THE IMPACT OF COUNSELING ON HOME ADJUSTMENT OF CANCER PATIENT'S CAREGIVER: BREAKING BAD NEWS ABOUT PROGNOSIS

Hanspara Satish G.
(M.A., DCCP, GSET.) Ph.D scholar,
Gujarat University, Ahmedabad, Gujarat.

Abstract:

In the regional hospital, many patients are diagnosed with advance stage cancers, and then it is a tough task to give breaking the bad news to patients and their relatives. Many doctors are afraid to talk to patients about death or death related diseases. The patient is given news through counseling. It is about measuring what changes in his home adjustment before and after giving this news. The total sample consisted of 40 Cancer Patient's caregiver (20educated cancer caregiver and 20 uneducated cancer caregiver) were selected purposive and accidently from Siddhpur Cancer Care Center Siddhpur Gujarat. For purpose of the study "Adult adjustment scale" (AAS) by Dr. Ashvin Jansari (2015) was used. Scoring has been done as per manual, further; the data were analyzed by using descriptive statistics mean, SD and t-test. Result was found that, between after and before counseling of educated cancer caregiver and uneducated cancer caregiver. The result shows that there is significant different on home adjustment of before and after counseling of cancer patient's Caregiver. at 0.01 level.

Key Word: Braking Bad News, Cancer patient's Caregiver (educated and uneducated person). Counseling, Home Adjustment,

Introduction of Breaking bad news:

Giving bad news to patients carefully is not an optional requirement for doctors but an essential part of specialized practice. In regional hospitals, many patients are recently diagnosed with advance cancer. Informing these patients and their relatives of bad news is a tough and difficult job. Most doctors do not have earlier experience in talking to patients about death or death-related diseases and are necessary almost daily to give unwelcomed news without being ready properly for such instances. It is incompatible if it is done without efficiency, understanding or clemency. If it is done well, patients may feel somewhat less hopeless and walk away with wish. Bad news radically and unenthusiastically alters the patients' view of their future.

Delivering bad news is a worrying moment for physicians and patients. Patients' satisfaction and perceptions of getting bad news has been investigated. There is evidence that good communication of health care providers can get better patients' fulfillment with treatment and psychological adjustment.

Unfortunately, communication skills are not an necessary part of medical studies in many countries. This fact has a great influence on the way doctors approach patient when bad news delivered. During the last few years, there have many efforts have been made by universities and other organizations to change the current situation. There are many Forums, courses and available printed materials that can help doctors get improved their abilities and their knowledge in this challenging part. Besides that, there are prearranged guidelines for breaking bad news.

Scope and Purpose "Breaking Bad News", outlines a pathway for medical and other specialized staff to deliver bad news to patients, clients, their families and carers (Caregivers).

According to the American Counseling Association, counseling is defined as, "a professional relationship that empowers diverse individuals, families, and groups to complete mental health, wellness, education, and career goals." Counseling involve helping people make required changes in ways of thinking, feeling and behaving, and is a goal-based two-way process, involving a non-judgmental, helpful counselor who works with a client in telling his or her conflict able situation, Set up systematic goal, and developing strategies and plans necessary to achieve these goals. For a few people this process takes a small amount of time, in some cases as little as one or two sessions; for others, the procedure may last long time.

Home Adjustment is a person has adjusted to his family that is called home adjustment. Many areas are connected with individual's life. Among all those areas family is the most important one. Various religious, educational, specialized institutions educate a person regarding various subjects but his basic needs such as care, love, acceptance, good feelings, security, physical and psychological requirements are provided by family (home) only. It cannot be said if all these are gained there is no problem in society. Indian family includes grandfather, grandmother, father, mother, uncle, auntie, sibling, children etc. But in today's time families are becoming smaller (nuclear Family). People prefer individual family to joint family. Problems occur due to unemployment, accident, illness. The greatest problem is that of illness or big disease. How to conserve and support family?. How to complete needs?. How to make happy family persons? Because of such situation conflict arises and at that time there arises the need for family adjustment.

OBJECTIVES

1. The purpose of the present study of

find out how the effect of the counseling in the home adjustment of cancer patient's caregiver.

in the home adjustment on male uneducated caregiver and female uneducated caregiver.

HYPOTHESIS

HO$_1$: There is no significant difference in the home adjustment in educated cancer patient's caregiver and uneducated cancer patient's caregiver.

HO$_2$: There is no significant difference in the home adjustment on male of educated caregiver and female educated caregiver.

HO$_3$: There is no significant difference

Methodology

Sample:-

The sample of the present study consisted of 40 cancer patient's caregiver, 20 educated cancer's caregiver and 20 are uneducated cancer caregiver were selected from Siddhpur Cancer Care Center Sidhpur in North Gujarat. The sampling method used was purposive sampling and accidental sampling.

Design:-

Table 1.

One group pre test post test design was used

Variable	Male Cancer 'caregivers	Female Cancer 'caregivers	Total
Educated Caregiver	10	10	20
Uneducated Caregiver	10	10	40
Total	20	20	40

Tool:-

The Adult adjustment scale (AAS) by Dr. Jansari Ashvin. (2015) was used for the study the scale consisted 125 items and each has five response alternative i.e. Test retests reliability coefficient of the inventory 0.91 and split half is 0.72. The validity coefficient was found to be 0.71. A.A.S measures 5 area of adjustment: home adjustment, health adjustment, social adjustment, emotional adjustment and occupational adjustment.

Note: I had not used part: part 2,3,4,5, Health adjustment, Social Adjustment, Emotional adjustment, occupational adjustment in my present study, because of I am not interested measured other 4 adjustment component, and it's my limitations. I have just calculated 25 items and the first components home adjustment.

Procedure:-

The Cancer Patient in GCRI Sidhpur were accidentally selected and adult adjustment scale were given & data was collected after counseling (according breaking bad news) and then after again given scale and data were selected, the obtain data was analyzed with help of mean, SD, and 't' value. One group pre test post test design was used.

Home Adjustment Score → Counseling → Home Adjustment Score

RESULT & DISCUSSION

The statistical methods used to analyze obtained data are mean, SEd and 't' test.

Table 2:

Home adjustment of educated cancer patient's caregiver and uneducated cancer patient's caregiver

Group	(N)	Mean	SD	SEd	't' value	Level of significance
Educated cancer patient's caregiver	20	73.00	14.00	2.77	2.89	0.01
Uneducated cancer patient's caregiver	20	65.00	10.41			

DF=78   0.05=1.99 DF=78 0.01=2.64

Table 1: I show the home adjustment of Educated cancer patient's caregiver and Uneducated cancer patient's caregiver. For the educated cancer patient's caregiver the mean is 73.00 and for the uneducated cancer patient's caregiver mean is 65.00 and S.D. for educated cancer patient's caregiver is 14.00 and uneducated cancer patient's caregiver 10.41. For both group 't' level value is 2.89 and its level of significance is 0.01. It shows that HO1 is rejected.

Table 3

Home Adjustment on Educated Male Caregiver and Educated Female Caregiver

Group of Educated	(N)	Mean	SD	SEd	't' value	Level of significance

Male cancer patient's caregiver	20	64.75	6.25	2.36	0.21	NS
Female cancer patient's caregiver	20	65.25	8.50			

Df=38 0.01=2.71 Df=38 0.05=2.02

Table 2: I show the Home Adjustment on male educated caregiver and female educated caregiver. For the male educated caregiver the mean is 64.75 and for the female educated caregiver mean is 65.25 and S.D. for educated male cancer patient's caregiver is 6.25 and educated female cancer patient's caregiver 8.50. For both group 't' level value is 0.21 and it's no significant. It shows that HO2 is accepted.

Table 4

Home Adjustment on Uneducated Male caregiver and Uneducated Female caregiver

Group of Uneducated	(N)	Mean	SD	SEd	't' value	Level of significance
Male cancer patient's caregiver	20	72.50	6.86	2.23	0.44	NS
Female cancer patient's caregiver	20	73.50	7.25			

Table 3: I show the Home Adjustment on uneducated male caregiver and uneducated female caregiver. For the uneducated male caregiver the mean is 72.50 and for the uneducated female caregiver mean is 73.50 and S.D. for uneducated male cancer patient's caregiver is 6.86 and uneducated female cancer patient's caregiver 7.26. For both group 't' level value is 0.44 and it's no significant. It shows that HO3 is accepted.

CONCLUSION

1. There is significant difference between educated cancer patient's caregiver and uneducated cancer patient's caregiver on home adjustment. It means the level of good home adjustment is uneducated caregiver more than educated caregiver.

2. There is no significant difference between educated male cancer patient's caregiver and educated female cancer patient's caregiver on home adjustment. It means the levels of home adjustment both group are equal of educated male caregiver and educated female

caregiver.

3. There is no significant difference between uneducated male cancer patient's caregiver and uneducated female cancer patient's caregiver on home adjustment. It means the level of home adjustment both group are equal of uneducated male caregiver and uneducated female caregiver.

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