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Original Article

Coping strategies used by Mothers' of children with Leukemia in Pune, India

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Abstract

Background: The assessment of coping strategies used by the mothers of children with leukemia will provide a further basis of helping mothers' adaptation. This study was undertaken to assess the coping strategies used by mothers of children with leukemia in Bharati Hospital Pune, India.

Methods: This was an exploratory study of 60 mothers whose children diagnosed with leukemia within one year and taking treatment from Bharati Hospital, Pune, India. Data collection was conducted based upon coping strategy Scale including Problem solving (Acceptance, seeking support, and positive action) and emotional (avoidance, emotive and distancing) coping strategies. Correlation with selected demographic variables is also done.
A total of 60 mothers whose children diagnosed with leukemia within one year of life participated in study.

Results: Results of this study showed 71.7 % of the mothers of children with leukemia are having poor coping strategies. The mothers have used both problem solving and emotional coping strategy equally as follows, seeking support (5.33±0.75), then emotive coping strategy *(4.8*±1.30), Acceptance (2.9±0.51), Avoidance (2.5±0.64) Distancing (1.9±0.87) then positive action (*1.6*±1.2). Duration of illness are the demographic variables which were found to have significant association with Coping strategies.It can be interpretted from the findings that the coping strategies are poor with in four months after diagnosis is made as p value is less than 0.05.

Conclusion: Familiarity with coping strategies and the method to use them could balance the emotional, psychological and social consequences of parents who have a child with leukemia. In this research mothers used a low level of coping strategies. Mothers of children with leukemia should be encouraged more to learn and use about various coping strategies. Necessary facilities should also be provided for implementation of these strategies.

1. Introduction

Children are the most precious blessings given to family. There is nothing in this world that can be more important than own baby. The lives of the parents completely adjust upon the arrival of their child. All parents have hopes, dreams and expectations for their children. When disease strikes these expectations are shattered the moment the doctor utters the diagnosis. Some parents describe it as a physical blow, like being slapped. As the numbness wears off , parents are forced to begin to cope to accept the diagnosis, mobilize their emotions and get on with their lives. But their lives are forever changed[1]. Taking care of a child with leukemia is one of the most draining and difficult task a parent can face.

A child's chronic illness affects the lives of all family members emotionally and physically. Roles and routine change and the demands of care giving must be negotiated. Financial recourses may be strained·[2] Leukemia is the most common malignancies in children with a prevalence of 129 in one million and the second cause of death among children aged 5-14 years[3,4,5]. Parents who have a child suffering from cancer face distress in regard to multiple hospitalizations, chemotherapy side effects (hair loss, nausea, vomiting and infections). They try to provide support for their child as he or she undergoes a variety of tests and procedures[5]. Parents who have a child afflicted with cancer, would face distress and emotional problems, if they do not receive enough social and spiritual supports[6].

Childhood leukemia has remained a focal point of extensive etiologic, diagnostic and therapeutic research since its recognition as a clinical entity over a century ago[7]. It is one of the most common cancers in children, comprising more than a third of all childhood cancers. The quality of life of children with leukemia is reduced by fear and anxiety of parents after diagnosis, lack of information about the disease, treatment and care of the child[8].

Coping is a vital concept in nursing and its strategies can influence the nature of adaptation of a family. A nurse can support the family by respecting them and serve as a support by making referrals, providing information about the illness or its management, allowing emotional expression by all family members, and by responding to the emotions when expressed. It is crucial for the nurse to take a long-term view of problems and not to expect all of them to be solved quickly [9]. Kazak and Barakat (1997) reported that children and families, who were well adapted to diagnosis and treatment, would cope better with the stressors [8.10].

Coping is part of transaction between the person and the environment where that transaction is appraised as stressful [11]. Coping means adjusting to or solving internal or external challenges. Coping is a person's attempt to control, manage or live with a stressful situation [12].

Coping strategies can be either problem focused or emotion focused. Problem focused coping involves an effort to solve the problem or meet the demand directly. Emotion focused coping occurs when nothing can be done and the people turns to cognitive process such as distancing, wishful thinking or self blame[12].

Patterson & McCubbin (2002) noted that mothers experiencing stressful events such as a child's chronic illness tended to use more coping behaviors than parents experiencing less stressful events [13]. Furthermore, Katz (2004) noted the severity of the child's illness appears to have a differential impact on coping, with parents of children who have life threatening conditions evidencing a larger repertoire of coping behaviors than parents whose children had not life threatening conditions [14].

The focus on the mother in the present study was due to the fact that they were generally easy to contact, and as the primary care giver they tended to be the ones who attended hospital appointments with their child. It has been acknowledged; today that men and women do differ in their grief reactions. For these reason there is an increasing urgency to investigate the needs, perception and coping style of mothers[15].

2.Materials and Methods

From February 2013 to Augest 2013, 60 mothers who had children suffering from leukemia taking treatment from Bharati Hospital, Pune, participated in present study. The study population was determined using available simple random sampling method. The inclusion criteria were duration of diagnosis for 1year, absence of any other diseases except leukemia.

Data were recorded in a questionnaire divided in to two parts. The first part covered demographic information including age of the child, Number of children, Duration of illness, gender and occupation of the mother. The second part consisted of the coping strategy scale, this had 24 items, of which 12 were problem solving coping strategy and 12 were emotion coping strategy. The subscale in the scale was for problem solving coping strategy ,acceptance,(1, 3,17,21) seeking support (2,4,13,12) positive action(8,10,18,19) For emotional coping avoidance (7,15,16,22), emotive (6,9,14,23) and distancing (5,11,20,24) . The scoring of this tool was based on the 3 point likert scale- 0 being never used the strategy, 1 meant some time used the strategy and 2 indicated that mothers often used the strategy. The scale was translated to the local language for better understanding by the mothers.

Data were statistically analyzed using Fishers Exact statistical tests to evaluate the coping strategies in relation to demographic information. A P value of less than 0.05 was considered significant.

3.Result

3.1 Section I: The frequency and percentage of demographic variables in experimental and control group are presented in table 1

Table 1: Description of samples (Mothers of children having leukemia) according to Demographic characteristics by frequency and percentage (N=60)

Demographic variable	Freq	%
Number of children		
One	13	21.7%
Two	30	50.0%
Three	14	23.3%
More than three	3	5.0%
Duration of illness		
0-4 months	24	40%
4-8 months	20	33.3%
8-12 months	16	26.7%
Age of the child		
0-3 years	18	30.0%
4-8 years	35	58.3%
8-12years	5	8.3%
12-15 years	2	3.3%
Gender		
Male	34	56.7%
Female	26	43.3%
Occupation of mother		
Non-working mother (House wife)	45	75.0%
Laborer	7	11.7%
Service	8	13.3%

The demographic information of mothers presented in Table 1 shows that most mothers are having two children (50%) and most of the children' (40%) duration after diagnosis is less than 4 months. The data revealed that 58.3% of the mothers have the children between 4-8 years of age and 56.7% are having male children. 75% of the mothers were house wife.

3.2 Section II

Table 02: Coping strategies of mothers of children with leukemia (N=60)

Coping	Freq	%
Poor (Score 0-16)	43	71.7%
Average (Score 17-32)	16	26.7%
Good (Score 33-48)	1	1.7%

The data from the table 2 indicates that 71.7 % of the mothers of children with leukemia are having poor coping strategies.

3.3 Coping strategies in subscale

Table 3: Mean of coping strategies (*X* ±SD)(N=60)

Coping strategies	*X* ±SD
Acceptance	*2.9*±0.51
Seeking support	*5.33*±0.75
Positive action	*1.6*±1.2
Avoidance	*2.5*±0.64
Emotive	*4.8*±1.30
Distancing	*1.9*±0.87

The results, as demonstrated in Table 3, showed that mothers have used the coping strategy, seeking support (*5.33*±0.75), then emotive coping strategy (4.8±1.30), Acceptance (2.9±0.51), Avoidance (2.5±0.64) Distancing (1.9±0.87) then positive action (*1.6*±1.2).

The association between coping strategies and demographic variables assessment was done using analysis of variance. The summary of the results of ANOVA are tabulated below:

Table 4. The association between coping strategies and demographic variables assessment

N=60

Demographic variable	F	p-value
No of children	0.3	0.846
Duration of illness	4.04	0.020
Age of the child	0.2	0.928
Gender	0.4	0.536
Occupation of mother	0.2	0.826

p-values corresponding to demographic variables, duration of illness was small. The null hypothesis is rejected. Duration of illness are the demographic variables which were found to have significant association with Coping strategies.It can be interpretted from the above findings that the coping strategies are poor with in four months after diagnosis is made as pvalue is less than 0.05.

4.Discussion

Results of this study showed 71.7 % of the mothers of children with leukemia are having poor coping strategies. The mothers have used both problem solving and emotional coping strategy equally as follows, seeking support (5.33±0.75), then emotive coping strategy (4.8±1.30), Acceptance (2.9±0.51), Avoidance (*2.5*±0.64) Distancing (1.9±0.87) then positive action (1.6±1.2). Duration of illness are the demographic variables which were found to have significant association with Coping strategies.It can be interpretted from the findings that the coping strategies are poor with in four months after diagnosis is made as p value is less than 0.05.

Barbarin (1985) showed that coping strategies are improved by seeking more information, concurrent with problem solving followed by efforts to restore emotional balance and religious beliefs [16]. In another study it was demonstrate that parents used both emotion and problem focused strategies for coping with their primary stressors [17]. Results of this study are showed that there was significant difference between coping strategies and duration of diagnosis of the cancer. Coping behavior is considered successful, if when reappraised, the stressor or threat is absent or more manageable. Common indications of effective coping are perceived helpfulness, reduction of anxiety and emotional distress, and reduction or elimination of the problem.

5.Conclusion

The findings have important implications for parents, researchers and health care professionals. The adequate use of all strategies would help mothers cope with their children's disease condition more efficiently. Mothers of children with leukemia should be encouraged more to learn and use about various coping strategies. Necessary facilities should also be provided for implementation of these strategies

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