Stress Level, Coping Strategies and Quality of Life among Women Suffering from Chronic Diseases in Selected Hospitals of Pune City

Ranjana G Tryambake (Sakhardande)

Abstract

Stress and Coping are interconnected; quality of life depends on goals, perception, expectations, standards and concerns of living life. This quantitative descriptive survey study was undertaken to assess the stress level, coping strategies and quality of life on 400 women aged between 30-60 years who completed 2-6 years of disease duration with chronic diseases like chronic renal disease, breast cancer and osteoarthritis at selected hospitals of Pune city. Duration of data collection was 2 May 2015 to 19 March 2016. The assessment of the stress level, coping strategies and quality of life were done from the chronic disease patients by self reporting and semi structured interview and indepth information collected with the data collection tool. Results showed that 57.8 percent of the subjects had severe stress, 39.8 percent of them had moderate stress and 2.5 percent subjects had mild stress levels. Majority of subjects i.e. 46.8 percent of them had very poor use of coping strategies, 45.8 percent of them had poor use of coping strategies and 7.5 percent of them used good coping strategies. This study highlighted quality of life of subjects, i.e. 70.3 percent of the subjects had average quality of life, 28.5 percent of them had poor quality life and 1.3 percent of them had good quality of life. This study shows that there is increase in the stress, very poor use of coping strategies and average quality of life among women suffering from chronic diseases. To conclude, the assessment of the stress level will help to know current psychology and the stress level and how to cope with chronic diseases to reduce stress level of women and will help to improve quality of life as well as control and prevent complications.

Women suffering from chronic diseases may have stress and the use of coping strategies will help her reduce stress and may have positive quality of life. There are many factors other than chronic diseases influencing the stress, coping strategies and women’s quality of life.

“A sound mind is in a sound body”. The mind and body should both be healthy and sound. A sound body means a healthy body, free from diseases. A sound mind means a mind capable of good, positive and free thinking mind. The prevalence of stress among Indian women is 87 percent. 41.9 percent of women suffer from depressive disorders and 33 percent from general mental health problems and dementia because of non-communicable diseases (Kotwal & Pal, 2011).

Qualitative studies done by Ardiel & Pale, 2005 and Sorensen & Lackmann (1994) on 13 immigrant women living with chronic diseases to assess quality life, coping strategies showed that complications of diseases had an adverse effect on quality of life.

Literature Review

Review of literature was related to prevalence of chronic diseases among women: the stress among women with chronic diseases; coping strategies used by women with chronic diseases; and quality life of women with chronic diseases.

Forty percent of female patients aged 50 years suffered from knee osteoarthritis, 80 percent had osteoarthritis, rheumatoid arthritis was reported by 165 million people (WHO, 2012).

Many researches shows that, in 60 percent of all people with arthritis are women. Genes are at high risk of certain types of arthritis, such as rheumatoid arthritis, systemic lupus erythematosus and ankylosing pondylistis in women (WHO, 2015).

A study conducted on 200 cancer females for practice of coping strategies in six hospitals of Thiruvanthapuram district (Kerala) noted a problem solving and cognitive reconstructing as positive coping and express emotions, self-criticism social withdrawal as negative coping (WHO, 2015).
A study done on 60 Indian women among different chronic disorders like diabetes mellitus, rheumatoid arthritis (Pitre & Tryambke, 2016) showed that presence of more than one chronic disease had effect on activities and involvement of samples. The factors that related to quality life were different for each disease group with the exception of pain.

**Objectives**

The objectives of the study were:

1. To assess (a) the stress level and (b) coping strategies of women suffering from selected chronic diseases.
2. To assess quality of life among women suffering from selected chronic diseases.
3. To associate the stress level with quality of life, coping strategies with quality life and stress level with coping strategies among women suffering from selected chronic diseases.
4. To associate the stress level, coping strategies and quality life among women with (a) selected chronic diseases and (b) selected demographic variables.

**Methodology**

Quantitative approach adopting descriptive survey method was adopted in this study conducted in selected hospitals of Pune City. Study population consisted of women suffering from selected chronic diseases. Women suffering from any one chronic disease of selected hospitals of Pune city i.e. breast cancer, chronic renal failure, osteoarthritis constituted the sample.

**Criteria for Selection**

*Inclusion criteria:* Women suffering from any one type of the chronic disease like breast cancer or chronic renal failure or osteoarthritis, chronic disease along with diabetes mellitus or hypertension aged between 30-60 years, married, on treatment for selected chronic disease, and suffering from chronic diseases since 2-5 years. Sample size was 400.

*Exclusion criteria:* Women who were critically or mentally ill.

**Data Collection**

Non-probability purposive sampling technique was used. Tool consisted of personal and clinical characteristics of samples, assessment of women’s stress level, assessment of coping strategies of women and assessment of quality of life among woman.

**Results**

*Sample characteristics (Table 1, Fig 1):* About 39 percent of the subjects suffering from selected chronic diseases were in the age groups 41-50 years and 44.3 percent of them ranged between ages of 51-60 years: 25.3 percent of the subjects had secondary education and 20.5 percent of them had primary education. Most of the subjects (25.3%) were in private service, 33.5 percent were housewives. Majority of the subjects (39.8%) were residing in ur-

<table>
<thead>
<tr>
<th>Stress level</th>
<th>Breast cancer</th>
<th>Chronic renal failure</th>
<th>Osteoarthritis</th>
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</thead>
<tbody>
<tr>
<td>Mild</td>
<td>1</td>
<td>1.54%</td>
<td>0.66%</td>
</tr>
<tr>
<td>Moderate</td>
<td>31</td>
<td>47.69%</td>
<td>53%</td>
</tr>
<tr>
<td>Severe</td>
<td>33</td>
<td>50.77%</td>
<td>98%</td>
</tr>
</tbody>
</table>

Table 1: Analysis of stress level among subjects suffering from breast cancer, chronic renal failure and osteoarthritis (n=400)

<table>
<thead>
<tr>
<th>Coping strategies</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very poor coping strategies</td>
<td>187</td>
<td>46.8%</td>
</tr>
<tr>
<td>Poor coping strategies</td>
<td>183</td>
<td>45.7%</td>
</tr>
<tr>
<td>Good coping strategies</td>
<td>30</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

Table 2: Overall analysis of coping strategies among subjects suffering from selected chronic diseases (n=400)

The tool used for assessment of women’s stress level was modified stress and stress manifestation scale which was developed by researcher with help of this tool. The tool on coping strategies of women by modified cope inventory was developed by researcher with help of this tool. The tool on assessment of quality of life was standardised tool of quality of life by the World Health Organisation quality of life (WHOQOL)-BREF.

Tool validity was done to check its consistency and accuracy. Reliability was done and tool found reliable. The pilot study was conducted on forty samples and the tool was found feasible to conduct study.

Fig 1: Stress level of subjects suffering from chronic diseases
ban place; 78.3 percent of the subjects suffering from selected chronic diseases were married. Almost half of the population (51.3%) belonged to a joint family and 48.8 percent were from nuclear family. Majority of them (67.5%) of subjects were Hindu. Monthly family income ranged from Rs.10,001-15,000 in 49.8 percent of subjects. Maximum of the subjects (47.3%) had two dependents. Highest subjects (58.3%) had monthly expense for treatment up to Rs. 5000.

Majority of the subjects (45%) had osteoarthritis, 38.8 percent of had chronic renal failure, and 16.3 percent of them had breast cancer; 50.8 percent of the subjects had duration of disease for 3-4 years. Almost all (96%) samples were taking treatment regularly for their disease.

Stress level among women suffering from selected chronic diseases

It was found that 57.8 percent of the subjects had severe stress, 39.8 percent had moderate stress and 2.5 percent of them had mild stress (Fig 1).

Majority of subjects suffering from breast cancer were 50.77 percent, chronic renal failure 64.47 percent and osteoarthritis 54.64 percent (Table 1).

Analysis of signs & symptoms of stress

Physical symptoms: The most frequent physical symptoms as reported by the subjects was headache (59.3%) sleeplessness (48.5%), fatigue (45.3%), nail biting (35%), loss of appetite (44.3%), and over eating (31%); 31.5 percent reported that they never had sexual difficulties.

Mental symptoms: Majority of the subjects expressed their mental symptoms more frequently like forgetfulness (61.8%), negative ideas (47.8%), disorganised thinking (43.3%), self-talk (49.8%), lack concentration (51.8%), worry (52%) and unable to prioritise things (52.3%).

Emotional symptoms: The subjects reported the emotional symptoms more frequently i.e. anger (65.8%), fearfulness (48.5%), sadness (56%), strong dependency need (49%), helplessness (55%), loneliness (58.3%), blaming self (53.3%) and feeling inadequate (54.8%).

Personal behavioural signs: Majority of the subjects revealed their personal behavioural signs more frequently i.e. lack of close relationships (62.5%), avoid challenges (44.5%), avoid change (47.8%), limit social life (48.5%), poor self-esteem (49.8%), lack of self-forgiveness (58%), marital disharmony (40.8%) and poor communications (65.3%).

Coping strategies among women suffering from selected chronic diseases

Table 2 represents that majority of subjects (46.8%) had very poor use of coping strategies, 45.8 percent of them had poor use of coping strategies and 7.5 percent used good coping strategies.

Coping strategies among subjects suffering from breast cancer, chronic renal failure and osteoarthritis

Fig 2 shows that 63.08 percent of subjects suffering from breast cancer had poor use of coping strategies, 43.42 percent with chronic renal failure and 55.19 percent of osteoarthritis subjects had very poor use of coping strategies.

Quality of life among women suffering from selected chronic diseases

Fig 3 shows quality life of subjects; 70.3 percent of the subjects had average quality of life (score 53-79); 28.5 percent had poor quality of life (score
26-52) and 1.3 percent had good quality of life (score 80-105). Majority of subjects suffering from breast cancer (70.77%), chronic renal failure (57.89%), and osteoarthritis (80.33%) had average quality of life (Table 3).

- There was a significant association between stress and quality of life, coping strategies and quality of life and stress with coping strategies.
- Monthly expense for the treatment had a significant association with coping strategies among women suffering from selected chronic diseases.
- A monthly expense for treatment and place of residence had a significant association with quality of life among women suffering from chronic diseases.

**Discussion**

This was a quantitative descriptive survey study of 400 women aged between 30-60 years having completed 2-6 years of disease duration with chronic diseases like chronic renal disease, breast cancer and osteoarthritis in selected hospitals of Pune city. The assessment of the stress level, coping strategies and quality of life were done. The analysis showed that there was increase in the stress level, poor use of coping strategies and poor to average quality life among women suffering from selected chronic diseases.

**Implications**

*Nursing service:* The result of present study can inspire clinical nurses to consider psychology of patient as important aspect of health which is always neglected or not prioritised.

*Nursing education:* The educational curriculum must include assessment of stress, coping and quality life to the syllabus, which will expose the students to learn the various problems of such patients and to help the patient to control and prevent their severity of chronic diseases.

*Nursing administration:* The stress level, coping strategies and quality of life must be considered while caring and treating the patients with chronic diseases. The nurse administrator should motivate staff nurses to pay attention to these aspects of health care.

*Nursing research:* Evidence-based practice is a hallmark of nursing profession. The findings of this study can be implemented while assessing and caring the patients. The high quality nursing profession mainly based on scientific research.

**Recommendations**

1. A similar study may be conducted in-depth on single aspect of single chronic disease.
2. A qualitative study can be conducted for longer duration to assess the stress level, coping and quality of life among woman suffering from chronic diseases.
3. A study can be conducted to assess immediate stress, and coping strategies adopted just after diagnosis of chronic diseases.

**Conclusion**

The stress, coping strategies and quality of life are interconnected. So it is necessary to understand the stress level, coping strategies and quality life of women. If we understand the stress levels among women with chronic diseases, we can plan some preventive, promotive measure for them.

**References**

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