Objectives and Hypotheses
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CHAPTER – 3

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Mental health and physical health are fundamentally linked. People living with a mental illness are at greater risk of experiencing a wide range of physical health problems (Canadian Institute for Health Information, 2008). The reverse relationship is also true i.e. people living with chronic physical health conditions experience depression and anxiety at twice the rate of the general population (Minister of Public Works and Govt. Services Canada, 2006). Mental and physical illness share many symptoms, such as food cravings and decrease energy levels which can increase food consumption, decrease physical activity and contribute to weight gain. These factors increase the risk of developing chronic physical conditions and can have a detrimental impact upon mental well being.

The review of research literature in the previous chapter provided some evidence on burden, coping and QOL of caregivers of patients with chronic illnesses. Chronic illness is prevalent in every part of the world. Patient of life threatening disease in the family leads to different type of emotional, financial, and social problem for the caregivers. Chronic illness of any type brings and demands extra attention of family members. It becomes very vital to explore the complex parameters of caregivers of patients with chronic diseases. Some time ago, the people with cancer were not expected to function in normal society and psychiatric illness was considered to be ultimate devastation that could occur in one’s life and to survive such an assault was considered to be extraordinarily difficult.

Cancer is a disease with high mortality and also is a systematic wasting disease. Patients suffer from both physical torture and the destruction of spirit in a relative long period. Cancer is not only a major life event to patients themselves but also has a great affect on their caregivers, often resulting in tension and pressure, declining of well-being and quality of life in caregivers. Similarly the caregivers of severe chronic mental illnesses like schizophrenia, bipolar affective disorder have to bear the burden and pressure in a long period of time because of the long-term and
heavy caring work thus their physical and mental health are also seriously affected. Caring for a person with severe psychiatric disorder and a person with progressive cancer creates challenges for the caregivers. However the needs of caregivers are often not assessed or recognised by health care providers. Research is also lacking in this area especially in India, with little knowledge relating to effective strategies to address the specific needs of caregivers. A little work in India has been done so far to explore the family burden, coping styles and QOL of the caregivers of two diseased groups. Keeping this in mind the present investigation was undertaken with the following problem.

Problem:

To assess and compare the burden, coping styles and QOL of caregivers of patients with psychiatric disorders and cancer.

On the basis of above problem the current research work was carried out with the following objectives:

Objectives:

1. To assess and compare the burden of caregivers of psychiatric and cancer patients.
2. To assess and compare the coping styles of caregivers of psychiatric and cancer patients.
3. To assess and compare the QOL of caregivers of psychiatric and cancer patients.
4. To assess and compare the gender differences amongst caregivers of two diseased groups on burden, coping style and QOL.

Hypotheses:

The following hypotheses were formulated:

1. There would be significant difference between the burden of caregivers of patients with psychiatric disorders and cancer (two diseased groups).
2. There would be significant difference between the coping styles of caregivers of the two diseased groups.
3. There would be significant difference between the levels of QOL of caregivers of the two diseased groups.

4. There would be significant sex differences on burden, coping styles and QOL.