CHAPTER-IV

CONCLUSIONS & SUGGETIONS

4.1 Conclusions

On the basis of our study finding, the following conclusions have been drawn: -

4.1.1 Conclusions for stress

Stress and gender:

1) Male cancer patients were showed high stress level whereas TB patients were showed moderate stress level.

2) Female cancer patients were showed high stress level whereas TB patients were showed moderate stress level.

3) Both male and female cancer patients were showed high stress level.

4) Both male and female TB patients were found moderate stress level.

5) Both male and female cancer patients were found high stress level whereas TB patients were found moderate stress level. Cancer patients of both male and female groups were showed greater stress level than TB patients.

Stress and stages:

6) First and fourth stages of cancer patients were found high stress level whereas second and third stages were found moderate stress level.

7) First, second, third and fourth stages TB patients were found moderate stress level.
Stress, stages and gender:

8) Cancer and tuberculosis patients’ stages first, second, third and fourth were found effected significantly with stress. But in both sex groups male and female of cancer and tuberculosis patients no difference were found between groups.

Stress and types:

9) Mouth and lung cancer patients were found high stress level whereas liver cancer patients were found moderate stress level. Mouth cancer patients were showed higher stress scores as compared to liver cancer patients. Liver cancer patients were showed significantly low stress scores as compared to lung cancer patients.

10) Pulmonary, extra-pulmonary and active TB patients were found moderate stress level. Pulmonary, extra-pulmonary and active TB patients were found equal scores on anxiety.

Stress and age groups:

11) 21 to 30, 31 to 40, 41 to 50 and 51 to 60 age-groups of cancer patients were found high stress level whereas similar age groups of TB patients were found moderate stress level. 21 to 30, 31 to 40, 41 to 50 and 51 to 60 age-groups of cancer patients were showed higher stress scores as compared to similar age groups of TB patients.

Stress and occupational groups:

12) Farmer, businessmen and unemployed occupational groups of cancer patients were found high stress level whereas similar occupational groups of TB patients were found moderate stress level. Farmer, servicemen, businessmen and unemployed occupational groups of cancer patients were
showed higher stress scores as compared to similar occupational groups of TB patients.

**Stress and educational groups:**

13) 5th to 10th, 11th to graduation and post-graduation & above educational groups of cancer patients were found high stress level whereas similar educational groups of TB patients were found moderate stress level. 5th to 10th, 11th to graduation and post-graduation & above educational groups of cancer patients were showed higher stress scores as compared to similar educational groups of TB patients.

**Stress and socioeconomic status groups:**

14) Low, medium and high socioeconomic status of cancer patients were found high stress level whereas similar socioeconomic status of TB patients were found moderate stress level. Low, medium and high socioeconomic status of cancer patients were showed higher stress scores as compared to similar socioeconomic status of TB patients.

**Stress and root transmission groups:**

15) Heredity and non-heredity root transmission groups of cancer patients were found high stress level whereas similar groups of TB patients found moderate stress level. Heredity and non-heredity root transmission groups of cancer patients were showed higher stress scores as compared to similar groups of TB patients.

**Stress and habits:**

16) Smoking/ drinking /chewing tobacco or gutka and non-smoking/ non-drinking/ no chewing tobacco or gutka having habits of cancer patients were found high stress level whereas similar groups of TB patients were
found moderate stress level. Smoking/ drinking /chewing tobacco or gutka and non-smoking/ non-drinking/ no chewing tobacco or gutka having habits of cancer patients were showed higher stress level as compared to similar groups of TB patients.

4.1.2 Conclusions for anxiety

Anxiety and gender:

17) Male cancer patients were showed greater anxiety level as compared to male TB patients. Male cancer patients were found abnormal anxiety level whereas male TB patients were found normal anxiety level.

18) Female cancer patients were showed greater anxiety level as compared to female TB patients. Female cancer patients were found abnormal anxiety level whereas female TB patients were found borderline anxiety level.

19) Male cancer patients were showed smaller anxiety level as compared to female cancer patients. Both male and female cancer patients were found abnormal anxiety level.

20) Male TB patients were found smaller anxiety level as compared to female TB patients. Male TB patients were found normal anxiety level whereas female TB patients were found borderline anxiety level.

21) Both male and female cancer patients were found greater anxiety level than male and female TB patients. Male and female cancer patients were found abnormal anxiety level whereas male and female TB patients were found borderline abnormal anxiety level.


**Anxiety and stages:**

22) First, second, third and fourth stages of cancer patients were found abnormal anxiety level. All stages of cancer patients were found equal on anxiety level.

23) First, second, third and fourth stages of TB patients were found borderline abnormal anxiety level. All stages of TB patients were found equal on anxiety level.

**Anxiety, gender and stages:**

24) Cancer and tuberculosis patients’ stages first, second, third and fourth were found effected significantly with anxiety. But in both sex groups male and female of cancer and tuberculosis patients no significant difference were found between groups.

**Anxiety and types:**

25) Mouth, liver and lung cancer patients were found abnormal anxiety level. All types of cancer patients were found equal on anxiety level.

26) Pulmonary, extra-pulmonary and active TB patients found borderline abnormal anxiety level. All types of TB patients were found equal on anxiety level.

**Anxiety and age-groups:**

27) 21 to 30, 31 to 40, 41 to 50 and 51 to 60 age-groups of cancer patients were found abnormal anxiety level whereas similar age-groups of TB patients were found borderline abnormal anxiety level.
Anxiety and occupational groups:

28) Farmer, servicemen, businessmen and unemployed occupational groups of cancer patients were found abnormal anxiety level whereas same occupational groups of TB patients were found borderline anxiety level.

Anxiety and educational groups:

29) 5th to 10th, 11th to graduation and post-graduate & above educational groups of cancer patients were found abnormal anxiety level whereas similar educational groups of TB patients were found borderline anxiety level.

Anxiety and socioeconomic status groups:

30) Low, medium and high socioeconomic status of cancer patients were found abnormal anxiety level whereas similar socioeconomic status of TB patients were found borderline abnormal anxiety level.

Anxiety and root transmission groups:

31) Heredity and non-heredity root of transmission groups of cancer patients were found abnormal anxiety level whereas same groups of TB patients were found borderline anxiety level.

Anxiety and habits:

32) Smoking/ drinking /chewing tobacco or gutka and non-smoking/ non-drinking/ no chewing tobacco or gutka having habits of habited cancer patients were found abnormal anxiety level whereas same groups of TB patients were found borderline anxiety level.
4.2 Suggestions for further study

Limitations and findings obtained in the present study give certain directions that further research is recommended on following lines:

A) For further researcher

1) The present study selected only few types of cancer, namely mouth, liver and lung. Other types of cancer patients may be selected for further research e.g. blood, skin, brain, breast etc.

2) The present study selected cancer and tuberculosis patients only. Other types of patients may be selected for further research e.g. HIV/ AIDS, malaria, filarial, sickle cell, etc.

3) Further researcher may be selected other division and district of Maharashtra and other state of India for study.

4) Further researcher may be chosen illiterate subject for the research.

5) Family of cancer and tuberculoses patients may be considered as subjects for stress and anxiety measurement.

6) Present study considered only few dependent variables, namely stress and anxiety. Aggression, depression, emotional intelligence, anger etc dependent variables may be selected for further research.

7) Further researcher may be selected rural and urban subjects for stress and anxiety measurement.

B) Stress and anxiety management techniques

8) Take a time-out: Practice yoga, listen to music, meditate, get a massage or learn relaxation techniques.

9) Breathe Easily: Breathing from diaphragm oxygenates blood, which helps relax almost instantly.
10) Avoid alcohol and smoking: Alcohol and smoking can aggravate anxiety and trigger panic attacks.

11) Eat a balanced diet daily: Do not skip any meals. Do keep healthful, energy-boosting snacks on hand.

12) Count to 10 slowly: Repeat and count to 20 if necessary.

13) Do your best: Instead of aiming for perfection, which isn’t possible, be proud of however close you get.

14) Get enough sleep: When stressed, body needs additional sleep and rest.

15) Exercise daily: Exercise help feel good and maintain health.

16) Take deep breaths: Inhale and exhale slowly.

17) Get involved: Volunteer or find another way to be active in community, which creates a support network and gives a break from everyday stress.

18) Learn what triggers anxiety: Is it work, family, school or something else can identify?

19) Welcome humor. A good laugh goes a long way.

20) Maintain a positive attitude. Make an effort to replace negative thoughts with positive ones.

21) Talk to someone. Tell friends and family feeling overwhelmed. Talk to a physician or therapist for professional help.

C) Patients and family health managements

a) Patients

22) Adopt a fighting spirit.
23) It is okay to discourage false cheerfulness and to share how patients’ feeling.

24) Seek support from family and friends.

25) As a member of health care team, learn about disease and ask questions.

26) Be an active participant in treatment and recovery efforts.

27) Make positive changes in lifestyle that will improve outcomes, such as quitting smoking, incorporating exercise and getting good nutrition.

28) Find something to laugh about each day. Good humour is healthy for the body and soul.

29) Participation in a support groups can help learn from others.

30) Pay attention to good nutrition and take time for personal care.

31) Find ways to express feelings by speaking with a mental health provider.

32) Consider complementary therapies, such as massage, aromatherapy, acupuncture, yoga to help relieve stress and other symptoms.

33) Continue to do the things that already enjoy doing.

34) Continue current sports activities as much as physically possible.

35) Allow private time apart from family and friends to do nothing.

36) Continue to work if physically possible.

37) Practice guided visualization and/or meditation.

38) Encourage spiritually through prayer or guidance from a religious leader.

39) Listen to relaxing music that can bring about calmness.
40) Keep in mind that memory function and energy level will fluctuate according to treatment and medications.

b) **Family or caretakers**

41) Give yourself and your loved one time to adjust to the diagnosis.

42) A positive attitude is beneficial for you and your loved one.

43) Giving care to a loved one with cancer requires patience, flexibility, courage and a good sense of humour.

44) Good communication is essential to learning how best to work with your loved one.

45) Plan special times together away from the routine of treatment, such as a special evening out for dinner, a movie or play, etc.

46) Talk about the future. Hope is very important.

47) Being a caregiver can reveal hidden strengths and enrich your family life.

48) Set up a list of activities that family or friends can sign up to do weekly or monthly.

49) As a caregiver, you can choose to take the primary caregiver role or depending on the level of support from family and friends, divide it between two or more persons.

50) Being a caregiver can affect you emotionally, physically and financially.

51) To better understand you’re loved one's diagnosis, treatment and progress, be an active participant during clinic visits.

52) Encourage your loved one to engage as much as possible in normal daily activities.
53) Give yourself permission to feel emotions about your loved one’s situation, and confide in a friend or counsellor to provide insight and support.

54) To help reduce your stress, make time for regular exercise, meditation or some other form of relaxation.

55) If care is long term, arrange for extended periods of relief - take a vacation.

56) Attempt to maintain as much of your routine as possible.

57) Take advantage of caregiver support groups and credible websites for resources and support.

58) Spiritual support through prayer or the guidance of a spiritual leader can be good medicine.

59) Taking care of you is important: Remember to get adequate rest and nutrition and take time for personal care.

60) Watch funny movies together. Good humour is healthy for the body and soul.

61) If person have children in the home, assign them age suitable tasks to house the necessary changes in the family routines.

62) Spiritual support through prayer or the guidance of a spiritual leader can be good medicine.

63) Allow yourself private time to do nothing or something important to you.
D) Individual and groups counselling methods to lower down stress and anxiety.

64) Relaxation or progressive relaxation: This anxiety reduction technique is based on the premise that anxiety and stress are associated with muscle tension. When one achieves deep muscle relaxation, muscle tension is reduced, and this relaxed state is incompatible with anxiety.

65) Visualization and imagery: This anxiety reduction technique aids the person in making a mental image of what he or she wants to accomplish. For example, a person might wish to release worries or concerns or create a relaxing image to escape momentarily from a stressful event.

66) Diaphragmatic breathing: This technique involves teaching a person to breathe sufficient amounts of air to help the person’s blood be purified properly and filled with oxygen. In this technique, the individual breathes deeply from the diaphragm, which is located low in the chest, near the abdomen.

67) Stress inoculation: Self-talk, or the things that people tell themselves about stressful situations, can be habitual. For example, a person may take an ordinary event and automatically magnify its importance. Stress inoculation training is a type of therapy that trains clients to cope with anxiety and stressful situations by learning more functional patterns of self-talk.

68) Meditation: Meditation is a proven method for relaxation of the mind and body. Meditation can bring into the present by focusing your attention on breathing, a few repeated words, a single repetitive action, or the flickering light from a candle.
E) Cancer and TB managements/ prevention

69) Stop smoking/ do not use tobacco: Smoking is linked to several types of cancer including cancer of the lung, bladder, cervix and kidney and chewing tobacco has been linked to cancer of the oral cavity and pancreas and tuberculosis.

70) Eat a healthy diet: Choose a diet rich in fruits and vegetables. Select whole grains and lean proteins. Overweight or obesity can increase cancer risk.

71) Stop drink alcohol: The risk of various types of cancer and TB increases with the amount of alcohol drink.

72) Maintain a healthy weight: Maintaining a healthy weight may lower the risk of various types of cancer. Being overweight or obese may increase risk of cancer. Work to achieve and maintain a healthy weight through a combination of a healthy diet and regular exercise.

73) Exercise most days of the week: Regular exercise is linked to a lower risk of cancer and tuberculosis. Aim for 30 minutes of exercise most days of the week.

74) Avoid excessive sun exposure: Harmful ultraviolet (UV) rays from the sun can increase risk of skin cancer. Limit sun exposure by staying in the shade, wearing protective clothing or applying sunscreen.

75) Get immunized: Immunizations may help prevent those viruses, including hepatitis B, which increases the risk of liver cancer, and human papillomavirus (HPV). Bacille Calmette-Guerin or BCG is used to prevent TB.

76) Don’t share needles: Sharing needles with an infected drug user can lead to hepatitis B and hepatitis C which can increase the risk of liver cancer.
77) Take early detection seriously: Regular self-exams and professional screening for various types of cancers such as cancer of the skin, colon, prostate, cervix and breast can increase chances of discovering cancer early, when treatment is most likely to be successful.