SELF-EFFICACY OF CAREGIVERS IN HELPING CANCER PATIENTS TO DEAL WITH PAIN

by

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In the Name of Allah, The Most Beneficent and The Most Merciful

"So, with every difficulty there is relief; verily with every difficulty there is relief"

"So, when your task is over, prepare yourself and seek your Lord with all fervour"

[94.5-8]

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LIST OF ABBREVIATIONS

SE	-	Self-Efficacy
SPSS	-	Statistical Package for the Social Sciences
USM	-	Universiti Sains Malaysia
ANOVA	-	Analysis of Variance

DEFINITIONS OF KEY TERMS

Caregiver	Caregivers referred to patient's spouse, parent, children or children-in-law, siblings, someone who had relationship with patient and took care of patient almost every day but exclude domestic helpers.
Self-efficacy	Self-efficacy is a person's learned expectation to success
Gender	Socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.
Staging of cancer	Staging describes the extent or severity of a person's cancer

THE SELF-EFFICACY OF THE CAREGIVERS IN HELPING CANCER PATIENTS TO DEAL WITH PAIN

ABSTRACT

Self-efficacy is the person's learned to success. Expectations of person to success will lead to the rise of confident level and increased the self-efficacy to perform the desire behavior. The objective of the study is to determine the level of self-efficacy of caregivers and its relationship with gender and stages of cancer. This study is a cross-sectional study using the Self-Efficacy Scale questionnaire. Sixty five respondents were participated and data were analyzed by using Independent t Test and One-Way ANOVA. The level of self-efficacy of the caregivers had shown low, moderate, high and very high level of self-efficacy. By using Independent t Test, it shows that there are no significant difference of gender and self-efficacy of the caregivers; on the other hand by using One-Way ANOVA, it shows that there is significant difference of the self-efficacy and stages of cancer. The higher the stages of cancer, the lower level of self-efficacy. As the conclusion self-efficacy does not associated by gender of the caregivers but it depends on person expectations to success where as long as the caregivers believe they can do it, then they will able to perform it. The progressions of the disease bring out more stressor to the caregivers and their self-efficacy also was affected. Therefore, the effective communication between the health care provider and the family caregivers should be emphasized. Taken as a whole, the health care provider especially nurses need to play their role and educate family caregivers regarding the progression of disease.

Keywords: Caregivers, self-efficacy, stages of cancer, gender, family

EFIKASI-KENDIRI AHLI KELUARGA DALAM MENGURUSKAN KESAKITAN PADA PESAKIT KANSER

ABSTRAK

Efikasi-kendiri adalah satu jangkaan seseorang untuk berjaya. Jangkaan untuk berjaya ini akan membuatkan seseorang mempunyai keyakinan yang tinggi untuk melakukan sesuatu perkara. Objektif kajian ini adalah menentukan tahap efikasi-kendiri ahli keluarga dan signifikasinya dengan jantina dan tahap kanser. Kajian silang dilakukan menggunakan Skala Efikasi-Kendiri. Enam puluh lima sampel telah terlibat dalam kajian dan data dianalisa dengan SPPS 20 menggunakan "Independent t test" dan "One-Way ANOVA". Tahap efikasi-kendiri ahli keluarga ditunjukkan dengan tahap efikasi-kendiri yang rendah, sederhana, tinggi dan paling tinggi. Hasil kajian menunjukkan tidak terdapat signifikasi perbezaan antara jantina ahli keluarga dan efikasi-kendiri. Selain itu keputusan kajian juga menunjukkan terdapat signifikasi antara efikasi-kendiri dan tahap kanser. Kesimpulannya efikasi-kendiri tidak berkaitan dengan jantina ahli keluarga tetapi ia bergantung kepada jangkaan seseorang itu untuk berjaya. Jika ahli keluarga yakin mereka boleh melakukannya, maka mereka pasti boleh. Perkembangan penyakit memberi tekanan kepada ahli keluarga dan menjejaskan efikasi kendiri mereka.Oleh itu, komunikasi yang berkesan antara ahli keluarga dan ahli profesional kesihatan perlu dititikberatkan. Secara keseluruhan, ahli professional kesihatan perlu memainkan peranan untuk memberi penerangan kepada ahli keluarga mengenai perkembangan penyakit.

Kata kunci: Ahli keluarga, efikasi-kendiri, tahap kanser, jantina

CHAPTER 1
INTRODUCTION

1.1 Background of the Study

Cancer patient always has a strong connection with pain. McCaffery (1972) defined pain as "whatever the experiencing person says it is, and exists whenever he say does". Whereas McFerran (2005) define pain as unpleasant sensation ranging from mild discomfort to agonized distress, associated with real or potential tissue damage. Meanwhile, when discussing about cancer pain, Ferrel (1995) had shown a direct causal relationship between pain and cancer. Ferrel claim that cancer pain meant the patient had cancer and if the pain increased, the derived meaning was that the cancer had recurred or was progressing.

In a Quick Reference for Healthcare Providers prepared by Ministry of Health Malaysia (2010), cancer pain can be classified into two classes which are nociceptive pain and neuropathic pain. Nociceptive pain can be dividing into two types which are somatic and visceral pain. Characteristic of somatic pain are aching, stabbing or throbbing and usually well localized. For example bone metastases and ulcer. The characteristic of visceral pain are cramping or gnawing when due to obstruction pain of hollow viscous; aching, sharp or throbbing when due to tumor involvement of organ capsule. Pain is difficult to localize and may be referred to somatic structures. For examples, intestinal obstruction and liver metastases. In addition, neuropathic pain had the characters of burning, pricking, electric-like, shooting or stabbing, and sometimes have deep aching. Mostly it is associated with loss sensation in the painful region. Allodynia or dysaesthesia may be present.

Whatever type of pain it is, it will definitely bring a lot of stress to the patient and to the caregiver as well (Schumacher et al., 2002). Family member is the one who had been affected most when someone in the family was diagnosed with cancer. According to Cox (2012) witnessing the patient's uncontrolled pain is unbearable to the caregivers. To manage cancer pain, caregivers play important role after health care professionals. According to Weitzner (2000) limited community services and the financial pressure associated with hospital and nursing home care also lead family members, particularly spouses and adult daughters, to assume caregiver roles. But role of caregivers is something that cannot be taken lightly because according to Hudson (2006), family had experience psychological and social problem when taking the role as a caregivers. On top of that, Miaskowski (1997) also revealed caregivers experience higher levels of tension, and depression when managing patients with cancer-related pain.

Even though pain management exists to manage cancer pain as guide for caregivers, Schumacher (2002) found out the caregiver still having difficulty to manage cancer pain every day. Cancer pain makes life hard for both cancer patient and family (Vallerand et al., 2007). Due to pain, cancer patient had difficulty to perform activity daily living such as bathing, eating or sleeping. Somehow it is even hard for the caregiver to manage and control the pain of the cancer patient. During taking care of cancer patient, there are huge amount of demands that require caregiver to fulfill including communicating with health care professional and physician, manage the side effect of treatment, administering the medication and monitoring the symptoms (Weitzner et al., 2000).

Therefore, the self-efficacy of the caregivers is very important to manage cancer pain. The level of self-efficacy of caregivers to deal with pain of the cancer patient will be a

critical factor for the patients and caregivers well-being. Self-efficacy refers to person's learned expectation to success (Bandura, 1997). According to Bandura if you have a strong sense of self-efficacy, you believe you can generally succeed, regardless of past failure and current obstacle.

The first study that has systemically assessed the self-efficacy of caregiver for helping patients manage pain at the end of life had done by Keefe, 2003. The study suggest high self-efficacy in pain management may serve as buffer that protect caregivers from the distress associated with the emotional and physical demands of caregiving. Keefe also suggest that caregivers who were confident that they could help the patient manage pain will helped patients control the impact of their pain so that they were able to be more active. Self-efficacy of caregiver in pain management is seen as a crucial point in understanding how caregivers adjust to demands of caring for the cancer patients (Keefe, 2003).

1.2 Problem Statements

Literatures reveal limited studies have been conducted to investigate self-efficacy of caregivers in helping cancer patients to deal with pain. Most of the studies in Malaysia focus on the role of caregivers (Muhamad, 2011) a burden of caregivers (Razali et al., 2011) and quality of life of family caregivers (ZamZam et al, 2011) for various type of disease. Porter et al (2007) in her study had informed that when patient and caregivers both had low self-efficacy, it shows higher levels of anxiety and poorer quality of life than when both were high in self-efficacy. Hence, her study had proven the importance of self-efficacy

for patients and caregivers. Therefore, it is crucial to measure the level of self-efficacy of caregivers especially in Malaysia for the adjustment of cancer patient and their family members.

Keefe et al (2003) in his study had proposed that different pattern of finding may be obtained if the levels of self-efficacy of caregivers had been taken from other caregivers such as patient's children and friends. Even, Razali et al (2011) had proven in his study in Parkinson disease that socio demographic factor have relation with the burden of caregivers. Therefore in this study, the different level of pattern of family caregivers' self-efficacy in will obtain based on gender. According to Razali (2011), caring and nursing which is always associated with women shows high level of self-efficacy compare to men during managing pain of cancer patients. Because of that, it is an obligation to measure the self-efficacy of caregiver with different gender (Keefe, 2003).

On top of that, Keefe et al (2003) also had mentioned in his previous study that there may have been other unmeasured complications that will affect the self-efficacy of caregivers. Since the literatures had reveals very limited finding regarding stages of cancer and self-efficacy of caregivers of for helping cancer patients to deal with pain, it is an issue that needs to come out with finding regarding the association between level of self-efficacy of caregivers and stages of cancer. Taken as a whole, the association between level of self-efficacy of caregivers and stages of cancer had never been done in Malaysian population.

Moreover, self-efficacy will show how confident someone in their capacity when handling a problem. In Self-Efficacy Theory which was developed by Bandura (1977), Bandura had shown efficacy expectations act as mechanism operation. When caregiver

have efficacy expectations, for example caregivers feel confidence to assist cancer patient to free from pain, it will lead caregivers to perform desire behavior (i.e., administer medication to cancer patient). This desire behavior will lead to outcome expectations (i.e., cancer patient free from pain). Thus, the outcome come out with cancer patient did not feel pain. Further explanation regarding theoretical framework was explained in Chapter 2.

1.3 Research Objectives

The objectives of this study is to measure the level of self-efficacy of the caregivers in helping cancer patients to deal with pain by using Self-Efficacy Scale (SE Scale), and to examine how the correspondence in self-efficacy of caregivers relates to gender and stages of cancer.

1.3.1 General Objectives

The general objective of this study is to measure the level of self-efficacy of the caregivers to deal with pain among cancer patients.

1.3.2 Specific Objectives

1.3.2.1 To determine the level of the self-efficacy of the caregivers.

1.3.2.2 To determine the significance difference in self-efficacy between male and female caregivers.

1.3.2.3 To determine the significance difference between self-efficacy of caregivers and stages of cancer.

1.4 Research Questions

What is the level of self-efficacy of caregivers in helping cancer patients to deal with pain?

1.5 Research Hypothesis

HO 1: There is no significant difference in self-efficacy between male and female caregivers.

HA 1: There is a significant difference in self-efficacy between male and female caregivers.

HO 2: There is no significant difference between self-efficacy of caregivers and stages of cancer.

HA 2: There is a significant difference between self-efficacy of caregivers and stages of cancer.

1.6 Definitions of Terms (Conceptual/Operational)

Cancer Patient: Cancer is a disease where abnormal cell divide without control and able to invade other tissue (National Cancer Institute, 2012). Cancer patient is patient that experience abnormal cell divide without control. Moreover, cancer patients are a person who is receiving medical treatment for a

malignant growth or tumor [Collins, 2012]. In this study, caregiver of the cancer patient who was diagnosed with cancer and receiving treatment at hospital and had pain was invited as respondent.

Self-efficacy: Self-efficacy is a person's learned expectation to success (Bandura, 1997). The expectations of person to success will lead to the rise of confident level and increased the self-efficacy. In this study, the self-efficacy of caregivers in managing pain will be measured by using Self-Efficacy Scale (Keefe, 2003). Self-Efficacy Scale consists of three subscales which are symptoms, pain and function.

The caregivers: The caregivers referred to patient's spouse, parent, children or children-in-law, siblings, someone who had relationship with patient and took care of patient almost every day but exclude domestic helpers. In this study, the variety groups of caregivers of cancer patient were invited. For the beginning, to ensure the chosen respondents is the caregivers of cancer patient, patient will be asked who is the one patient relied for emotional support, taking medication and taking to doctor to receive treatment. Hence after confirmation from cancer patient, consent will be asked from the chosen caregivers.

Helping: According to Oxford Dictionaries helping is defined as make it easier or possible for cancer patient to do something by offering them one 'service or resources. In this study, the caregivers offering help to the cancer patient to deal with pain.

Dealing with pain: According to Oxford Dictionaries deal is referred as take measures concerning (someone or something). In this this study, the caregivers is take measures concerning pain of cancer patient.

1.7 Significance of the Study

This study will show the self-efficacy of the caregivers in managing cancer patients. Self-efficacy is the confidence in one's ability to perform specific behavior or task (Bandura, 1997). Perceived lacks of control over pain affect both cancer patient and caregivers' daily lives (Porter et al., 2008). Hence, the self-efficacy of the caregivers will contribute not only to cancer patient quality of life but to the family caregivers as well.

On top of that, this study will show the significant difference in self-efficacy between males and females caregivers. Traditionally, most women are the one who always commitment in taking care of the sick compares to men. Women always accept their role to take care the sick. Due to this common view of gender, this study differentiates the level of self-efficacy between gender caregivers.

Taking care of the terminally ill patient always cause high stress level to the caregivers. Because of that, this study had determined the relationship between self-efficacy of caregivers and stages of cancer. Therefore, the self-efficacy of caregivers should not be underestimated because the self-efficacy of caregivers has a big contribution to the patients' well-being.

The finding of this research also will contribute to nursing profession in future as well. The self-efficacy scale will help the nurses identify whether the caregivers had higher self-efficacy or low self-efficacy in helping cancer patients to deal with pain. Therefore, the nurses will able to use different approach to educate the caregivers regarding the appropriate way in helping cancer patient to deal with pain.

CHAPTER 2
LITERATURE REVIEW

2.1 Introduction

This study entitled "Self-efficacy of The Caregivers in Helping Cancer Patients to Deal with Pain" where the concept of self-efficacy was explained in detail based on the previous research. Past study (Khun et al., 2003; Keefe et al., 2003; Gilliam, 2006; Au et al., 2009) had explore the relationship of self-efficacy and caregivers from various aspect. To continue the inquiries of the self-efficacy of caregivers, this study justified the specific objective of the study which to determine the relationship of self-efficacy of caregivers with the gender of caregivers and to determine the significant relationship of the self-efficacy of caregivers and stage of cancer.

2.2 Review of literature

2.2.1 Self-efficacy

Bandura (1977, 1997) had defined the self-efficacy as person's capabilities and have confidence to perform specific task (Refer Chapter 1). Research regarding self-efficacy has been widely done in variety of aspect (Chen, 2002; Vecchio et al., 2007; Paraskeva et al., 2008). In 2006, Bandura has come out with a Guide for Constructing Self-Efficacy Scale. Self-efficacy scale has become important measurement instrument to measure the self-efficacy.

2.2.2 Self-efficacy of caregivers

Despite many type of disease that had been studies, the self-efficacy of caregivers had strong bond to the psychological well-being of caregivers. For example, Gilliam and Steffean (2006) has use Revised Scale for Caregiving Self-Efficacy to measure caregivers' self-efficacy where respondents were asked to rate their level of confidence (from 0-100%) that they could perform each activity if they gave their best effort. The scale used to measure the caregiving self-efficacy in response to often variety situations experienced by dementia caregivers. Their study had proven that self-efficacy of caregiver had a strong, direct relationship with depressed symptoms for dementia family. The caregiver with high self-efficacy experienced a lower level of depressive symptoms while the caregiver with low self-efficacy experienced a higher level of depressive symptoms.

In addition, Au et al (2009) also had done a study regarding self-efficacy and caregivers. By using the Self-efficacy scale originating from Steffen et al (2002) their study had provided the evidence that the self-efficacy indeed related to the well-being and possibly resilience to depression in chronically stressful situation. In their research, they had focused on dementia family caregiving. Moreover, their study finding also had suggested self-efficacy is partially mediating the relationship between social support and depressive symptoms.

In contrast, Khun and friends (2003) had designed Powerful Tools for Caregivers as a psychoeducational group intervention for caregivers for a better care for themselves and enhance caregivers' self-efficacy regarding the caregiving role.

By using the two self-care scales, a self-efficacy scale and a "positive self-talk", Khun and friends had come out with result show that increased in competence/confidence is large for spouse caregivers and very large for adult children. The increased of positive self-talk is moderate large for spouse caregivers and large for adult children. Those finding indicate Powerful Tools for Caregivers offers benefits to both spouses and adult children in self-efficacy and positive attitude while caregiving.

2.2.3 Self-efficacy of caregivers in helping cancer patients

Keefe et al (2003) had carried on a research entitled 'The self-efficacy of family caregivers for helping cancer patients manage pain at end-of-life' where the Self-efficacy scale was used as one of the instrument. Keefe et al (2003) had testified that high self-efficacy in pain management may serve as buffer that protects emotional caregivers from distress. Caregivers' self-efficacy in pain management may be important in understanding how family caregivers adjust to the demands of caring for cancer patients who have pain at the end of life (Keefe et al., 2003).

Apart from that, Porter and friends (2002, 2005, 2007, and 2011) had brought out studies regarding self-efficacy and caregivers towards lung cancer. Porter et al (2002) had examined the degree of correspondence between lung cancer patients and their caregivers in the perception of the patients' self-efficacy for managing pain and other symptoms of lung cancer. In this study, the self-efficacy

scale was used by patient and caregivers to rate regarding patients' perception of their ability to manage variety of symptom. However, the finding of the study point out that there was variability of congruence factors. It occurs due to poorer relationship of patients and their caregiver as rated by patients, high-level of patient-rated symptoms and high level of caregiver strain which relate to caregiver overestimate patients' self-efficacy (Porter et al., 2003).

In addition, after several past studies (Porter et al., 2003, 2008; Keefe et al., 2003) measuring the level of self-efficacy, more study (Keefe et al., 2005; Porter et al., 2011) had measure the level of self-efficacy after intervention had been done to the caregivers which same Khun and friends (2003) had been done before. Keefe et al (2005) had demonstrate a preliminary study regarding the partner-guided cancer pain management at the end of life where the efficacy of a partner-guided cancer pain management protocols for patients at the end of life were tested. The protocols were held in a three session and the data analyzed revealed protocols bring out increased in partner's rating of self-efficacy for helping cancer patient control pain. This protocol had brought benefit to caregivers and patient as well. Keefe et al also mentioned that interventions can increase self-efficacy and lead to better adjustment which support study done by Khun and friends (2003) and Bandura (1997)

Furthermore, Porter and friends (2011) perform a study entitle 'Caregiver-Assisted Coping Skills Training for Lung Cancer: Results of a Randomized Clinical Trial'. In this study, Porter and friends had tested the efficacy of caregiver-assisted coping skill training (CST) protocols in a sample of patients with lung cancer. After undergo coping skill training, the caregivers had shown improvement is self-

efficacy from four-month follow up. Both of this study had showed that intervention of pain management that had been applied to caregivers will increased caregiver self-efficacy to manage pain of cancer patients.

2.2.4 The relationship of self-efficacy and gender of caregivers.

Studies had been done (Nijboer et al., 2000; Steele, 2002; Tamres et al., 2002) to investigate the gender differentiations in the role of caregiving. Study done by Schneider et al., (2001) had showed that significant gender differences exist where women reported had higher average scores compared with men for meaning in caregiving, depression, burden, and posttraumatic growth and lower average scores of optimism. Because of that, the study had suggested health care professional to be aware of gender difference and use different intervention toward caregivers of different gender.

On top of that, the self-efficacy scale had been proved to be one of the instruments to differentiate gender of caregivers. Hagedoorn et al (2002) had used the self-efficacy scale that were developed by Kujier et al. (2000) as one of the measuring tools to measure the self-efficacy of caregiver in his study entitled "Failing in spousal caregiving: The 'identity-relevant stress' hypothesis to explain sex differences in caregiver distress. Hagedoorn et al (2002) had searched an answer why female caregivers happened to had more psychological distress than male caregivers. The hypothesis of 'identity-relevant stress' was applied and the finding had showed that female caregivers who did not feel very efficacious in supporting

the patient reported significantly more distress than male caregivers who felt very efficacious in providing the support. In contrast, neither of this association was significant among male caregivers. (Hagedoorn et al., 2002).

When taking care of their child with cancer, Svavarsdottir (2004) had come out with suggestion that no overall significant difference between fathers' and mothers' well-being and their caregiving demands.

2.2.5 The relationship of self-efficacy and stages of cancer

Literature had revealed limited finding regarding the stages of cancer and self-efficacy. Most of the study had relate the stage of cancer with others factors such as lifestyle, for example Jerant, Franks and Kravitz (2010) had investigate relationship between self-efficacy for communicating with physicians and pain control self-efficacy and subsequent pain severity among cancer patients. They had taken data from 244 adults with various types of cancer. The study had comprehend post-intervention pain control self-efficacy was significantly related to subsequent pain severity.

Moreover study done by Ornish et al (2005) entitled "Intensive lifestyle changes may affect the progression of prostate cancer" had concluded that intensive lifestyle changes may affect the progression of early, low grade prostate cancer in men. In this context, grading also as known as staging. Ornish et al (2005) had evaluated the effect of comprehensive lifestyle changes on prostate specific antigen (PSA), treatments trends and serum stimulated LNCaP cell growth in men with

early, biopsy proven prostate cancer after 1 year. The samples of the study are the 93 volunteers with serum PSA4 to 10ng/ml and cancer Gleason scores less than 7.

However Porter et al (2007) had done a study entitled "Self-efficacy for managing pain, symptoms, and function in patients with lung cancer and their informal caregiver: Associations with symptoms and distress" where she had used early stage of lung cancer as her study's sample and measure their self-efficacy. Her study had shown that patients and caregivers were relatively low in self-efficacy for managing pain, symptoms, and function and there were significant associations between self-efficacy and adjustment. This finding had shown the possibility that patient and caregiver's self-efficacy affecting the adjustment.

2.3 Theoretical / Conceptual Framework

2.3.1 Self-Efficacy Theory

The self-efficacy theory was developing by Bandura (1977). According to Bandura, self-efficacy is the person's belief about their ability to perform a specific task to achieve their goal. In other words, how confident someone in their capacity when handling a problem that leads them to perform specific behavior. In self-efficacy theory, Bandura had highlighted that the efficacy expectations act as a mechanism of operation. During analysis, Bandura had differentiated efficacy expectations from response outcome expectancies. The differentiated can be refer in figure 2.3.1

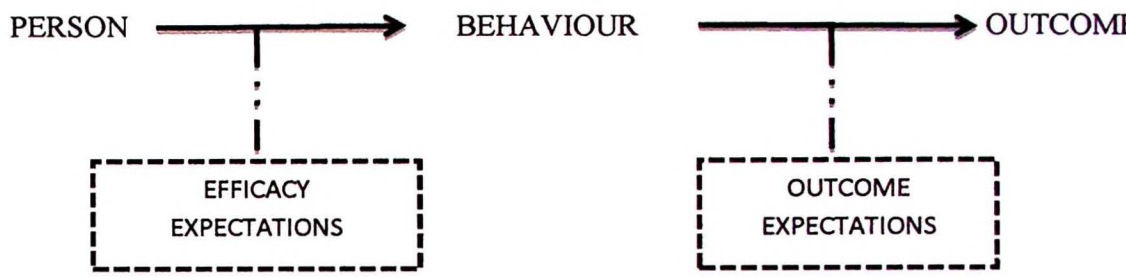

Figure 2.3.1 Differentiations between efficacy expectations and outcome expectations. (Bandura, 1977)

Bandura had defined the outcome expectancy as person's prediction that a desire behavior will lead to favorable outcomes. In contrast, efficacy expectation is person's confidence that they can perform the require behavior that will lead to favorable outcomes. There are differences between outcome and efficacy expectations because each person assures that certain action will produce certain outcomes. However, if person had hesitation whether they can do well or not in certain task, such doubts will not influence their behavior (Bandura, 1977)

Person's confidence is likely affect if person try to cope with a given situations. At this moment, self-efficacy will influence the setting of person's behavior. Person convince that they surpass their coping skill when they frightening and always run from unfavorable situations. In the other hand, when person convince they able to handle a situation, they will behave assuredly. Not only the self-efficacy will influence person's task but through expectations of successful, it will determined the coping ability. Efficacy expectations will determined whether

the coping behavior will be initiated, how many effort will be expanded, how long it will sustained when facing the obstacle and failure. The stronger the efficacy expectations, the more efforts will be put on. Still, expectation alone will not produce the favorable outcome if there is no capability to perform.

According to Bandura, efficacy expectations is based on four major; performance accomplishments, vicarious experience, verbal persuasion, and physiological states. Figure 2 shows the four based major of efficacy expectancy.

Performance Accomplishments. Performance Accomplishments is an experience that the person master or as known as successes of failure. For example, repeated success of behaviors will lead to strong efficacy expectations and failures lead to reduced efficacy expectations. Hence, to increase personal mastery for behavior is through participant modeling, performance exposure, self-instructed performances, and performance desensitization.

Vicarious Experience. Observing others perform unfavorable task without any adverse effect will enhance self-efficacy. Vicarious experience can be enhanced through live modeling (observing from others perform task) or symbolic referring.

Verbal Persuasion. By suggestion, exhortation, self-instructed and interpretive treatments, person believes it led to them to perform task successfully.

Emotional Arousal. Self-efficacy can be enhanced by reducing emotional arousal such as fear, stress, and physical agitation since they are relating with decreased performance. Emotional arousal can be reducing with frequently

symbolic exposure which allow person to practice dealing with stress, relaxation techniques and symbolic desensitization.

SOURCE

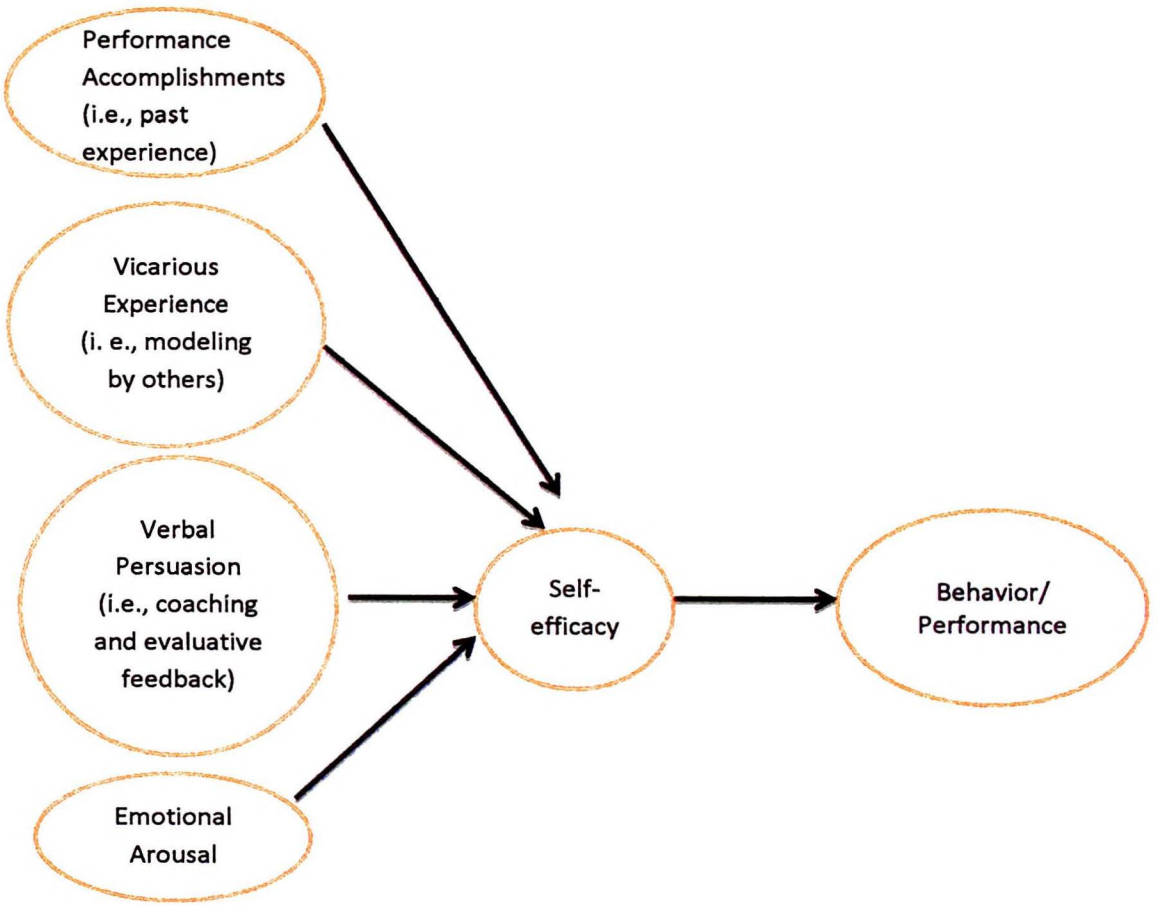

Figure 2.3.2: Four based major of efficacy expectancy (Bandura, 1977)

2.3.2 Self-efficacy theory and caregivers in helping cancer patient to deal with pain.

When caregivers of cancer patient have efficacy expectations where the caregivers feel confidence to assure cancer patients free from pain, it will led caregivers to perform a desire behavior (i.e., administer medication to cancer patient). Then, this desire behavior will lead to outcome expectations (i.e., cancer patient free from pain). Thus the outcome come out with cancer patient did not feel pain. Figure 3 had explained the flow.

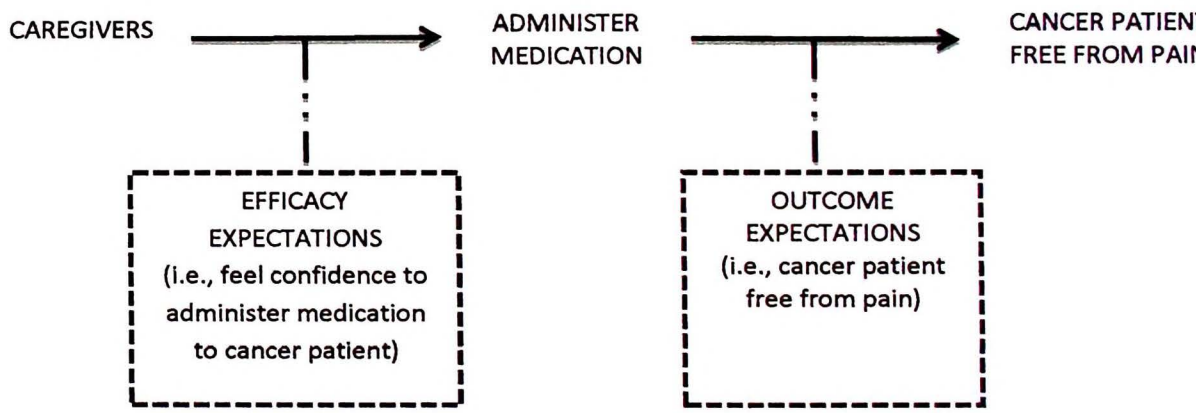

Figure 2.3.3: Differentiations between efficacy expectations and outcome expectations.

There are four major of efficacy expectancy which is performance accomplishments, vicarious experience, verbal persuasion, and physiological states. In caregiver's case, the efficacy expectancy gain from performance accomplishment (first major) where the caregiver might have past experience regarding administer

medication. Administer medication (pain killer) able to free patient from pain. Due to the repeated success of this behavior, caregivers gain self-efficacy to help cancer patient in pain management.

To free cancer patient from pain, caregivers does not rely on repeated success experience of administer medication only, but through vicarious experience (second major), caregivers learn by seeing others perform threatening activities without any adverse effect (Bandura, 1977). For example, by observe the healthcare professional perform positioning for ambulation without any adverse effect to cancer patient, caregivers gain efficacy expectancy to help cancer patient manage pain.

Moreover, caregivers also gain efficacy expectancy from verbal persuasion (third major). For example, caregivers gain self-efficacy by hear suggestion from healthcare professional regarding how to positioning patient to promote ambulation.

Last but not least, emotional arousal (fourth major) is one of the causes of efficacy expectancy. For example, when caregivers facing the stressful and threatening situations such as cancer patient have difficulty in breathing, it will cause caregivers to cope with the situations. Caregivers have expectation to perform successful intervention such as giving oxygen by themselves without waiting for the nurses.

CHAPTER 3
RESEARCH METHODOLOGY

3.1 Research Design

This study was design as a cross sectional study. The phenomena in this study refer to the objective of this study which is to measure the level of the self-efficacy of caregivers in helping cancer patients to deal with pain. Meanwhile, to calculate the numerical data, a set of questionnaire has been prepared in numerical form and was analyzed using SPSS (Statistical Package for the Social Sciences) software (a particular statistic method). In addition, cross sectional was useful as the study was conducted from December 2012 until February 2013. By using cross sectional study, the dependent and independent variable data was able to collect by using the selected questionnaire of interest

3.2 Population and Setting

The population in this study is the caregivers of the cancer patient who undergoes treatment in Hospital USM (Universiti Sains Malaysia). Setting in this study take place in Inpatient Care at 3 Selatan and 1Timur Depan and medical-surgical ward in Hospital USM where cancer patient admitted.

3.3 Sampling Plan

3.3.1 Sample

The inclusion and exclusion criteria for respondent are state as follows:

Inclusion criteria:

- The caregiver of cancer patient. The caregivers in this study is define as patient's spouse, parent, children or children-in-law, siblings, someone who has relationship with patient and but exclude domestic helpers.
- Taking care of patient almost every day starting when patient was diagnosed until to present condition
- The one patient relied for emotional support, taking medication and taking to doctor to receive treatment. Patient will be asking directly regarding these criteria.
- The caregivers able to read/speak in Malay or English
- Caregivers willing to participate.

Exclusion criteria

- Refused to participate
- Unable to read/speak in Malay or English
- Domestic helpers or paid maid

3.3.2 Sampling Method

This study was using purposive sampling as a sampling method. The main goal of purposive sampling is focus on the specific characteristic of the population of interest. In this study, the specific characteristic of interest is the caregivers of the cancer patients. Population that had been choosing in this study was at Hospital USM, Kubang Kerian, Kelantan. Therefore, the group of subjects were the caregivers of cancer patients and were selected from the population of cancer patient in the Hospital USM. The purposive sampling technique that was used in this research is homogenous sampling where the sample shares the same features. In this research, the caregivers all experience taking care of cancer patients. The sample was choosing when the caregivers meet up with all the inclusion criteria.

3.3.3 Sampling Size

Sampling size is very important in a study. If the sample size is too small, the inconclusive result might be produce but is sample size is too big, it will be a waste of scientific resource and time. Therefore the estimation of average cancer patient in Hospital USM for three month in 2011 is 110 was used. By using Roasoft software (the sample size calculator), the margin error that can be accept in this study is 5%. The confidence level that in this study require is 95%. Hence, the Raosoft Software had calculated that the recommended sample size is 86 respondents. The response of distributions is 50%. The dropout rate will be 10%. Therefore the sample size will be about 95 respondents. The addition of 9 more