TITLE: "EMOTIONAL INTELLIGENCE AND LOCUS OF CONTROL OF CAREGIVERS OF CANCER PATIENTS: A COMPARATIVE STUDY"

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ABSTRACT:
Caregiving is simple terms can be stated as the act of tending to someone who is incapable of doing so themselves. According to the American Psychological Association, a minimum caregiving activity of four hours regularly is necessary to qualify as a caregiver. This effort however increases several folds in case of a severe/terminal illness. This has a great impact on caregiver's own physical/mental health, which has mostly been ignored over the years. This study assesses the level of emotional intelligence, and locus of control of general caregivers and cancer caregivers. The idea was to compare the two populations for which 100 participants were selected, 50 in each group which were further divided in 25 males and 25 females. Results concluded that cancer caregivers hold the fragile end of emotional intelligence and have an external direction of locus of control whilst on the other hand, the comparatively strong end of emotional intelligence lies in the grip of general caregivers, who also have an internal direction of locus of control.

KeyWords
emotional intelligence; locus of control; cancer; caregiving
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I. INTRODUCTION

A. Cancer

Cancer is the abnormal growth of cells that form a tissue which then make a mass called tumour (exception: leukemia). The highest prevalence rate is that of breast cancer followed by lung and prostate cancer. Therapies such as radiation, surgery, and chemo are given the patients. As per National Cancer Registry Program of Indian Council of Medical Research (2014) cancer kills nearly 1300 people regularly and this figure has gone up by 6% since. With rise in cancer cases, there has been significant mental health deterioration for the patients and their immediate caregivers. It should be noted that caregivers receive little attention therefore it becomes essential to manage their mental health, and the two primary functions need to be taken care of are -emotional intelligence and locus of control.

B. Emotional Intelligence

First defined by Mayer and Salovey (1990), emotional intelligence is one's ability to have a deeper understanding/ management skills of their/other's emotions. Its characteristics as defined by Goleman (1995) are- self awareness/regulation, motivation, empathy, and social skills. Most commonly accepted models of emotional intelligence are- Goleman's Performance Model (1998), Mayer,SaloveyandCaruso'sAbilityModel(2004), Bar-On's Competencies Model (2006). Emotional intelligence and depression share an inverse relationship (Mayer et al., 2008).

C. Locus of Control

The term locus of control was first introduced by Rotter (1954) and it refers to the degree a person feels in control of their lives. It takes charge of one's response mannerisms. Types of locus of control are- internal and external. Factors affecting locus of control are- ability, effort (internal), task difficulty, and luck (external). Please note that this concept is different from self efficacy, a concept introduced by Bandura, which is one's belief in their abilities/capacities.

D. Caregiving

Caregiving is the process of tending to someone who cannot take care of themselves. The American Psychological Association defines that caregiving must constitute of a minimum of four hours of caring for the incapable. As per National Alliance for Caregiving, caring has proven to drain people financially, socially, physically, and emotionally eventually leading to a burnout. Caregiving in cancer, especially for the ones suffering from advanced stages of the ailment involves accomplishing the minutest tasks for thepatients, making the caregivers of cancer patients prone to much higher risks of developing mental illnesses such as depression, anxiety, stress etc.

II. REVIEW OF LITERATURE

In a study conducted at Medical Oncology Division of New York University, Albany it was proven that there was a significantly higher level of psychological distress than a general population amongst the spouses of cancer patients, high levels of differences were also found in coping strategies and smoothness of marital life. Levels of caregiving also seemed to decline with passing years. (Toseland, Blanchard & McCallion,1995).

It was also discovered that nearly 13% of caregivers met the criteria for a psychiatric disorders, where 25% cases stemmed post the cancer diagnosis of the care-receiver. Panic Disorder had the highest prevalence (8%) followed by Major Depressive Disorder (4.5%), PTSD (4%) and Generalized Anxiety Disorder (3.5%). However, only 81% consulted mental health professional. (Vanderwerker, et al.,2005).

What followed was the study on the homecare necessities of caregivers of the cancer patients who were in the process of receiving chemo. The results revealed that the overall wellbeing of the caregivers where patients needed help with more than three daily activities were lower than the attendees of those needing assistance with just one or two tasks. (Alptekin, Gönűllű, Yűcel & Yaris, 2010)

Taking a step further was the nursing study conducted on emotional intelligence of the nursing staff on the oncology department of a reputed hospital. The study emphasized on how high levels of emotional intelligence came as a boon in palliative or oncology care. (Estelle, Muneno, Freitas & Elizabeth, 2011)

Additionally, high levels of resilience emotional regulation and positive thinking made up a protection wall against the burden of caregiving. Thus, these aspects require further research and strategizing in reducing the stress caused by providing for the severely ill. (Palacio, Krikorian & Limonero, 2018).

Whilst most of these researchers were able to establish a relationship between caregiving burden and emotional distress, they remained passive in discussing the strategies that could prove to be helpful in handling the tantrums of life the caregivers handle. Moreover, most of these studies analyze the two very important factors, locus of control and emotional intelligence separately but none linked the two dots. Additionally, very few studies laid discussed the direction of locus of control in caregiving burden, keeping all this in mind that both these are significant in caregiving roles, it becomes important to substantiate a connection between the two.

III. METHODOLOGY

A. Statement of the Problem

The present study was targeted to get a clearer picture of the difference between the measures of emotional intelligence and locus of control in the primary caregivers of cancer patients, in comparison to a generalized sample of caregivers. It was noted that both the variables that were being taken into consideration played a pivotal role in enabling a person to fight.

B. Objectives

The primary motives were to- to determine the level of emotional intelligence and degree and direction of locus of control in general and cancer

caregivers, and to compare the results on both the parameters for both these sample populations.

C. Hypothesis

It was hypothesized there would be a significant difference between the emotional intelligence and the direction and degree of locus of control of general and cancer caregivers.

D. Scope and Significance

The study with proper usage and implementation could be fruitful in devising psychological intervention programs to combat the distress caused by the cancer diagnosis of a lovedone.

E. Sample

For the given purpose, a sample of 100 individuals was selected through purposive sampling (50 general and 50 cancer caregivers) and to ensure that gender differences were neutralized, each of these were divided into 25 males and 25 females. The inclusion criteria was to select only caregivers from in and around New Delhi.

F. Tools

The tools employed for the study were- Sevenfold Emotional Intelligence Scale (SEIS-KS) developed by Dr. Sarabjit Kaur which has a reliability score of 0.91 and a high validity, and Levenson's Scale for Locus of Control established by Sanjay Vohra having a reliability of 0.72 and validity 0.54.

G. Procedure

The study began with the selection of sample followed by careful matching of samples in both the groups. Next the subjects were indulged in casual talk for rapport establishment post which a quick interview was done and test instructions were thoroughly given. Data was vigilantly collected, organized and analyzed.

H. Variable

The variables were- caregiving (independent), emotional intelligence, locus of control (dependent), noise, ventilation, and lighting (extraneous).

I. Statistical Analysis

The test employed both descriptive as well as inferential statistical tools, which were- mean, standard deviation, t-test and ANOVA.

IV. RESULTS AND DISCUSSION

The results of the study were as follows-

Table 1 The Mean and Standard Deviation of the Levels of Emotional Intelligence for both General Caregivers as well as Cancer Caregivers are Illustrated Below

Table 1	Emotional Intelligence	
	General Caregivers	Cancer Caregivers
Mean	216.52	182.24
Standard Deviation	19.373	21.468

From table 1 it's evident that with the mean of 216.52, the levels of emotional intelligence of the general caregiving population on an average stands in a much better of position in comparison to those who perform the role of caregiving for the cancer patients, where the mean in this case was 182.24.The people standing on the higher side of the emotional intelligence run on the fuel of optimism, and create an environment for people to learn, grow, and put in their best efforts. They inspire a critical thinking attitude and are intrinsically motivated to be helpful, transparent and balanced. On the contrary cancer patient's caregivers are in comparison low on emotional intelligence implying that they often emotional outbursts along with poor coping skills, and strained relationships. Besides this it was observed that the chosen populations' deviation from the standard norm in the case of general caregiving turned out to be significantly lower with a score of 19.373, in comparison to cancer caregivers whose deviation from standard norms was 21.468.

Table 2- Portrays the Mean and Average Defiance of the Degree of Locus of Control for both General Caregivers as well as the Cancer Caregivers as Follows

Table 2	Locus of Control					
	General Caregivers			Cancer Caregivers		
	Power	Chance	Individual	Power	Chance	Individual
Mean	22.06	21.32	29.58	27.42	27.88	18.32
Standard Deviation	6.482	5.475	7.688	6.895	6.953	7.537

Table 2 indicates that with the average score of 27.42, the belief in an outside powerful source controlling one's life outcomes, is seen much more in cancer caregivers than general caregivers whose mean for the same turned out to be 22.06. Thus, caregivers of cancer patients have an external locus of control whereas general caregivers largely have an internal locus of control. General caregivers have a sense of control over the circumstances of their lives as well a belief in their abilities to control or alter its underlying effects. They mostly keep emotional problems at safe distance. On the contrary people with external locus of control are often seen blaming external forces as a cause of the events in their lives, especially the ones that bring along with them sorrow and misery. The same table also notes that cancer caregivers have a much higher belief in random circumstances and chances controlling their lives in comparison to general population who have a better score in the individual control category. Additionally it can also be seen that the cancer caregivers deviation from the normal with a standard deviation score of 6.895 is slightly higher than that of general caregivers, who variate at a rate of 6.482 on the same.

Table 3 Shows the t-test and ANOVA Results of Emotional Intelligence for Both the Groups

Table 3	Emotional Intelligence
t-test	-10.112375
ANOVA	70.26573

Table 4 Shows the Inferential Statistical Details for the Three Facets of Locus of Control in General vs. Cancer Caregivers

Table 4	Locus of Control		
	Power	Chance	Individual
t-test	4.422069	4.772822	-7.490192
ANOVA	16.03726	27.4695	54.10742

Table 3 and table 4 shows the results of t-test and ANOVA for both the groups, based on emotional intelligence and locus of control. The above results are all individually significant at level 0.001 each, indicating that there exists a major gap between the emotional intelligence and locus of control in the two groups. It must also be noted that the overall emotional intelligence of the general caregivers is in a much better shape than that of cancer caregivers. The negative t-value indicates that the two groups share a negative or inverse relationship. Similarly when it comes to the three facets of locus of control which are namely- powerful, chance and individual, it can be seen that the caregivers of oncology patients are comparatively more inclined towards external degree of locus of control as compared to the general population who show a higher degree of internal locus ofcontrol. It must be noted that in case of individual control the t-value was negative, which points towards a significant negative relationship between the two groups. Thus, with all the above evidences we may conclude that the hypothesis stands TRUE.

V. CONCLUSION

Thus it can be concluded that the results of general caregivers are higher on emotional intelligence and internal locus of control, while the cancer care-providers are lower on emotional intelligence and high on external degree of locus ofcontrol. The deviance from the normal is lower in all cases except individual locus of control, in the case of general caregivers, as compared to the cancer caregivers, who deviate at a higher rate from the normal except in individual locus of control case. Thus, the study successfully proved the earlier stated hypothesis true.

VI. Limitations

1. Additional factors such as spiritual levels could have been fruitful in making the study more wholesome
2. Regression analysis would have clarified whether ornot the chosen factors stand as a strong predictor of the differences between the two selected samplegroups.
3. Given the sensitivity of the topic, many werenot comfortable discussing certain aspects of thestudy moreover, securing data from cancer caregivers was challenging.
4. Owing to the taboos related to mental health, many participants who were contacted did not respond, and those who did had to be convinced several times ofsecrecy.

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