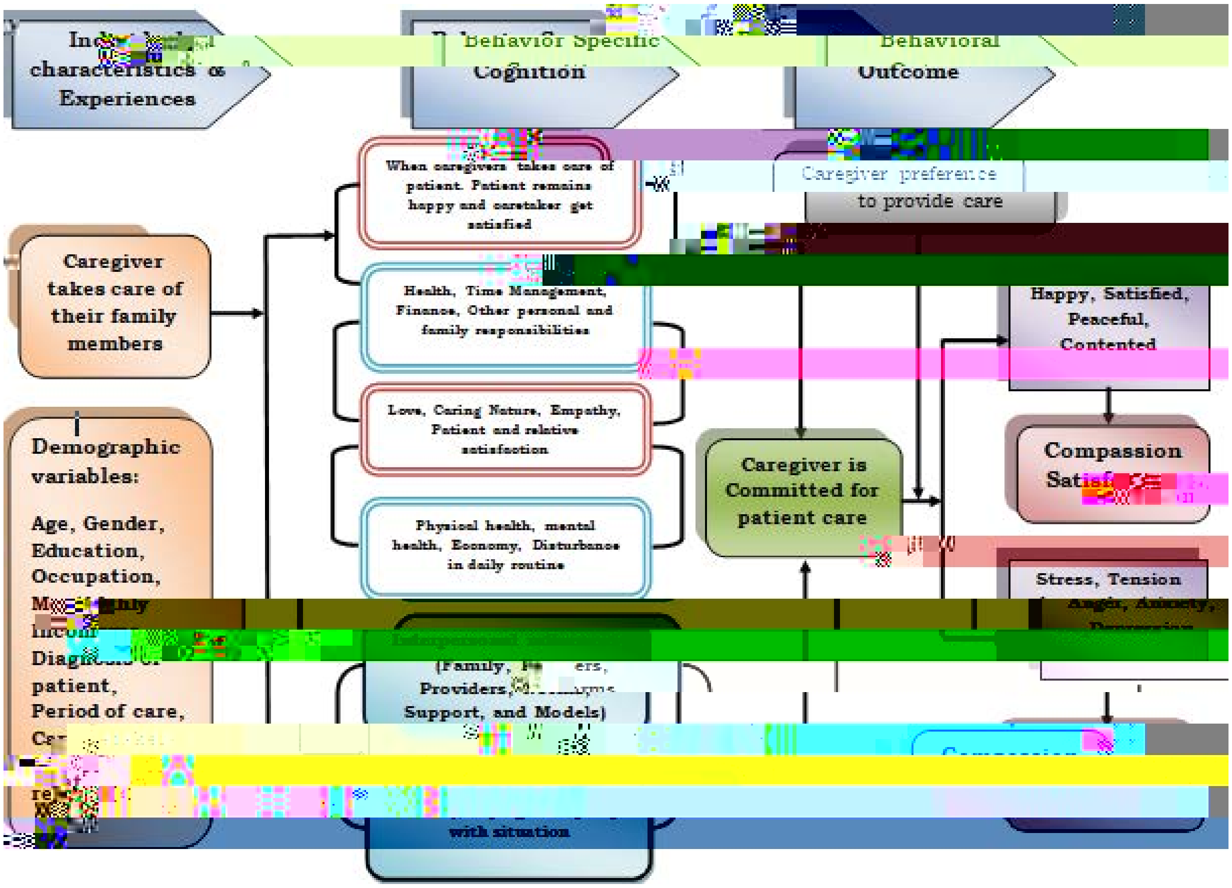

Figure 1.

dimensional nature of persons as they interact within their environment to pursue health. The model assumes that the individuals seek to actively regulate their own behaviour. Individuals in all their bio psychosocial complexity interact with the environment, progressively transforming the environment and being transformed over time. This model is chosen for family care giver in this study because it focuses on individual characteristic and experiences, behaviour specific cognition and their affect and behaviour outcome.

METHODS

80 family caregivers who accompanied the cancer patients to chemotherapy unit were selected from of Nov 2019 to Jan 2019. They were screened for eligibility to participate in the study with help of inclusion criteria. All family caregivers who fulfilled the following inclusion criteria were invited to participate in study:

Inclusion criteria:

1. Aged 18 and above
2. Primary caregiver of patients undergoing chemotherapy.
3. Caregivers of patients who accompanied patients to chemotherapy unit
4. Caregivers of patients who have completed minimum 3 cycles of chemotherapy

1. Exclusion criteria:

1. Caregivers who are not willing to participate in the study.
2. Caregivers who occasionally involved in patients care.
3. Care takers of in house patients visiting chemotherapy unit

INSTRUMENT

Data was collected with help of structured questionnaire to assess demographic variables and rating scale to measure level of compassion fatigue from 6 months and majority of them were either spouse (36.3%) or children (30%) of patient As per diagnosis of participants, majority cases were lung cancer (15%), breast cancer (12.5%), oral cancer (12.5%) and others cases were of ca. Stomach, ca. Larynx, ca. Rectum, ca. Tongue, ca. Uterus, leukaemia, ca. Cervix, and ca. Ovary.

(Table 2) Mean compassion satisfaction and mean compassion fatigue was 41.16 and 52.35 respectively. Table 3 Majority of caregivers 41 (51.2%) had average satisfaction level while 39 (48.8%) had high satisfaction level. In case of assessment of level of compassion fatigue, majority of participants 74 (92.5%) had high compassion fatigue and only 6 (7.5%) had moderate compassion fatigue. None of participant reported low compassion fatigue as well as low compassion satisfaction.

Table 4 shows that p-value corresponding to monthly income, compared with level of compassion satisfaction is less than 0.05 and thus null hypothesis is rejected. Monthly income is significantly associated with level of compassion satisfaction among family care givers. Other demographic variables like age, gender, education, occupation & period of care giving are not significantly associated with compassion satisfaction. Relation with patient when compared with level of compassion fatigue, it was found to be significantly associated with compassion fatigue among care givers. Other demographic variables like age, gender, education, occupation, marital status, period of care giving are found to be not significantly associated with perceived barriers. Table 5 shows that compassion fatigue and compassion satisfaction is significantly correlated and is inversely proportionate to each other.

Table 3.

Parameters	Level – n (%)		

DISCUSSION

Lynch et al. conducted study on ‘The family caregiver experience-examining the positive and negative aspects of compassion satisfaction and compassion fatigue as care giving outcome’. The findings of study revealed that the majority of participants (71%) reported high level of caregiver burden. 59.5% of participants reported moderate to low compassion fatigue while 50% of participant reported

were salaried. Some of caregiver voiced their concern for not able to adjust with their work timings and assume a role of care giver as their nature of work is time bound. But type of occupation was not related to compassion fatigue. Sometimes due to stiff timings of work, care giving process may get affected which can also cause frustration due to unavailability of care giver when patient needs them most. On other hand it is seen that care giver does utilize work hours as break from care giver role. This gives them some sense of relief from patient care which can prove beneficial to alleviate their stress level.

CONCLUSION AND RECOMMENDATIONS

Findings suggest that despite of high caregiver compassion