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Original Research Article

Coping strategies employed by the caregivers of cancer patients in Kanyakumari district: a descriptive study

Joel John N.*, Florence Shalini J.

Department of Social Work, Bishop Heber College (Autonomous) Affiliated to Bharathidasan University, Tiruchirappalli, Tamil Nadu, India

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***Correspondence:**
Dr. Joel John N.,
E-mail: Joeljohn014@gmail.com

ABSTRACT

Background: Cancer caregiving is a critical yet challenging role that significantly impacts caregivers' psychological and emotional well-being. This study explores the coping strategies employed by caregivers of cancer patients in Kanyakumari district, focusing on the relationship between demographic factors and coping mechanisms.
Methods: Using a cross-sectional survey design, data were collected from 100 caregivers through structured questionnaires assessing coping styles.
Results: Majority of caregivers utilize emotion-focused and avoidance coping strategies rather than problem-focused coping. Furthermore, no significant differences were found in coping strategies based on gender, domicile, or age, suggesting that caregiving stress is universally experienced across demographic groups. The study highlights the interconnected nature of coping strategies, with caregivers employing multiple methods to manage stress. The findings align with previous research emphasizing the need for targeted interventions to enhance problem-solving skills and emotional resilience. Given the collectivist culture of India, caregivers often rely on familial and social support, but financial burdens and limited healthcare accessibility exacerbate their stress levels.
Conclusions: Structured interventions, such as counseling and support programs tailored to caregivers' needs, are essential to improving their well-being. Future research should focus on longitudinal assessments of coping interventions to determine their long-term impact. Addressing caregivers' psychological distress through evidence-based strategies will ultimately enhance patient care and caregiver quality of life.

Keywords: Cancer caregiving, Coping strategies, Psychological distress, Caregiver burden, Emotional resilience

INTRODUCTION

Caring for individuals diagnosed with cancer is a profound responsibility that often falls upon family members and close friends. In regions like Kanyakumari District, caregivers face unique challenges due to cultural, economic, and healthcare dynamics. Understanding the resilience and coping strategies employed by these caregivers is essential for developing supportive interventions that enhance their well-being and effectiveness in their roles.[1] Resilience, defined as the capacity to maintain or regain psychological well-being in the face of adversity, is a critical attribute for caregivers. A systematic review highlighted that caregivers of advanced cancer patients often experience resilience as a dynamic process, influenced by individual histories, sociocultural backgrounds, and the support of their networks.[2] This resilience process can lead to mental well-being, benefit finding, and personal growth.[3] Caregivers employ various coping strategies to manage the multifaceted challenges they encounter. These strategies can be broadly categorized into problem-focused coping, which involves actively addressing the issues at hand, and emotion-focused coping, which aims

to manage the emotional distress associated with caregiving.[4] An integrative review emphasized that the choice of coping strategies significantly impacts caregivers' psychophysiological outcomes, with adaptive strategies contributing to better mental health and reduced stress levels.[5] In the context of Kanyakumari district, cultural values and social structures play a pivotal role in shaping caregivers' experiences. The collectivist nature of Indian society often means that caregiving is viewed as a shared family responsibility, which can provide emotional support but also lead to increased pressure and expectations.[6] Financial constraints, limited access to healthcare resources, and societal stigma associated with cancer further compound the challenges faced by caregivers in this region.[7]

Research focusing on caregivers in similar settings has identified several effective coping mechanisms. These include seeking social support from extended family and community members, engaging in religious or spiritual practices, and utilizing respite care services when available.[8] Building resilience through these strategies not only enhances caregivers' well-being but also improves the quality of care provided to patients. A study on caregivers of children with cancer in Kenya found that those who employed positive coping strategies, such as problem-solving and seeking social support, reported better psychological outcomes compared to those who relied on negative coping mechanisms like denial or substance use.[9] It is imperative to develop culturally sensitive interventions that bolster the resilience of cancer caregivers in Kanyakumari District. Such interventions could include caregiver support groups, counselling services tailored to address cultural stigmas, and educational programs that equip caregivers with practical skills and knowledge about cancer care.[1] By fostering an environment that supports the mental and emotional health of caregivers, we can ensure that they are better prepared to navigate the complexities of caregiving and maintain their well-being. The objectives of this research includes analysis of coping strategies of the caregivers of cancer patients and correlation of social demographics with coping strategies.

METHODS

This study adopted a quantitative research approach with a descriptive research design to examine the coping strategies employed by caregivers of cancer patients in Kanyakumari district. The study aimed to assess the coping mechanisms used by caregivers and analyze their effectiveness in managing caregiving stress. The target population consisted of caregivers working in cancer hospitals within Kanyakumari district, and a simple random sampling technique was employed to ensure unbiased selection. A total of 100 caregivers were included in the study for a period of 10 months from June 2023 to March 2024, providing a representative sample across various caregiving settings in the region.

Data collection was conducted using an interview schedule method, incorporating structured questionnaires to assess coping strategies. The Coping scale, developed by Hamby, Grych, and Banyard was used to measure caregivers' coping mechanisms. This scale consists of 13 items rated on a 4-point Likert scale, capturing various aspects of problem-focused coping (such as seeking social support and problem-solving) and emotion-focused coping (including acceptance, spirituality, and distraction). Additionally, the questionnaire included socio-demographic details to provide a comprehensive understanding of caregivers' backgrounds and their coping mechanisms. To ensure the feasibility and reliability of the study, a pilot study was conducted at the International Cancer Center, Neyyoor, among a small sample of caregivers. The pilot study aimed to test the validity of the questionnaire and refine any ambiguities before the final data collection. Results from the pilot study indicated that the questionnaire was comprehensive and required no major modifications.

The collected data were analyzed using descriptive statistics such as mean, standard deviation, and frequency distribution to identify prevalent coping strategies among caregivers. Additionally, inferential statistical tests, including correlation and regression analysis, were employed to examine the relationship between coping mechanisms and caregiver stress levels.

RESULTS

With regard to the dimensions of the coping scale, it has been found that the majority of the respondents (66%) had a low level of problem-focused coping, most of the respondents (42%) had a low level of emotional support seeking, Majority of the respondents (61%) were having low-level avoidant coping and majority of respondents (61%) were having a low level of coping (Table 1).

With regard to the dimensions of the coping scale, it has been found that there is no significant difference among the gender of the respondent and problem-focused coping, there is no significant difference among the gender of the respondents and their perceived emotional support seeking, there is no significance difference among the gender of the respondents and their perceived avoidant coping and there is no significance difference among the gender of the respondents and their perceived overall coping (Table 2).

With regard to the dimensions of the Coping scale, it has been found that there is no significance difference among the domicile of the respondents and problem focused coping, there is no significance difference among the domicile of the respondents and emotional support seeking, there is no significance difference among the domicile of the respondents and avoidant coping and there is no significance difference among the domicile of the respondents and overall coping (Table 3).

With regard to dimensions of coping scale, it has been found that there is no significance difference between the age of the respondents and problem focused coping, there is no significance difference between age of respondents and emotional support seeking, there is no significance difference between age of the respondents and avoidant coping and there is no significance difference between age of respondents and overall coping (Table 4).

There is a significant relationship between the problem focused coping and the other dimensions like emotional support seeking, avoidant coping and over all coping scale. There is a significant relationship between the emotional support seeking and the other dimensions like problem focused coping, avoidant coping and over all coping scale. There is a significant relationship between the avoidant coping and the other dimensions like problem focused coping, emotional support seeking and over all coping scale. There is a significant relationship between the overall coping scale and the other dimensions like problem-focused coping, emotional support seeking and avoidant coping (Table 5).

Table 1: Distribution of respondents by the perceived level of coping strategies, (n=100).

Variables	N	Percentage (%)
Problem focused coping		
Low	66	66.0
Medium	8	8.0
High	26	26.0
Emotional support seeking		
Low	42	42.0
Medium	35	35.0
High	23	23.0
Avoidant coping		
Low	61	61.0
Medium	25	25.0
High	14	14.0
Over all coping		
Low	61	61.0
Medium	13	13.0
High	26	26.0

Table 2: Difference between the gender of the respondents and their perceived level of coping strategies.

Variables	Mean	S. D.	Df	T value significance	Statistical significance
Problem focused coping					
Male	18.2564	2.46788	98	0.018	0.332 P>0.05, not significant
Female	18.8852	3.98789			
Emotional support seeking					
Male	8.5385	1.16633	98	0.075	0.112 P>0.05, not significant
Female	9.0164	1.81192			
Avoidant coping					
Male	5.2308	1.08728	98	0.245	0.791 P>0.05, not significant
Female	5.2951	1.30823			
Over all coping					
Male	32.0256	3.55029	98	0.006	0.246 P>0.05, not significant
Female	33.1967	6.46225			

Table 3: One-way analysis of variance among domicile of respondents and their perceived level of coping strategies.

Domicile	Df	Sum of square	Mean square	$\bar{X}$ Mean	Statistical inference
Problem focused coping					
Between groups	2	40.269	20.134	G1=18.4000 G2=19.6429 G3=18.1429	F=1.691 P>0.05, not significant
Within groups	97	1154.771	11.905		
Emotional support seeking					
Between groups	2	2.993	1.497	G1=8.7333 G2=9.1071 G3=8.7143	F=0.578 P>0.05, not significant
Within groups	97	251.117	2.589		

Continued.

Domicile	Df	Sum of square	Mean square	$\bar{X}$ Mean	Statistical inference
Avoidant coping					
Between groups	2	3.677	1.838	G1=5.1000 G2=5.5714 G3=5.1905	F=1.238 P>0.05, not significant
Within groups	97	144.033	1.485		
Coping total					
Between groups	2	97.861	48.931	G1=32.2333 G2=34.3214 G3=32.0476	F=1.626 P>0.05, not significant
Within groups	97	2919.379	30.097		

*G1=Urban, G2= Semi urban, G3=rural

Table 4: Age of the respondents and their perceived coping strategies.

Variables	Correlation value	Statistical inference
Problem focused coping	-0.015	Not significant
Emotional support seeing	0.050	Not significant
Avoidant coping	0.051	Not significant
Overall coping	0.028	Not significant

Table 5: Interco relation between the dimensions of coping scale.

Variables	Problem focused coping	Emotional support seeking	Avoidant coping	Coping scale total
Problem focused coping	1			
Emotional support seeking	0.613**	1		
Avoidant coping	0.642**	0.530**	1	
Coping scale total	0.949**	0.793**	0.779**	1

**Significant at 0.01 level, *Significant at 0.05 level

DISCUSSION

The findings of this study reveal that a significant proportion of caregivers in Kanyakumari District exhibit low levels of problem-focused coping (66%), emotional support seeking (42%), avoidant coping (61%), and overall coping (61%). These results underscore the substantial challenges faced by caregivers, highlighting the need for targeted interventions to enhance their coping mechanisms.[10] The low prevalence of problem-focused coping suggests that many caregivers may struggle to actively address the challenges associated with caregiving. Problem-focused coping involves taking direct actions to mitigate stressors, such as seeking information, developing practical solutions, and engaging in proactive problem-solving.[11] The limited use of this coping strategy among caregivers could be attributed to a lack of resources, inadequate knowledge about effective caregiving practices, or cultural factors that discourage proactive problem-solving approaches. Enhancing problem-focused coping is crucial, as studies have shown that caregivers who employ these strategies experience better psychological outcomes and reduced stress levels.[4,5]

Similarly, the finding that 42% of caregivers exhibit low levels of emotional support seeking indicates a reluctance or inability to seek emotional assistance from others. Emotional support seeking involves reaching out to friends, family, or support groups to share feelings and gain emotional comfort. Cultural norms in regions like Kanyakumari district may emphasize self-reliance and the suppression of personal burdens, leading caregivers to refrain from seeking emotional support.[12] This reluctance can exacerbate feelings of isolation and emotional distress. Encouraging caregivers to seek emotional support is vital, as it has been associated with improved mental health and resilience.[13,14] The high percentage (61%) of caregivers with low levels of avoidant coping suggests that many are not engaging in behaviors aimed at evading or denying caregiving-related stressors. While avoidant coping is generally considered maladaptive, its low prevalence in this context may indicate that caregivers are confronting their challenges, albeit without effective strategies. However, the absence of avoidant behaviors does not necessarily equate to the presence of adaptive coping mechanisms. Therefore, it is essential to provide caregivers with tools to develop more effective coping strategies.[15]

The overall low coping levels among caregivers highlight the cumulative impact of these deficiencies. Caregivers with inadequate coping mechanisms are at a higher risk of experiencing burnout, psychological distress, and diminished quality of life.[16] This not only affects their well-being but can also compromise the quality of care provided to cancer patients. Interventions aimed at improving coping strategies are essential to support caregivers in their roles.[17] The study also examined the influence of demographic factors such as gender, domicile, and age on coping strategies. The results

indicated no significant differences in coping mechanisms across these variables. This suggests that the challenges in coping are pervasive among caregivers, regardless of their demographic background. Consequently, interventions should be inclusive and accessible to all caregivers, without assumptions based on demographic characteristics.

To address these challenges, culturally sensitive interventions tailored to the unique context of Kanyakumari district are necessary. Establishing caregiver support groups can provide a platform for sharing experiences and strategies, thereby enhancing emotional support seeking. Training programs focused on problem-solving skills can empower caregivers to adopt more effective problem-focused coping mechanisms. Additionally, providing education about the importance of self-care and available resources can encourage caregivers to seek the support they need. [13] In conclusion, the study underscores the critical need for targeted interventions to enhance the coping strategies of caregivers in Kanyakumari district. By addressing the identified deficiencies in problem-focused coping, emotional support seeking, and overall coping, it is possible to improve the well-being of caregivers and the quality of care they provide to cancer patients.

The limitations of this study is that this research is done with the responses collected from the caregivers of cancers patients diagnosed at one particular private hospital in Kanyakumari district of Tamil Nadu state, India. The research may be extended to include caregivers of cancer patients from other hospitals or on a different demographic scale to understand the coping strategies at a larger scale.

CONCLUSION

The findings of this study highlight the significant challenges faced by caregivers of cancer patients in Kanyakumari district, emphasizing the need for tailored interventions that enhance coping strategies and resilience. The results indicate that the majority of caregivers employ low levels of problem-focused and emotional support-seeking coping mechanisms, which may contribute to increased psychological distress and caregiver burden. These findings align with previous research suggesting that inadequate coping strategies can lead to negative health outcomes among caregivers. The lack of significant differences in coping strategies based on gender, domicile, and age further underscores the universal challenges caregivers face, regardless of their demographic background. Additionally, the study's findings indicate a strong correlation between different coping mechanisms, suggesting that caregivers who engage in one adaptive strategy are likely to employ others, reinforcing the importance of multi-faceted interventions. To improve caregiver well-being, targeted support programs should focus on increasing problem-focused coping strategies, such as structured problem-solving techniques and professional counseling services. Moreover, interventions that incorporate culturally relevant coping strategies, such as religious and spiritual support, have been found to be particularly effective in similar caregiving contexts. Future research should explore longitudinal outcomes of caregiver support programs to assess their long-term impact on psychological well-being.

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