Design and Methodology
The present research was undertaken to assess and compare the type of burden, coping style and quality of life amongst caregivers of psychiatric and cancer patients. Hypotheses formulated in the previous chapter were tested by adopting the following design and methodology.

**Design:**

A cross-sectional research design was taken for that a 2x2 factorial design was adopted for the present study. The independent variables were caregiving and gender. The caregiving was varied at two levels i.e. caregivers of psychiatric patients and caregivers of cancer patients. Gender includes male and female caregivers. The dependent variables were burden, coping styles and QOL.

<table>
<thead>
<tr>
<th>Caregiving (A)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Caregivers of Psychiatric Patients</td>
<td>Caregivers of Cancer Patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>35</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>35</td>
<td>35</td>
<td></td>
</tr>
</tbody>
</table>

**Sample:**

For the present study, a sample of 140 adult caregivers of psychiatric and cancer patients in the age range of 25-65 years was selected from the Departments of Psychiatry and Radiotherapy of PGIMS, Rohtak, Haryana. A prior permission was sought from the concerned authorities. These 140 caregivers were divided into four groups i.e. male caregivers of psychiatric
patients, male caregivers of cancer patients, female caregivers of psychiatric patients and female caregivers of cancer patients (35 in each group) were purposively selected for the present study belonging to both urban and rural background. Consent was also taken from the caregivers of both the diseased groups.

**Tools used:**

In this study the following tools were used:

1. Family Burden Interview Schedule
2. Coping Check list
3. WHOQOL-BREF

**Family Burden Interview Schedule:**

Family burden was assessed with the help of Pai and Kapoor’s (1981) Family Burden Interview Schedule. It is designed to assess the burden on caregivers and family members of psychiatric patients. The scale consists of 24 items grouped under six areas viz:

1. Financial Burden
2. Disruption of family activities
3. Disruption of family leisure
4. Disruption of family interaction
5. Effect on physical health of others
6. Effect on mental health of others

Also, there is one open ended question about any type of burden which perceives but is not covered by the above areas. Finally, the last item assesses the subjective burden experienced by the family. This is a semi-structured interview schedule. Each item is rated on a 0-2 scale i.e. ‘0’ means no burden, ‘1’ means moderate burden and ‘2’ means extreme burden. The total score could range from 0 to 48. Higher scores indicate more burden. The reliability and validity are more than .87 and .72 respectively (Appendix-A).
Coping Check List:

Coping Check List is a modified Hindi version of the Coping Check List of Scazufca and Kuipers and was adapted for Indian population by Nehra et al. (2002). It covers both positive and negative methods of coping, consists of 14 items divided into 4 domains i.e. problem focused, seeking social support, avoidance, collusion & coercion. The items are rated on a 3 point scale (1- never, 2- sometimes and 3- always). Significant correlation between most of the items in the English and Hindi version has been documented. Cronbach’s alpha of the scale is .62 indicating high internal consistency (Appendix-B).

World Health Organization Quality of Life (WHOQOL-BREF):

The questionnaire has been developed by World Health Organization group in 1996 in order to provide a short form of QOL assessment that looks at domain level profiles. It is an abbreviated 26 items assessment and contains 2 items from the overall QOL and general health and one item from each of 24 facets included in WHO-QOL-100. Each item is rated on a 5 point scale. It has 4 domains namely, physical health, psychological health, social relationship and environment. The scores were scaled in positive direction i.e. higher scores denoted better QOL. The scoring was reversed in case of negatively phrased items. Mean scores of items within each domain was used to calculate the domain score. Mean scores was then multiplied by 4 in order to make domain scores comparable with the scores used in WHO-QOL-100 and subsequently transformed to 0-10 scale using the following formula:

\[ \text{Transformed Score} = \text{Score} - 4 \times 100/16. \]

Cronbach’s alpha values for each domain scores ranged between .66 to .84 and have good discriminant validity (Appendix-C).

Procedure:

The present study was conducted to assess the burden, coping styles and QOL of caregivers of two diseased groups. To fulfil this purpose, Family Burden Interview Schedule, Coping Check List and WHOQOL- BREF were
Design & Methodology

administered to 140 adult caregivers divided into four groups in the age range of 25-65 years.

All the participants of the study were approached personally. The scales were administered individually. Consent was taken from the participants. The participants were informed beforehand about the possible time involved in the study and only volunteer participants were taken into account. Good rapport was established with the participants. The selected participants were requested to answer frankly and honestly as the information providing by them would be kept confidential and would only to be used for research purpose.

When the participants were comfortable the instructions related to each test/scale were given. All the three tests were administered in accordance with the instructions as mentioned in each test. Although there was no time limit for the tests, the participants were asked to reply as early as possible.

After completion of administration the participants were duly thanked for their cooperation. After the data collection was over all tests or scales were scored as per the scoring procedure prescribed in the manual. The obtained data were subjected to statistical analyses using SPSS software. Descriptive statistics and two-way ANOVA were applied to the data.