African Journal for the Psychological Studies of Social Issues

Volume 29 Number 3, August, 2026 Edition

Journal of the African Society for THE PSYCHOLOGICAL STUDY OF SOCIAL ISSUES % DEPT OF Psychology, University of Ibadan, Nigeria

COPING LEVELS AND STRATEGIES OF FAMILY CAREGIVERS OF PATIENTS WITH CANCER IN SOUTHWESTERN NIGERIAN TERTIARY HOSPITALS.

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ABSTRACT
INTRODUCTION: Cancer is a life-threatening condition that affects both patients and family members. Coping strategies have been helpful in relieving the burden associated with care. However, little is known about it within the social context of Nigeria. This study assessed the coping levels and strategies of family caregivers of patients with cancer in southwestern Nigerian tertiary hospitals.
METHODS: A descriptive cross-sectional design was used. A total of 162 family caregivers were recruited from two tertiary hospitals in South-west Nigeria: Lagos University Teaching Hospital, and University College Hospital, using a multistage sampling technique. Data were collected using a validated Brief COPE inventory and analysed using descriptive statistic.
RESULT: The mean age of the participants is 38.9 ± 13.6 years. About 53.1% were females and were married (54.9%). Coping strategies employed were no alcohol (84.6%), turning to work (27.8%), engaging in activities (40.1%), however, 62.3% had no emotional support. Overall, majority (81.5%) had moderate coping level.
CONCLUSION: The study revealed a moderate coping level and lack of emotional support. There is need to implement positive coping strategies to improve their coping level as caregiving is demanding and health can dwindle at any time thereby empowering them for future challenges.

Key words: Adaptation, Coping, Coping strategies, Family Caregivers, Psychological distress,

INTRODUCTION
Cancer remains a global health problem with about 10 million deaths in 2020 globally (Siegel *et al*., 2022; World Health Organisation (WHO), 2025). In 2020, the incidence of cancer was 1.1 million (Sharma *et al*., 2022). Nigeria is not left out in the incidence rate as it recorded about 127,763 cases with date rate of 79,542 in 2022 (Ferlay, *et al*, 2024).
The cancer experience is often characterized by uncertainty, prolonged treatment, functional limitations, financial demands, changes in family roles, and concerns about disease progression and death (Akpan-Idiok *et al.,* 2020). Also, Family members of those living with cancer provide

diverse support to their loved one during this illness trajectory (Long *et al*., 2020, Glajchen *et al*., 2023; Dave, *et al*, 2022). This level of uncertainty and involvement in care impacts not just the patient but the family as it can expose caregivers to substantial physical, psychological, social, and financial stressors, making coping an important determinant of their well-being and ability to continue providing care (Akpan-Idiok *et al*., 2020; Onyeneho and Ilesanmi, 2021; Salley *et al*., 2024).

Coping is not an event but a process. Coping strategy is the intentional efforts to obtain a solution to a personal or interpersonal problem in order to overcome, avoid or tolerate a stressful situation or conflict (Newell, and Davis 2023). Coping may include adaptive strategies such as acceptance, positive reframing, active problem solving, seeking social support, religious or spiritual coping, and planning. Conversely, maladaptive strategies may include denial, behavioural disengagement, self-blame, avoidance, and substance use (Newell and Davis, 2023). Perception of the care responsibilities as a burden is associated with poor coping which can ensue in poor quality of life (Newell and Davis, 2023). Thus, to cope with the caregiving burden, caregivers need to adopt good coping strategies to relieve distress which must be individualistic.

Studies have reported that coping and coping strategies have been helpful in relieving the burden associated with care. For instance, different studies done within Africa, and other parts of the world revealed a substantial level of care burden (Akpan-Idiok, *et, al*., 2020; Kazemi, *et al.,* 2021; Onyeneho and Ilesanmi, 2021). Some of the coping strategies reported by some studies that has been effective in relieving distress associated with care are active coping, acceptance and positive reappraisal, use of acceptance, reprioritisation and appreciation, seeking family support, positive self-views and empathy, social support (Long, *et al,* 2021; Akpan-Idiok, *et, al.,* 2020; Kazemi, *et al.,* 2021). Also, A study that was conducted in Zambia among women caring for their spouses with cancer reported spiritual support, prayer and meditation, music and storytelling, good marital relationship and social support as coping strategies utilised by the wives (Mbozi, *et al,* 2023). Another important factor associated with coping is self-efficacy, or the caregiver's confidence in their ability to manage caregiving-related demands and these have been reported to be effective in relieving challenges associated with care (Hebdon, *et al*., 2021; Gong, *et al*. 2021). This finding is important because greater confidence in one's ability to manage caregiving demands may facilitate more adaptive coping, whereas low self-efficacy may contribute to avoidance, helplessness, and psychological distress.

Therefore, coping among family caregivers of people with cancer should be understood as an important component of cancer care rather than as an issue that exists separately from the patient's treatment. Poor coping may increase psychological distress and caregiver burden, whereas adaptive coping may promote emotional adjustment, self-efficacy, quality of life, and continued caregiving capacity (Cheng, *et al*., 2022; Gong, *et al*., 2021; Secinti, *et al*., 2023). Against this background, assessment of coping level and strategies among family caregivers of people with cancer is important in psycho-oncology practice. Identifying caregivers with low, moderate, or high coping capacity can help psycho-oncologist determine those who require additional psychosocial support and targeted interventions. Hence, this study assessed the coping strategies and level of family caregivers of people with cancer in selected tertiary hospitals in south-west Nigeria.

RESEARCH METHODS

Study design: This study adopted a cross-sectional descriptive design.

Study settings: The study was done in two selected Tertiary hospitals in South-west Nigeria, which are Lagos University Teaching Hospital (LUTH) and University College Hospital (UCH) Ibadan.

Study population: The study population were family caregivers of patients with cancer that are receiving outpatient and in-patient services in oncology units in UCH, Ibadan and LUTH, Lagos State.

Sampling Technique: A multistage sampling technique was used to select the sample for the study. It involved 3 stages, they are:
Stage 1: Purposive sampling was used to select two states (Oyo and Lagos States) from south-west Nigeria based on their level of involvement with cancer treatment.
Stage 2: Purposive sampling was used to select UCH, Ibadan and LUTH, Lagos state based on their level of involvement with cancer treatment.
Stage 3: Total sampling was used to select all family caregivers from the oncology clinics and wards of the hospitals that met the inclusion criteria for the study.

Inclusion criteria: The inclusion criteria for this study were all direct family caregivers (nuclear and extended) who are caring for a patient living with any type of cancer and those willing to participate in the study.

Instrument for data collection: The instruments adopted for this study is and Brief Coping Orientation to Problems Experienced Inventory (Brief-COPE Inventory). The Brief-COPE Inventory is a 28 item self-report questionnaire designed to measure effective and ineffective ways to cope with a stressful life event. It is scored from 1 to 4 for each question, making it a total possible score of 28 to 112. These categorizations were utilized for data analysis: high coping = 70-112, moderate coping 39-69 and low coping is 28 to 38. After adjusting for items that are reversely scored, all responses are summed to obtain the level of coping.
Data analysis: Data were analysed using descriptive statistics of mean, percentage, and frequency.

Ethical Considerations: The research proposal was submitted to the ethical review committees of the University of Ibadan and University College Hospital, Ibadan, and approval to conduct the study was given (approval number: UI/EC/24/0727) and LUTH Health Research Ethics Committee with approval given (ADM/DSCST/HREC/APP/7169). Ethical principles of research were maintained. Data collected were archived and used solely for research.

RESULTS

Table 1 shows the sociodemographic characteristics of respondents. The mean age of the participants is 38.9 ± 13.6 years, majority were female (53.1%), held tertiary-level education (67.3%) and were married (54.9%).

Table 1: Sociodemographic Characteristics of Respondents (n = 162)

Item	Frequency (%)
Age	
18–29	41(25.3)
30-39	50(30.9)
40-49	30(18.5)
≥50	41(25.3)
Mean ± SD = 38.9 ± 13.6	
Sex	
Male	76(46.9)
Female	86(53.1)
Occupation	
Business man	40(24.7)
Civil servant	19 (11.7)
Self-employed	57 (35.2)
Unemployed	13 (8.0)
Others	33 (20.4)
Educational level	
Primary	11(6.8)
Secondary	42(25.9)

Item	**Frequency (%)**
Tertiary	109(67.3)
Marital Status	
Single	61 (37.7)
Married	101(62.3)
Relationship with Care Recipient Brother	10(6.2)
Sister	13(8.0)
Parent	55(34.0)
Husband	13(8.0)
Wife	15(9.3)
Family relations	56(34.6)

Table 2 reports the descriptive coping strategies of caregivers. Majority (84.6%) reported they have not been using alcohol as a way of coping and have not been receiving emotional support (62.3%). Few (27.8%) have been turning to work to take their minds off the stress, have been saying to myself, this isn't real (22.2%), they have been doing something to make it less like movie (40.1%).

Table 2: Coping strategies of Family Caregivers

ITEM	1 F(%)	2 F(%)	3 F(%)	4 F(%)
I have been turning to work or other activities to take my mind off things	43(26.5)	41 (25.3)	33 (20.4)	45 (27.8)
I have been concentrating my efforts on doing something about the situation I'm in	66 (40.7)	35 (21.6)	33 (20.4)	28 (17.3)
I have been saying to myself "this isn't real"	64 (39.5)	40 (24.7)	22 (13.6)	36 (22.2)
I have been using alcohol or other drugs to make myself feel better	137(84.6)	17 (10.5)	3 (1.9)	5 (3.1)
I have been getting emotional support from others.	55 (34.0)	33 (20.4)	38 (23.5)	36(22.2)
I have been giving up trying to deal with it	101(62.3)	30 (18.5)	13 (8.0)	18 (11.1)
I have been taking action to try to make the situation better	77 (47.5)	32 (19.8)	16 (16.0)	27 (16.7)
I have been refusing to believe that it has happened.	75 (46.3)	35 (21.6)	24 (14.8)	27 (16.7)
I have been saying things to let my unpleasant feelings escape.	68 (42.0)	28 (17.3)	26 (16.0)	40 (24.7)
I have been getting help and advice from other people	67 (41.4)	28 (17.3)	27 (16.7)	39 (24.1)
I have been using alcohol or other drugs to help me get through it	130(80.2)	12 (7.4)	9 (5.6)	11 (6.8)
I have been trying to see it in a different light, to make it seem more positive	59 (36.4)	33 (20.4)	33(20.4)	37 (22.8)
I have been criticizing myself	94 (58.0)	27 (16.7)	17 (10.5)	24 (14.8)
I have been trying to come up with a strategy about what to do.	51 (31.5)	43 (26.5)	37 (22.8)	31 (19.1)
I have been getting comfort and understanding from someone	56 (34.6)	31 (19.1)	32 (19.8)	43 (26.5)
I have been giving up the attempt to cope	107(66.0)	26 (16.0)	12 (7.4)	17 (10.5)
I have been looking for something good in what is happening	54 (33.3)	25 (15.4)	48 (29.6)	34 (21.0)
I have been making jokes about it	101 (62.3)	23(14.2)	12 (7.4)	26 (16.0)
I have been doing something to think about it less… (movies/TV/reading/daydreaming/sleeping/shopping)	46 (28.4)	28 (17.3)	23 (14.2)	65 (40.1)
I have been accepting the reality of the fact that it has happened.	62 (38.3)	31 (19.1)	36 (22.2)	33 (20.4)
I have been expressing my negative feelings.	67 (41.4)	35 (21.6)	30 (18.5)	30 (18.5)
I have been trying to find comfort in my religion or spiritual beliefs.	86 (53.1)	20 (12.3)	18 (11.1)	38 (23.5)
I have been trying to get advice or help from other people about what to do	59 (36.4)	35 (21.6)	27 (16.7)	41 (25.3)
I have been learning to live with it	64 (39.5)	36 (22.2)	26 (16.0)	36 (22.2)
I have been thinking hard about what steps to take.	61 (37.7)	40 (34.7)	32 (19.8)	29 (17.9)
I have been blaming myself for things that happened	112 (69.1)	17(10.5)	13 (8.0)	20 (12.3)
I have been praying or meditating	103 (63.6)	16 (9.9)	15 (9.3)	28 (17.3)
I have been making fun of the situation.	115 (71.0)	17 (10.5)	7 (4.3)	23 (14.2)

I haven't been doing this at all Freq(%)= 1
A little bit Freq(%)=2
A medium amount Freq(%) = 3
I have been doing this a lot Freq (%) =4

Table 3 shows the coping level of caregivers. Majority (81.5%) of caregivers reported moderate level of coping.

Table 3: Coping level of caregivers

TEM	F (%)
Low level	4 (2.5)
Moderate level	132 (81.5)
High coping level	26 (16.0)

NB: Low level = 28-38
Moderate level = 39-69
High coping = 70-112

DISCUSSION

Findings from this study show that majority of the participants were younger adults, females, and had tertiary level of education. In line with this, researchers have reported similar age groups, gender and level of education among family caregivers of those with cancer (Barzallo *et al*., 2024; Cui, *et al*. 2024; Kilak, *et al*, 2025). The age group and female gender could be implicated in the level of coping as youths and women are more resilient and tend to bear stress more than males. This is supported by a 2023 study involving 948 family caregivers of patients undergoing haematopoietic cell transplantation as they that female caregivers were more favourably disposed toward positive psychology activities intended to support coping. The study also found that younger caregivers were more likely to support coping (Choi, *et al*., 2023). In contrast, younger caregivers may also experience competing demands related to employment, child-rearing, marriage and financial responsibilities, which may explain why the majority in the present study remained within the moderate rather than high coping category. Thus, younger age may provide physical and psychological resources for caregiving, but it does not necessarily eliminate the challenges associated with the caregiving role.

The predominance of moderate coping is consistent with evidence that family caregivers of people with cancer frequently experience substantial caregiving demands while simultaneously employing a range of adaptive coping strategies. Similarly, other studies have reported acceptance and positive reappraisal, use of acceptance, reprioritisation and appreciation, seeking family support, positive self-views and empathy, social support, spiritual support, prayer and meditation, music and storytelling (Akpan-Idiok, *et, al.,* 2020; Kazemi, *et al.,* 2021; Long, *et al,* 2021; Mbozi, *et al,* 2023), thereby demonstrating a significant relationship between caregiving burden and coping strategies. In contrast, this study revealed that majority of the caregivers lacked emotional support, some reported turning to work with very few using alcohol as a coping strategy. This could be implicated on why there is moderate coping level as against what was observed in other studies. Also, this finding suggests that although most family caregivers had developed some capacity to manage the physical, emotional, social, and practical demands associated with caring for a person with cancer, their coping resources may not have been sufficient to place them in the high-coping category. Furthermore, moderate coping among the majority of caregivers is understandable because cancer caregiving is associated with persistent demands, including emotional distress, uncertainty about the patient's prognosis, financial pressure, disruption of daily activities, and the need to balance caregiving with other family and occupational responsibilities. It is therefore, imperative that coping strategy intervention should be implemented for the caregivers as they may remain vulnerable to psychological distress when caregiving demands increase.

CONCLUSION

The study revealed a moderate coping level and lack of emotional support. Coping strategy intervention should be implemented for the caregivers and reinforcement of the positive coping

strategies used by each caregiver should be implemented to improve their coping level as caregiving is demanding and health can dwindle at any time thereby empowering them for future challenges. Emotional support should be provided to the caregivers through psychotherapy and other family members not directly involved with care.

ACKNOWLEDGEMENT: *We wish to appreciate all family caregivers that were involved in the study. We wish to appreciate all who supported in the data collection, the research assistants and hospitals used for this study.*

CONFLICT OF INTEREST: *No conflict of interest among the authors*

FUNDING*: No funding was received for this study.*

AUTHOR'S CONTRIBUTIONS:
CAB: Conceptualization, Data collection, data analysis, manuscript writing and review.
BMO: Manuscript writing and review, supervisor.
REI: Manuscript writing and review, supervisor.
AIU: Manuscript writing and review

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