HINDRANCE STRESSORS AND COPING STRATEGIES OF ONCOLOGY SOCIAL WORK PRACTITIONERS

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CERTIFICATION OF APPROVAL

This is to certify that this dissertation entitled "Hindrance Stressors and Coping Strategies of Oncology Social Work Practitioners" is a record of genuine work done by Ms. Amrutha Sundaran, fourth semester Master of Social Work student of this college under my supervision and guidance and that it is hereby approved for submission.

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DECLARATION

I, Amrutha Sundaran, do hereby declare that the Dissertation titled "Hindrance Stressors and Coping Strategies of Oncology Social Work Practitioners" is based on the original work carried out by me and submitted to the University of Kerala during the year 2021-2023 towards partial fulfillment of the requirements for the Master of Social Work Degree Examination. It has not been submitted for the award of any degree, diploma, fellowship, or another similar title of recognition before.

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Amrutha Sundaran

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ABSTRACT

This qualitative research thesis examines the pressures that hinder cancer social workers' ability to do their jobs and the coping mechanisms they use to deal with these issues. Oncology social workers are essential in providing psychosocial support to cancer patients and their families, but because of the nature of their work, they are frequently exposed to stressors that may compromise their health and efficacy. This study intends to identify the particular pressures that oncology social workers face and to throw light on the coping strategies they employ to deal with these stressors.

This study embraces the cancer social workers' lived experiences through the use of a qualitative research approach. The research gathers rich tales from a broad sample of practising oncology social workers working in various healthcare settings through in-depth, unstructured interviews. The study includes the Trivandrum district and its five participants. In order to fully explore the underlying stressors and coping mechanisms that emerge from the stories, thematic analysis is used to find recurrent patterns and themes in the data.

The research reveals a variety of pressures that hinder oncology social workers, such as emotional tiredness, a heavy workload, difficulty communicating, moral difficulties, and a lack of resources. The social workers use a range of coping mechanisms to deal with these stressors, such as self-care routines, reaching out for social support, participating in reflective supervision, and developing a strong sense of purpose and resilience.

This study advances knowledge of the intricate interactions between stressors that cause obstacles and coping mechanisms in the setting of oncology social work. The knowledge collected from this study can guide the creation of specialised interventions and assistance programmes that deal with the particular difficulties oncology social workers face. Healthcare organisations can better prepare these workers to deliver efficient and sympathetic care to cancer patients and their families by strengthening their coping mechanisms and wellbeing.

The discoveries of this study have significance for the broader discussion on stress reduction and coping in the healthcare industry as well as the field of oncology social

work. Acknowledging and managing the pressures that professionals confront is essential for upholding a high standard of patient care and fostering the general wellbeing of those who deliver it as healthcare settings continue to change.

CHAPTER I: INTRODUCTION

CHAPTER I
INTRODUCTION

1.1 OVERVIEW OF THE CHAPTER

The chapter provides a general introduction about the topic being presented in the study. The chapter includes statement of the problem, background of the study, relevance and significance of the study. It also includes chapterisation of the whole study.

1.2 INTRODUCTION

Cancer is a large group of diseases that can start in almost any organ or tissue of the body when abnormal cells grow uncontrollably, go beyond their usual boundaries to invade adjoining parts of the body and/or spread to other organs (WHO, 2018).

The latter process is called metastasizing and is a major cause of death from cancer. A neoplasm and malignant tumour are other common names for cancer. Cancer is the second leading cause of death globally, accounting for an estimated 9.6 million deaths, or one in six deaths, in 2018 (WHO, 2018).

Cancer is characterized by uncontrolled cell growth and acquisition of metastatic properties. In most cases, activation of oncogenes and/or deactivation of tumour suppressor genes lead to uncontrolled cell cycle progression and inactivation of apoptotic mechanisms (Sarkar, 2013).

Lung, prostate, colorectal, stomach and liver cancer are the most common types of cancer in men, while breast, colorectal, lung, cervical and thyroid cancer are the most common among women (WHO, 2018).

Early detection of cancer increases the probability of better treatment outcomes. Screening programs and increased awareness about the signs and symptoms can prevent major complications. However, in India, most of the cancers are detected at an advanced stage (Murthy et al., 2011).

Today's society is faced with the pervasive and formidable burden of cancer, which has an enormous global impact. Oncology social workers are crucial in giving persons with cancer and their families with priceless assistance as they navigate this terrifying

disease. In order to ensure that patients receive the critical social and emotional support they require, they traverse the complex landscape of emotional, psychological, and practical problems that emerge throughout the cancer journey. Oncology social workers frequently deal with a variety of pressures that can adversely affect their health and ability to do their jobs professionally, making it costly to fulfil this vital duty.

Patients and their families must traverse a complicated network of medical procedures, emotional turmoil, and significant life adjustments after receiving a cancer diagnosis. Oncology social workers are vital in this difficult journey because they offer crucial support and direction to those impacted by cancer. These committed professionals provide a variety of services, such as emotional therapy, help finding resources, care coordination, and advocacy. Although their work is tremendously fulfilling, there are hurdles involved.

Social workers in the field of oncology deal with a special set of stressors that can be harmful to their health and ability to provide patients with care. As they watch patients and their loved one's struggle with the physical, psychological, and social effects of cancer, the nature of their work puts them at the frontline of emotional pain. Due to their demanding jobs, they are also frequently exposed to pressures that can harm both their personal and professional effectiveness. They must strike a difficult balance between offering sympathetic assistance and upholding professional limits, frequently while also managing their own emotional reactions to the trying situations they come across. Promoting the resilience and sustainability of cancer social workers requires an understanding of these detrimental stressors and the identification of practical coping mechanisms.

Oncology social workers' roles are further complicated by the complexity of the healthcare system. They must manage complicated insurance procedures, a lack of resources, and bureaucratic procedures while promoting the interests of their patients. Their workload may also be increased by the requirements of paperwork, documentation, and administrative duties, which leaves little time for rest and renewal.

Not to be forgotten is the personal cost of working in oncology social work. These professions' mental and emotional health may suffer significantly as a result of the enormous duty, ongoing exposure to loss and sadness, and emotional engagement in

patients' well-being. It can be difficult to strike a balance between work expectations, family obligations, and self-care, which can result in burnout and compassion fatigue.

It is essential to comprehend the coping mechanisms used by cancer social workers to deal with these detrimental pressures in order to appropriately support them and enhance their wellbeing. Coping strategies are a collection of methods and strategies that support people in managing their challenges, building resilience, and promoting overall wellbeing. These tactics might include asking for social support from coworkers, managers, and support networks; engaging in self-care activities to recharge and rejuvenate; practising mindfulness and stress-reduction techniques; and participating in ongoing education and professional development to advance their knowledge and skills.

To create effective coping mechanisms that increase oncology social workers' resilience and boost patient outcomes, it is crucial to understand the limiting stresses they experience. The goal of this research thesis is to delve into the intricate realm of cancer social work and throw light on the stressors and coping methods that these professionals face. We can better understand the complexity of oncology social workers' work and the effects it has on their mental, emotional, and physical health by looking at the difficulties they face. Additionally, it aims to pinpoint the coping mechanisms used by oncology social workers to lessen the effects of stress, protect their mental health, and maintain their capacity to deliver high-quality treatment.

The first section of this thesis will focus on elucidating the various stressors that oncology social workers encounter. These stressors may arise from different sources, such as the nature of the disease itself, the emotional intensity of working with cancer patients, organizational constraints, and limited resources.

Through an exploration of these stressors, we aim to uncover the specific factors that contribute to the challenges faced by oncology social workers in their daily practice.

In the subsequent section, the thesis investigates the coping strategies employed by oncology social workers to manage and mitigate the impact of these stressors. Coping strategies may include both individual approaches, such as self-care practices and emotional regulation techniques, as well as organizational interventions and support systems. By examining these coping mechanisms, we can identify effective strategies

that can empower oncology social workers to navigate their demanding roles while maintaining their well-being.

Moreover, this research thesis will draw upon existing literature and empirical studies to provide a comprehensive overview of the current state of knowledge in the field of oncology social work stressors and coping strategies. By synthesizing and analysing the available evidence, we aim to identify gaps in understanding and propose recommendations for future research and practice.

To better comprehend the hinderance stressors faced by these professionals, this research will employ qualitative research method. It aims to capture the nuanced experiences of oncology social workers across different healthcare settings, exploring the specific stressors they encounter and the impact on their personal and professional lives. Additionally, the study will investigate coping strategies employed by oncology social workers, examining individual and organizational approaches to self-care, support systems, and strategies for managing stress.

This research is motivated by the recognition that oncology social workers encounter a distinctive set of stressors due to the nature of their work. They engage in emotionally charged interactions, witness patients' suffering, navigate end-of-life discussions, handle complex family dynamics, and face systemic challenges within the healthcare system. Moreover, they often carry the weight of patients' distress, maintaining a delicate balance between empathy and professional detachment. These factors can contribute to high levels of stress, compassion fatigue, burnout, and moral distress among oncology social workers.

The study will involve in-depth interviews with a diverse sample of oncology social workers, selected based on their experience and expertise in the field. By engaging directly with these professionals, researcher aims to capture their lived experiences and perspectives, highlighting both the challenges they face and the resilience they demonstrate. And by allowing participants to share their experiences openly and in their own words, which can help to gain a comprehensive understanding of the hindering stressors that shape the lives of oncology social workers. Thematic analysis will be employed to identify recurring patterns, themes, and categories within the data collected during the interviews. Through a comprehensive analysis of the data, researcher hope

to identify key themes and patterns that can inform policy, training, and support initiatives aimed at improving the well-being of oncology social workers and, consequently, the quality of care provided to cancer patients and their families. Through this exploration, researcher aim to uncover the diverse range of coping strategies, such as seeking social support from colleagues and support networks, engaging in self-care activities, practicing mindfulness and stress reduction techniques, and participating in professional development opportunities.

Ultimately, this research thesis strives to generate valuable insights into the hindrance stressors faced by oncology social workers and the coping strategies they employ. By shedding light on these crucial aspects, researcher hope to contribute to the development of supportive interventions, training programs, and organizational policies that promote the well-being and resilience of these indispensable professionals. By empowering oncology social workers to effectively manage their stressors, researcher can ensure the provision of high-quality care and support to individuals and families affected by cancer.

The findings of this study will add to the body of knowledge by giving a thorough and context-rich understanding of the limiting stressors that oncology social workers encounter and the coping mechanisms they use. These findings also have practical implications for both oncology social workers and healthcare organisations. The knowledge gained from this study can guide the creation of specialised interventions, assistance programmes, and regulations that cater to the particular requirements of cancer social workers. Additionally, by identifying appropriate coping mechanisms, comprehensive support programmes that address the numerous difficulties faced by cancer social workers can be developed. We can make sure they continue to offer excellent treatment and support to cancer patients and their families by putting their wellbeing first.

As a conclusion, this study report aims to emphasise the stressors that impair oncology social workers' ability to do their jobs and the coping mechanisms they use. Researchers can better grasp the particular requirements and experiences of these professionals by looking at these characteristics. Through in-depth interviews and thematic analysis, the researcher seeks to provide a thorough understanding of their experiences, which will ultimately inform the creation of evidence-based interventions. With this knowledge,

we can create targeted interventions and support systems to promote their well-being and guarantee that they continue to offer compassionate care and support to people and families affected by cancer. In short, a wholistic study on the oncology social worker by examining the stressors and coping strategies is the major aim of this research thesis.

1.3 STATEMENT OF THE PROBLEM

Cancer mortality in India has doubled from 1990 to 2016. India's cancer incidence is estimated at 1.15 million new patients in 2018 and is predicted to almost double as a result of demographic changes alone by 2040 (Dhillon et al., 2018).

Oncology social workers fill the essential role of supporting people contending with the physical and emotional effects of a cancer diagnosis and their families.

Oncology social workers serve a critical role in providing support to meet the psychological, emotional, and practical needs of cancer patients. The nature of oncology work involves assessing patient and family care needs; providing interventions to address interpersonal, intra psychological, and environmental issues; and navigating chronic loss and management of grief (Hermann & Carter,1994; Wilde et al., 2018).

The extant literature on patient care in oncology has confirmed that the work is exceptionally taxing for health care providers of all disciplines; however, few studies have examined the professional and personal impact on these providers (Levit et al.,2010; Simon et al., 2006). The limited body of existing knowledge indicates increased needs related to caring for social workers in the oncology field (Dane & Chachkes, 2001; Figley &Ludick, 2017).

The goal of the study is to recognise and comprehend the stressors unique to the job duties and professional tasks of cancer social workers. These stressors may include, among others, emotional pressures, seeing people suffer and lose loved ones, job overload, time restraints, administrative obligations, and difficult patient scenarios. It also looks into how these negative pressures affect the oncology social workers' emotional, psychological, and physical health. It also aims to investigate the potential effects of stressors on workers' productivity, job satisfaction, and professional commitment.

Additionally, the study intends to investigate the coping mechanisms used by oncology social workers to control and lessen the consequences of stresses. Coping techniques might include a variety of methods, including asking for help from coworkers or superiors, engaging in self-care routines, joining peer support groups, taking advantage of professional development opportunities, and developing effective boundary-setting skills. The research intends to determine which mechanisms are seen to be most helpful in assisting oncology social workers maintain their wellbeing, resilience, and job satisfaction by assessing the coping techniques used.

The investigation aims to offer recommendations for institutional and organisational support systems to address the identified stressors and improve the wellbeing of cancer social workers based on its findings. These suggestions can include enhancing training, allocating resources better, managing workloads, and fostering a positive work atmosphere.

This qualitative study seeks to provide important insights that can help in the creation of tailored treatments to enhance the general job satisfaction and well-being of oncology social workers through an in-depth analysis of the limiting stressors and coping mechanisms of cancer social workers. Organisations may establish a more encouraging and long-lasting work environment for these crucial healthcare professionals by better recognising and managing these pressures.

1.4 BACKGROUND

1.4.1 CANCER

Cancer is a group of diseases that is characterized by uncontrolled cell growth, which affects healthy body functioning, leading to fatal outcomes for the individual (National Commission on Macroeconomics and Health, 2005). Cancer is a complex disease evolved due to multiple genetic changes leading to uncontrolled proliferation of cells with metastatic ability (Kotebagilu et al., 2018). Cancers are linked to changes that happen in the genetic component of the cell which is deoxyribonucleic acid (DNA). Each gene within the DNA codes for specific enzyme or protein. Two essential genes that are vital in cell proliferation are protooncogenes which are involved in normal cell growth and; tumour suppressor genes which produce protein that control cell growth. On the other hand, excess and impaired cells are also removed from the body in a

process called apoptosis or programmed cell death, thus, maintaining a balance. Mutations in these genes promote uncontrolled cell proliferation. The process of cancer development is a multistage event involving inactivation of tumour suppressor genes, activation of oncogenes and altered expression of non-coding ribonucleic acids (Cooper et al., 2000; Ragusa et al., 2017). Cancer is caused by both internal factors (such as inherited mutations, hormones, and immune conditions) and environmental/acquired factors (such as tobacco, diet, radiation, and infectious organisms) (Anand et al., 2008).

Prevalence of Cancer

The global cancer burden is estimated to have risen to 18.1 million new cases and 9.6 million deaths in 2018. One in 5 men and one in 6 women worldwide develop cancer during their lifetime, and one in 8 men and one in 11 women die from the disease (WHO, 2018). In India it is estimated that around 2.25 million people are living with the disease. Over 11, 57,294 lakh people are registered every year by new cancer. There are almost about 7,84,821 cancer-related deaths. Risk of dying from cancer before the age of 75 years is 7.34% in males and 6.28% in females (ICMR, 2020). The cancer incidence rate is detected highest in Kerala, followed by Mizoram, Haryana in India. In 2016, Cancer incidence rate in India was 106.6 per 1lakh people, while in Kerala it is 135.3 per 1 lakh people. Even mortality and disability rates due to cancer are high in the southern state (Indian Council for Medical Research, 2016).

1.4.2 ONCOLOGY SOCIAL WORKERS

Oncology social workers are licensed professionals who counsel people affected by cancer, providing emotional support and helping people access practical assistance.

Oncology Social Work is a humanizing influence felt throughout the hospital or cancer centre. This is a profession "designed to promote the patient's best utilization of the health care system, the optimal development of coping strategies and the mobilization of community resources to support maximum functioning." (Association of Oncology Social Workers, 2001)

Oncology social workers provide advocacy and clinical services to patients and their families; they work as team members with other health professionals, and provide education and mentoring for younger social work professionals. A central role of the

oncology social worker is to assess patient, and family care needs, and provide interventions that help clients work towards solutions, solutions that address their physical, intra-psychic, interpersonal and environmental problems. (Hermann & Carter, 1994)

1.4.3 HINDRANCE STRESSORS

Job stress is formally defined as the subjective evaluation of experienced stress associated with specific job stressors and work outcomes. (Lazarus, 1984, Cavanaugh et al. 2000) On the basis of its effect on work outcomes, categorized job stressor into challenge-related stressor and hindrance-related stressor. Challenge stressor is the type that requires effort but benefits an employee's personal growth and achievement.

Factors causing challenge stress include job scope, responsibility, workload, and time pressure. In contrast, hindrance stressor is considered to constrain personal achievement and, thus, hindering an employee's goal progress. Examples include organizational politics, red tape, job ambiguity, and job insecurity. As a type of burn-out, emotional exhaustion is defined as a state of feeling emotionally overextended and exhausted as a result of accumulated workplace stress. (Wright, 1998)

1.4.4 COPING STRATEGIES

Coping strategies are the process of executing a cognitive response to threat. (Encyclopaedia of the Human Brain, 2002)

coping strategies are flexible and unfold over time, either in response to changing appraisals or as a function of developmental processes. Coping strategies are proactive and are not simply responses to environmental contingencies. One can appraise a situation as benign, in which case no coping is needed, or as involving threat, harm, or loss or as a challenge, all of which may evoke various coping strategies. Because this approach emphasizes the flexible nature of coping, the focus is on how individuals cope with particular situations and, as mentioned earlier, several studies have shown that coping strategies do vary across situations.

There are many different conceptualizations of coping strategies, but the five general types of coping strategies are problem-focused coping, emotion-focused coping, social support, religious coping, and meaning making. Problem-focused coping, also called

instrumental action, encompasses behaviours and cognitions aimed at solving the problem, such as seeking information, taking direct action, or breaking the problem down into more manageable pieces, a strategy referred to as "chunking." Sometimes, delaying or suppressing action can be a useful problem-focused strategy. For example, purposefully delaying a direct confrontation with someone may lead to a more rapid solution to a problem than acting in anger.

Emotion-focused coping includes a wide range of strategies that are directed toward managing one's emotional response to the problem. Some examples are avoidance, withdrawal, expressing emotion, and the use of substances such as alcohol or food. As might be expected, avoidance strategies are often associated with poor outcomes, but other emotion-focused strategies, such as expressing emotion through journals or writing, may be associated with positive outcomes.

Social support involves seeking both emotional and concrete aid from others or advice. The outcome of these types of coping strategies often depends on the social context. For example, confiding in others after a trauma is generally associated with better outcomes, but if the confidant responds negatively, emotional distress may be increased. (Carolyn et.al.,2004)

1.5 RELEVANCE AND SIGNIFICANCE OF THE STUDY

The number of oncology social work departments has expanded due to the rise in the number of cancer patients and cancer treatment facilities in Kerala and India. As a result, even though the openings are simply for a greater population for which the social workers' workload is heavy, the temporary posts of oncology social workers are being changed to permanent positions. The significance of the study is marked by an appreciation of the value of addressing the concerns of oncology social workers.

Along with which the study can provide insight into coping mechanisms that have worked well for cancer social workers. By gaining an awareness of the strategies that reduce stress and promote wellbeing, social workers, healthcare providers, and organisations can benefit from this information. It can also act as a starting point for the creation of training programmes and interventions in the area of oncology social work that aim to improve coping abilities.

The creation of specialised support systems might result from an understanding of the specific limiting pressures experienced by cancer social workers. Organisations and healthcare facilities can put initiatives in place to reduce these stressors and foster a more favourable work environment by understanding the difficulties they face. In turn, this can enhance social workers' general wellbeing and job satisfaction, resulting in higher retention rates and improved patient care where the relevance of the study can be identified.

Social workers can approach their roles with more empathy, efficacy, and resilience when they are better able to handle pressures. Patients who navigate the complexity of cancer treatment and support may experience better patient outcomes as a result and have a more favourable overall experience.

The results of this qualitative study can be applied to close the knowledge gap between practise and research. To erase the gap between practise and research marks the relevance of the study. As the need to address the increased stress of oncology social worker is a main stream topic to be discussed. The research thesis also offers a thorough grasp of the difficulties people face and the lived experiences they have, which might guide future research and studies in this field. It also makes it possible to comprehend the intricate relationships between stressors, coping mechanisms, and wellbeing in this particular situation. The learned lessons can be put to use in designing supportive interventions, training programmes, and policy modifications that will better support cancer social workers in their day-to-day work.

The research can raise awareness about the importance of their roles and the need for adequate support. This can lead to advocacy efforts aimed at improving working conditions, resources, and recognition for these professionals, ultimately contributing to the overall advancement of the field of oncology social work.

1.6 CHAPTERISATION

The chapter division of the research dissertation is as follows:

Chapter I: Introduction

The chapter gives an overview about the background and significance of the study. It also elaborates on the statement of the problem.

Chapter II: Review of literature

The chapter summarizes the findings from different studies based on similar themes and the literatures are mentioned to have in-depth understanding on the topic.

Chapter III: Research Methodology

The methodology followed in the present study is given in this chapter including the aim, objectives, universe and unit, details on data collection and analysis etc.

Chapter IV: Case Description

Description on the cases along with the results of analysed data are presented in this chapter.

Chapter V: Data Analysis and Interpretation

Qualitative analysis is used in the data analysis where thematic analysis is presented and interpreted.

Chapter VI: Major findings & suggestions

The chapter summarizes major findings of the study. It also put forwards suggestions, implications and recommendations for further research.

Chapter VII: Conclusions

A brief Conclusion of the whole research is also given.

Chapter VIII: Reference and Annexure

The references are mentioned in this chapter

CHAPTER II: REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

2.1 OVERVIEW OF THE CHAPTER

A literature review is a description of the literature relevant to a particular field or topic. It gives an overview of what has been said, who the key writers are, what are the prevailing theories and hypotheses, what questions are being asked, and what methods and methodologies are appropriate and useful. The conceptual and empirical literature reviews help in establishing the rationale and credibility to the study.

This chapter is a review of relevant studies conducted in the areas of stressors experienced by the oncology social work practitioners, coping strategies of oncology social work practitioners, and suggestions raised by the oncology social work practitioners to the oncology social work aspirants.

At the end of the chapter, the studies conducted in the area are evaluated in order to identify the gaps in the literature. Both western as well as Indian studies have been reviewed in the chapter.

2.2 THEMES

The following themes are discussed in this chapter:

- 2.2.1: Prevalence of cancer
- 2.2.2: Studies on oncology social workers
- 2.2.3: Studies on stressors of oncology social workers
- 2.2.4: Studies on Coping of Oncology social workers

2.2.1 PREVALENCE OF CANCER

Anand, et al., 2008 conducted a quantitative study to understand the prevalence of cancer along with the environmental risk factors, genetic risk factors, prevention. In the study it is anticipated that more than 10 million individuals globally and 1 million Americans will receive cancer diagnoses, a condition that is frequently thought to be curable. Only 5–10% of cancer occurrences can be traced to genetic flaws, whereas the other 90%–95% are caused by environmental and lifestyle factors. Cigarette smoking,

alcohol consumption, diet (fried foods, red meat), sun exposure, pollution from the environment, infections, stress, obesity, and inactivity are among the lifestyle factors. According to the data, tobacco use accounts for roughly 25–30% of all cancer-related fatalities, followed by diet (30–35%), infections (15–20%), and other factors including radiation, stress, physical activity, environmental contaminants, etc., for the remaining percentage. In order to prevent cancer, one must stop smoking, eat more fruits and vegetables, drink less alcohol, limit calorie intake, exercise, protect skin from direct sunlight, eat less meat, utilise whole grains, get immunised, and have regular checkups. In this review, we provide proof that there is a connection between inflammation and the agents/factors that cause cancer and the drugs that prevent it. We also show that cancer is a disease that can be prevented and that significant changes in lifestyle are necessary. (Anand et al., 2008)

In the study titled "Cancer Statistics, 2020: Report From National Cancer Registry Programme, India" conducted by Mathur et al, (2020) conducted a quantitative study with the aim to analyse the prevalence of cancer by the systematic collection of data on cancer is being performed by various population-based cancer registries (PBCRs) and hospital-based cancer registries (HBCRs) across India under the National Cancer Registry Programme–National Centre for Disease Informatics and Research of Indian Council of Medical Research since 1982.

This study examined the cancer incidence, patterns, trends, projections, and mortality from 28 PBCRs and also the stage at presentation and type of treatment of patients with cancer from 58 HBCRs from the pooled analysis for the composite period 2012-2016. Time trends in cancer incidence rate were generated as annual percent change from 16 PBCRs, those with a minimum of 10 years of continuous good data available) using Join point regression. (Mathur et al., 2020)

2.2.2 STUDIES ON ONCOLOGY SOCIAL WORKERS

Amit Das and Nabanita Dey's Article in Indian Journal of Applied Research, titled "Role of Oncology Social Worker's in India" (2016) states that, social workers are the key factors in preventive oncology. The role of social worker is important not only for the patients, families, and communities but also for the oncologists, and other oncology team members. Cancer care is a team approach and that team will be more functional with the existence of professional social workers. Amit Das states the importance of

oncology social worker in this realm where their role in the whole process is discussed in the study.

Astvik, et al, 2014 discusses the oncology social work as a profession which has significant role in interaction with the community. The oncology social worker is view as human service professions which now face greater work demands as a result of the restructuring of human service organisations into more efficient enterprises. Social work comes out as a highly exposed professional group where there are significant personal obligations on top of strong work demands. The study's goals were to discover the types of coping mechanisms that social workers use to deal with the disparity between their workload's needs and available resources and to look into the effects that various coping mechanisms have on outcomes related to health, service quality, and professional growth. With an additional 16 social workers, sixteen individual interviews and four group interviews were done. Five separate primary sorts of methods were discovered by the analysis: Compensatory, Demand-reducing, Disengagement, Voice, and Exit. (Astvik et al., 2014)

Bennett, et al., in 1993 studied about the stress among oncology patients and Social workers, where social workers from the child, adult mental health or handicap, senior, or physical handicapped groups answered questions about stressors, coping mechanisms, and stress-related outcomes (such as anxiety and depression) on a questionnaire. All respondents expressed significant levels of stress, however childcare providers experienced the most stress due to variables that are specific to their line of work, interpersonal connections, and organisational structure. These employees also disclosed increased emotional involvement with their customers, higher degrees of general anxiety and sadness, as well as mental suffering specific to their jobs. The ramifications of these findings are examined with regard to social worker support, job design, and training. (Bennett et al., 1993).

Davidson, et al., 1995 studied the difficulties and rewards faced by hospital social workers who provide support to grieving and bereaved clients during a time of financial hardship are examined in this study. Their patients suffer from deadly diseases like AIDS and different malignancies. Communities and families with dwindling resources suffer untimely losses. Social workers may only get a little assistance as they struggle with loss and mourning while juggling the demands of their professions. The study

offers administrative approaches to help professionals cope with stress and have more job satisfaction in order to demonstrate the value of social work services to dying and mourning clients within a continuum of health care. (Davidson et al., 1995)

Smith, et al., 1977 in an article spoke about the University of Utah Medical Centre, where the role of social worker is explained in an oncology setting. A social worker assists cancer patients receiving radiation therapy with their social and emotional requirements as well as the needs of their families. On the patient and family's initial visit to the radiation division, he personally introduces himself, answers their questions, gives them information on local resources, and generally lets them know they may get in touch with him whenever they need to throughout the course of the treatment. In addition, he monitors patients who remain critically sick following treatment and makes an effort to stay in touch with the families of patients who have passed away. (Smith et al., 1977)

2.2.3 STUDIES ON STRESSORS OF ONCOLOGY SOCIAL WORKERS

Stanley, et al., conducted a study titled "Resilience as a moderator of stress and burnout: A study of women social workers in India", (2018) to understand the stress experienced by the women oncology social workers. It is a quantitative study explored issues such as the experience of stress, resilience and the professional quality of life in women social workers in Tiruchirappalli, South India, by administering standardized instruments. Implications for intervention have been discussed in the light of the findings. (Stanley et al., 2018).

Davidson did a study on the unique challenges faced by the growing number of social workers who assist cancer patients and their families is presented. While related literature and studies describe the generally stressful impacts of this chronic, life-threatening condition, they provide little insight into the workplace stress faced by social workers providing hospital services. The type of stress that social workers report experiencing, the suitability of existing resources to help them manage the emotional effects of their profession, and the requirement for new support programmes are all examined. The study Surveyed 36 social workers about problems they experienced in working with cancer patients and their families. Social workers reported considerable stress in their work with cancer patients, which carried over into their personal and professional lives. Nevertheless, work with cancer patients was experienced as a

positive challenge as well as a stress. In general, Social workers strove to develop coping mechanisms that did not involve emotional withdrawal from patients. The nature of the stresses reported by social workers, the adequacy of supports to help them cope with the emotional impact of their work, and the need for additional support programs are discussed. (Davidson, 1985).

Supple-Diaz, et al, wrote an article on oncology social workers stress where the authors begin by reviewing the research on the variables that influence job satisfaction and longevity within different occupational groups. Second, they present the findings of a pilot study conducted in Michigan among 27 master's-level oncology social workers to examine how variables such as personal history, patient-related factors, organisational dynamics, social support, and burnout were perceived to affect professional practise survival. Third, the authors outline a survey tool they created to do a more thorough analysis of the effects of these variables on a larger group of oncology social workers. Data from the survey, which was given out to 571 National Association of Oncology Social Workers members in the spring of 1991, is currently being analysed. The authors conclude by briefly discussing the potential effects that the findings of the broader study may have on the choice, direction, and training of oncology social workers and other oncology specialists. (Supple-Diaz et al., 1992)

Simon, et al, 2005 did a study on the stressors of oncology social workers where Secondary traumatic stress (STS) is a condition that shares many of the symptoms of post-traumatic stress disorder (PTSD), but develops as a result of being in close proximity to people who have experienced trauma firsthand. The Association of Oncology Social Workers' 21 oncology social workers who participated in this exploratory study have STS. According to the study's findings, compassion fatigue and burnout among cancer social workers were negative correlates of compassion satisfaction. We also looked at the connections between empathetic response, personal loss, level of licencing, ability to separate work and home, and emotional involvement. (Simon et al., 2005)

Collin studied the Stress in statutory social work as it has been the subject of numerous studies in recent years. Inevitably, his research has tended to highlight the negative aspects of social workers' lives, taking into account job unhappiness, absences from

work, and other physical, psychological, and behavioral signs of stress. The benefits of social work, the incentives involved, the high job satisfaction, the significance of how employees cope with the job, the contribution of supervision, personal and group support at work and home, along with the positive well-being of many individual social workers have not received enough attention in studies of stress and social work. This article discusses gender differences, the value of various forms of support from within the work setting, especially mutual group support, along with individual differences linked to high self-esteem, personal toughness, and resilience. It also emphasizes the satisfaction social workers feel about their work. (Collins, 2008)

Ulrich, et al., In the quantitative study the discussion on how American nurses and social workers perceive their workplace's ethical climate, including the level of stress it causes them and the suitability of organizational resources for addressing their ethical problems. As, Across the continuum of care, nurses and social workers are essential to providing high-quality healthcare. These healthcare professionals experience challenging ethical dilemmas when caring for patients, feel that their work isn't respected, and grow more and more dissatisfied as health care becomes more complex. The relationship between work-related moral elements and job satisfaction and intention to quit hasn't received much attention. the study investigated the impact of these characteristics on nurses' and social workers' job satisfaction and desire in leaving their current positions while controlling for sociodemographic. The study looked at how much these characteristics affect nurses' and social workers' job satisfaction and desire in leaving their current positions while controlling for sociodemographic. The information was obtained from 1215 randomly chosen nurses and social workers in four US census regions who completed self-administered postal surveys. When faced with ethical dilemmas at work, respondents said they felt helpless (32.5%) and overwhelmed (34.7%) as well as frustrated (52.8%) and worn out (40%) when they were unable to find a solution. Positive ethical climates, work happiness, and views of adequate or significant institutional support for addressing ethical challenges all acted as protective factors in multivariate models against respondents' intentions to leave. Compared to white nurses, black nurses were 3.21 times as likely to wish to quit their job. We offer a number of recommendations to lessen ethical stress and enhance the ethical culture at work for nurses and social workers. (Ulrich et al., 2007)

Joyce, 2013 looking to several studies (Acker, 2008; Bride, 2007; Gilbar, 1998; Kim & Lee, 2009; Newall & MacNeil, 2010; Padyab, Ghazinour, & Richter, 2013; Um & Harrison, 1998), studied that the social workers are particularly vulnerable to stress and burnout. It is necessary to conduct more study to look at a larger range of potential stressors and to create techniques for preventing stress and burnout. The main goals of this qualitative study, which was informed by a positive psychology perspective, were to 1) examine the experiences of social workers working with clients who had multiple barriers to care and 2) look into the methods, events, and circumstances that aided and hindered social workers who considered themselves to be coping well in their line of work. 15 social workers with experience working with clients who had multiple disabilities and who lived in the Lower Mainland of Vancouver participated in open-ended interviews. Only those who believed they were coping well were approached. The helping and hindering occurrences, as well as a list of what participants desired, they had or could have in the future to be able to deal effectively, were collected, identified, extracted, and analyzed using the Enhanced Critical Incident Technique. 46 wish list types and a total of 171 helping incidents, 138 hindering incidents, were retrieved. There were twelve wish list categories, nine helping categories, and eleven hindering ones. These findings demonstrate the resilience and ability of social workers to function well in their area of work. The discussion includes participant tales as real-life examples of coping methods used by social workers as well as tactics that employers might apply to promote the wellbeing of these social workers. Along with recommendations for further research, the study's limitations are noted. Finally, recommendations and consequences for the practice of social work and counselling are given. (Joyce, 2013)

Beer et al., 2021 did a study on the stress of social workers, despite prior attempts to address the issue, stress among social workers continues to be prevalent and severe, suggesting that present preventative and intervention measures are inadequate. This may be partially attributable to a necessary shift in study away from stress quantification and towards an understanding of the part personal cognitive and emotional factors play in stress at work and coping methods. This qualitative study's specific goals were to: (1) comprehend social workers' perceptions of workplace pressures; and (2) investigate social workers' emotional and behavioral coping mechanisms. Three major topics emerged from semi-structured interviews with 7

participants: (1) work environment problems, (2) effects of work-related stress, and (3) work-related stress responses. Both the way that practitioners feel stress and the behavioral reactions that follow were influenced by cognitive appraisals. Participants' perceptions of social norms in relation to emotional regulation and coping also seemed to be influenced by a number of different factors. While there were individual differences in the particular circumstances, there were also similarities in the ways that people experienced stress and responded by trying to cope. The results point to the necessity for customized therapies that particularly target social workers' behavioral mechanisms and assessments as well as the contextual triggers of these responses. (Beer et al., 2021)

Delvaux et al., 1988 did research on the stress of social workers where research on how medical personnel deal with the stress of treating cancer patients is still in its infancy. The researcher makes a distinction between general interest studies (which are more common), papers identifying stressors, and papers discussing the effects of stress. The majority of them acknowledge that a significant source of stress for medical personnel is patient mortality. Additionally, there are pressures that are unique to the health care and workplace. Another significant aspect of stressor consequences is that caring for cancer patients is frequently a source of long-term stress, which can result in burnout and subpar treatment. There is also a lack of knowledge on the effects of support and/or coping mechanisms on adaptability and stress-related outcomes. According to the authors, it's crucial to assess how stress affects staff members' ability to communicate effectively with cancer patients and their families. Designing and evaluating training interventions with a focus on improving care quality is necessary. Review of the effectiveness of training for medical personnel working with cancer patients. (Delvaux et al., 1988)

Vachon, et al.,1977 studied the stress among oncology social workers and nurses. Although there have been few attempts to objectively evaluate the stress experienced by staff caring for patients with terminal cancer, this stress may be rather high. In two cancer centers, preliminary research on staff stress is presented in this paper. It was discovered that nurses in a cancer hospital that offered active cancer therapy focused on issues with dying patients as a diversion from their sense of personal inadequacy in testy circumstances. Significant issues with the workplace and staff communications

were mentioned just as frequently as issues with watching patients suffer and pass away. The nurses participated in a series of eight-session discussion groups to enhance knowledge of the challenges associated with coping with life-threatening illnesses and mortality among other staff members and patients. It was discovered that employees on a recently opened palliative care unit were just marginally less stressed than a group of recently widowed women. While the tension subsided over time, there are signs that some staff members working in recently built hospice units may be significantly at risk. Although it hasn't been studied, stress among doctors has been seen in a number of cancer settings. The challenges of working as an oncologist in organization's where research is a top priority are highlighted, and suggestions are suggested to lessen some of the stress. (Vachon et al., 1977)

Lloyd initiates a discussion on the social workers considering the existing literature so as the roles, ethics and works of oncology social workers. The literature has given more and more attention to stress and burnout in the healthcare industry. Worker roles and expectations for responsibilities have been altered by significant administrative, cultural, and political developments. The majority of authors contend that social work is a very stressful profession, with stress originating in particular from the tension between the roles of advocating for clients and serving agency demands. With two inquiries in mind, this article reviewed the social work literature. Do social workers experience more stress than other members of the medical field? What elements affect social workers' stress levels and level of burnout? Instead of comparing the stress levels of employees in similar professions, we discovered that the majority of the literature was either anecdotal or compared social worker stress with norms for the general population. According to the available empirical evidence, social workers may experience higher levels of stress and the ensuing burnout than professionals in similar occupational categories. The nature of social work practice, particularly the conflict between ideology and work demands, and the way the workplace is set up were factors noted as contributing to stress and burnout. There is some evidence that protective variables like supervision and team support exist. (Lloyd et al., 2002)

Oktay, et al, did a piolet study on oncology social workers where, the aim of this pilot project was to investigate the experiences of oncology social workers with the introduction and application of distress screening instruments with cancer patients. 15

oncology social workers who worked predominantly at big hospitals or cancer treatment facilities participated in focus groups. The findings were categorized into three main categories: starting a distress screening, adapting a screening to the environment, and evaluating a screening. As they adjust distress screening to their settings, social workers must make a number of decisions, including when and how to quantify distress and how to send patients to services, according to the findings. (Oktay, et al., 2012)

2.2.4 STUDIES ON COPING OF ONCOLOGY SOCIAL WORKERS

According to Min Ah Kim, et al, (2021) in the study titled "The Impact of Compassion Fatigue on the Well-Being of Oncology Social Workers in Korea", suggested the development of interventions to counter the negative consequences of compassion fatigue. Future research should focus on further understanding about how oncology social workers develop and cope with compassion fatigue, with an emphasis on the experiences of those with different characteristics and available resources. Where the study focused on the coping strategies of oncology social workers. (Min Ah Kim et al., 2021)

Kalliath et al., in 2014 studied the relationship between coping and work stress among social workers is expanding. The link between work-family conflict and coping is a topic that needs more study. the study examined the coping mechanisms used by social workers to manage the conflicting demands coming from their personal and professional lives. We analyzed the responses to two open-ended questions in a larger study including 439 Australian social workers to learn more about the difficulties social workers have juggling their job and family obligations, as well as the coping mechanisms they use to overcome these difficulties. According to the findings, social workers encounter work-family conflict. To deal with it, they use a variety of coping mechanisms, such as support from superiors and coworkers, cognitive reframing, prompt communication, setting clear expectations, time management, job flexibility, and the development of personal interests. We talk about how our findings might affect social work policy and practice. (Kalliath et al., 2014)

Feldman, et al, studied how coping strategies are enhanced by in cooperating oncology social workers among the breast cancer patients and caregiver. More men are having

to deal with the effects of breast cancer on their relationships due to the rising cancer rates among women in the United States. The purpose of this study was to examine how dyadic coping techniques affected men's adjustment to their partners' sickness using 71 male partners of newly diagnosed breast cancer patients. Participants filled out standardised questionnaires that assessed their emotional health, sickness intrusiveness, and dyadic coping mechanisms while their partners were receiving treatment. Significant correlations between coping mechanisms and sickness intrusiveness were found using regression analysis. Additionally, depression impacted men's coping mechanisms and inclined them to poorer adjustment. The results highlight the need for social workers to collaborate with patients and partners to create healthy pair coping mechanisms. Social workers' practise implications are discussed. (Feldman et al., 2006)

Itzhaky et al., focuses on the supervision of social workers who experience hopelessness and despair while caring for patients with terminal illnesses. researcher talk about the emotional issues that could cause these feelings. A unique approach of supervision is provided that uses hope as a coping mechanism for social workers facing such challenges. The model offers objectives for managing these social workers and defines the methods and procedures for accomplishing the objectives. And thus, the article proposes a model of coping mechanism. (Itzhaky et al., 2004).

Gilbar studied the coping mechanism of social workers in the study sought to ascertain how burnout in health social workers is impacted by a strong sense of coherence as a coping mechanism. 31 social workers in the field of physical sickness, 21 in the field of mental illness, and 29 in the field of the disabled made up the research sample. The main outcome suggests that burnout is less common among health social workers who have a strong sense of coherence than among those who have a weak sense of coherence. More specifically, the results show that emotional tiredness is predicted by the feeling of coherence's manageability factor. (Gilbar, 1998)

Sparks proposed a model for coping mechanism where, the survival of the dedicated oncology practitioner depends on their ability to manage the psychosocial stressors associated with providing cancer care. The process of dealing with these pressures is outlined in a conceptual model that is presented. The model, which was inspired by crisis theory, is originally given as a description of how patients handle the crisis of

physical sickness. The process of coping with the psychosocial strains of treating physical sickness is described in a translation of the model. The adaptive tasks that face oncology professionals and the coping mechanisms they must employ to satisfy their demands are given particular attention. The interactions between the tasks' primary components—the self, the patient, the patient's family, and other staff members—are presented in an interpersonal framework. In this area of interpersonal relationships, the author distinguishes between stress and burnout and provides a description of a coping mechanism. The creation of support groups and social support are considered the most effective coping mechanisms for managing the continuing psychosocial pressures associated with cancer care. (Sparks, 1988)

2.3 GAP

According to the literature review, cancer is spreading exponentially over the globe. Numerous investigations are carried out to comprehend the effects of cancer on patients. Oncology social workers' increased caseloads and the stress they experience as a result are both investigated. Numerous studies are quantitative, which leaves room for in-depth research on the unique issues faced by oncology social workers. Although there are several studies examining the stressors that impair performance and coping mechanisms, there are few qualitative studies in this area. The oncology social workers in the Trivandrum district are the subject of this investigation which is not yet studied or investigated. The urge to understand the current situation of oncology social workers and the need to address their problem in order to enhance the quality of service paves light to this study where there is an identified gap of lack of in depth study on oncology social workers in Trivandrum as well as lack of information on the coping of oncology social workers.

CHAPTER III: METHODOLOGY

CHAPTER III

METHODOLOGY

3.1 OVERVIEW OF THE CHAPTER

This chapter deals with the methodology adopted for this study. An attempt is made to narrate the hindrance stressors and coping strategies of oncology social workers in Trivandrum district. This chapter includes research design, pilot study, the setting for the study, population, sample, tools, and method of data collection and how the data will be analysed and interpreted in order to arrive at certain findings, suggestions and conclusions based on the study.

3.2 TITLE

Hindrance Stressors & Coping Strategies of Oncology Social Work Practitioners

3.3 RESEARCH QUESTIONS

CENTRAL RESEARCH QUESTION

1. What are the Hindrance Stressors & Coping strategies of oncology social work practitioners?

SPECIFIC RESEARCH QUESTION

1.1. What are the Hindrance Stressors of oncology social work practitioners?
1.2. What are the major Coping strategies of oncology social work practitioners?
1.3. What are the Suggestions offered by oncology social work practitioners to the oncology social work aspirants?

3.4 CONCEPTUALIZATION

The conceptual frame work has been derived from the conceptual understanding that has been developed through the literature review and the concepts discussed in the previous chapter.

3.4.1 DEFENITION OF CONCEPTS

- **Oncology social workers**

A. Theoretical Definition

Oncology social workers are professionals who apply social work principles, theories, and practices to support individuals and families affected by cancer. They provide psychosocial and practical assistance, addressing the emotional, practical, and social needs of cancer patients and their loved ones. (Ginsburg, L., & Chapman, S. (Eds.). (2018))

B. Operational Definition

Oncology social work practitioners who play roles of social worker in oncology department and provides social work services to patients and family members in oncology department of hospitals in Trivandrum district.

- **Hindrance stressors**

A. Theoretical Definition

Hindrance stressors can be theoretically defined as environmental factors or circumstances that impede an individual's progress, growth, or goal attainment, hindering their overall well-being and functioning. These stressors create barriers, constraints, or obstacles that limit an individual's ability to effectively cope with demands and achieve desired outcomes, leading to negative consequences. (Bakker, A. B., & Demerouti, E. (2007)).

B. Operational Definition

The barriers that stand as an obstacle to function as a productive oncology social work practitioner so as the limiting factors like organizational stress, difficult to strike a balance between work expectations, family obligations, and self-care, burnout, compassion fatigue etc

- **Coping Strategies**

A. Theoretical Definition

Coping strategies can be theoretically defined as cognitive, emotional, or behavioral efforts employed by individuals to manage or adapt to stressful situations, challenges, or adversities. These strategies serve as a means to reduce or alleviate the negative impact of stressors and restore psychological well-being. Coping strategies can involve various cognitive processes, emotional regulation techniques, problem-solving approaches, social support seeking, or engagement in adaptive behaviors. (Lazarus, R. S., & Folkman, S. (1984))

B. Operational Definition

The actions or strategies that helps the oncology social workers to win over the problematic situation and attaining more capacity to handle situations.

3.5 RESEARCH APPROACH

Qualitative approach is adopted for the study and multiple case study design was used to collect data for the purpose of the study. McMillan and Schumacher (1993) defined qualitative research as, "primarily an inductive process of organizing data into categories and identifying patterns (relationships) among categories." This definition implies that data and meaning emerge "organically" from the research context.

3.6 RESEARCH DESIGN

The research design refers to the overall strategy that is chosen to integrate the different components of the study in a coherent and logical way, thereby, ensuring that the research problem will be addressed effectively. It constitutes the blueprint for the collection, measurement, and analysis of data.

The research design adopted in this study is multiple case study research design. The case study research design is an in-depth study of a particular situation rather than a sweeping statistical survey. "Case study research involves the study of an issue explored through one or more cases within a bounded system‟ (Creswell 2007:73).

3.7 PILOT STUDY

A pilot study is a small-scale preliminary study conducted in order to evaluate feasibility, time, cost, adverse events, and affect size in an attempt to predict an appropriate sample size and improve upon the study design prior to performance of a full-scale research project. The researcher conducted the pilot study at PRS Hospital

with oncology social worker. From this the researcher understood the feasibility of the study. Appropriate modifications were made to enhance the instrumentality of data collection tools.

3.8 RESEARCH SITE

The study was carried out at Hospitals in Trivandrum District having the post of Oncology social worker. The researcher conducted hospital visits to gather information from the oncology social workers on the hindrance stressors and coping strategies of oncology social workers.

3.9 UNIVERSE AND UNIT

The universe of this study includes 5 oncology social workers from both government and private sector in Trivandrum district.

The unit of this study is a single oncology social worker, Trivandrum.

3.10 SAMPLING

A non-probability, snow-ball sampling method was used to select the sample for the study. The participants have been chosen to participate in individual face-to-face unstructured interviews. Participants for the study have been selected according to a set of specific criteria.

3. 11 INCLUSION AND EXCLUSION CRITERIA

3. 11. 1 INCLUSION CRITERIA

Oncology social work practitioners in Trivandrum district, from both private and government sectors.

3. 11. 2 EXCLUSION CRITERIA

Other medical social workers and oncology social workers outside Trivandrum.

3.12 SAMPLE SIZE

For the present study, a total sample of 5 oncology social work practitioners, Trivandrum who were satisfying the exclusion and inclusion criteria were selected.

3.13 SOURCES OF DATA

3. 13. 1 PRIMARY DATA

Primary data were collected directly from the oncology social work practitioners, Trivandrum

3. 13. 2 SECONDARY DATA

Secondary data comprises of information from Documents, books, reports of surveys and studies, literature pertaining to cancer, oncology social work, stressors, coping strategies, and other relevant publications.

3.14 TOOLS FOR DATA COLLECTION

The interview schedule was prepared to find out the socio-demographic profile of oncology social work practitioners. This schedule consists of closed questions, dealing with the socio-demographic profile like "age, sex, marital status, religion, stream of specialization, post, experience, nature of job, type of job, type of institution.

An unstructured interview guide including more than 30 questions was prepared based on the research questions. Certain modifications were made to the questions after the pilot study was conducted. In-depth interviews and discussions were conducted as the techniques of data collection to elicit information from the respondents.

3.15 DATA COLLECTION

The researcher collected the data from five oncology social work practitioners of different hospitals which belongs to both government and private sector. The researcher visited each oncology social work practitioner and personally interviewed them. Each interview lasted for

an average one and half to two hours. The interviews in Malayalam were transcribed into English.

3. 16 DATA ANALYSIS

The data collected through in-depth interviews is subjected to the process of analysis in qualitative research with the primary aim to understand the research concerns from the people’s perspective. The analysis of the qualitative cases studies was done through

thematic analysis. Throughout the process of data analysis various lines of inquiry were adopted with the aim of creating concepts, discovering patterns from the emerging concepts, seeing how concepts emerge and explaining why the particular concepts emerge. Data analysis was done based on the research questions. They are:

3.17 ETHICAL CONSIDERATION

Permission was taken from the Head of the Department of Social Work for approaching Oncology social workers. Verbal consent was taken from all the respondents before conducting the interview after communicating with them the purpose of the study and affirming that full confidentiality would be maintained and the data collected would not be used for any other purpose other than this study.

3.18 LIMITATIONS OF THE STUDY

• The major limitation faced by the researcher was that of time. The research needs to be submitted during the limited time that is allowed to a post-graduation student.

• The study is limited to the perspectives of the respondent oncology social workers.

• The study could include only Trivandrum district.

3.19 CONCLUSION

The methodology provides an overall idea regarding the methods use in the study. The methodology guided the researcher to complete the study in a systematic and scientific manner.

CHAPTER IV CASE PRESENTATIONS

CHAPTER IV

CASE PRESENTATIONS

4.1 OVERVIEW OF THE CHAPTER

The chapter provides information about the participants being presented in the study. The chapter includes 5 cases, Case A, Case B, Case C, Case D, Case E.

4.2 CASES

4.2.1 CASE A

The first participant Mr 'A' is a 32-year-old male, who is married and residing in Trivandrum district. He had his specialization in medical and psychiatry from Karivattom Campus, under Kerala University. He has an experience of 7 years in different settings like in an NGO for 2 years, in regional cancer center Trivandrum for 3 years and at Karkinos for 1 year. In short, he has 4 years of experience in the field of Oncology Social work.

As Case A is working in oncology social work stream for four years, he is experienced with the basics of oncology social worker. The case responded by introducing the organization he is working in a private sector.

The major roles played by Mr 'A' are Counselling, Psycho social need assessment, Psychosocial Education, Advocacy, Reporting and Documentation, Patient welfare Activities Rehabilitation, Cancer screening, Outreach, Marketing. Among all these roles the most prominent role of oncology social worker A in the private hospital is to take psycho social need assessment of the patients who visits the doctor in the hospital and to provide them psycho social education. "*After the patient registration the patient visits the doctor, just after the doctor consultation it is my duty to take further psycho social need assessment with the set of questions prepared in the hospital itself. It is my duty to provide them psycho social education and financial help if necessary*" Another major role of oncology social worker A is to submit daily reports on the official website of the hospital to get easy access to the respective doctors, nurses and other medical social worker on the respective patient. Apart from documentation the oncology social worker A is appointed as an outreach oncology social worker by which he also plans for cancer

detection camps and screening for the cancer patients. "*I'm appointed as an outreach officer and thus my major work is to conduct cancer screening camps and document it in the portal the hospital offered to me"* Marketing of the agency is less concerned to oncology social worker A, but still he also has the role in marketing the services provided by the hospital. "*Even though I'm not supposed to market the services provided by the hospital as it is not the role of an oncology social worker, I'm supposed to do the same as per the organizations demand*"

According to oncology social worker A there are several Hindrance stressors to him in the hospital of which many are organization and some are his personal. And they are Role conflict, case load, Salary, Job insecurity, procrastination, emotional toll.

Role conflict is a major issue that oncology social worker A faces over time, that oncology social worker A has to perform roles which are not the roles of an oncology social worker like marketing and hospital registration etc for which there are already appointed staffs. oncology social worker A finds a cross over of roles with other professions. And also feels that oncology social worker Ais not well recognized and accepted in the hospital with all due and respect as a professional oncology social worker.

Case A *"I don't think that there is enough recognition here, even though compared to the previous places I have worked I feel like there is a role and acceptance of the same"*

Work load or case load is another major problem faced by oncology social worker A as the days when cancer screening camps are conducted many patients visits the hospital. And the increased number of cases creates stress for oncology social worker A. "*while documenting the cases in a single day after camp makes me so much frustrated and stressed"*

Inadequate salary is one of the major stressors to oncology social worker A. as the pay scale is decent but not according to the work oncology social worker A does in the hospital. No separate funds are allocated as TA for the expenses that oncology social worker A has to make for conducting cancer screening camps "*even though my pay scale is decent compared to other oncology social workers, I don't feel that I'm paid according the work done by me. Apart from this I'm not paid any TA for the expenses*

for conducting camps in long distance. I have requested for the same even though the management has not agreed to provide the TA"

Job Insecurity is one among the hindrance stressors for oncology social worker A as the post he is working is a temporary post and there is no security that he will be continued for further years. This concerns oncology social worker A, as he is the major breadwinner of the family with wife and parents together. "*As I live with my parents, I have to take care of them as well as the house I'm looking for a more permanent job to secure my future"*

oncology social worker A also has some stressors which is created by himself even though does not affect his daily life, but still in some of his work life he has to face crucial situations because of these stressors like Procrastination and Emotional toll. *"Some days I used to get in trouble due to postponing my activities, this also leads to emotional breakdown"*

There are several Coping strategies opted by oncology social worker A. of which oncology social worker A keeps the Support system of oncology social worker A as the top priority. oncology social worker A's major support system is his Family *"My wife is also educated and she understands my profession by which whenever I feel low, she supports me a lot, along which she also travels with me and gives a comfortable space to tackle with my emotions and problems and I never allows my work life to be there in my family life I keep it separated"*

Apart from support system oncology social worker A copes the problems of oncology social worker A by Travelling, Music is also another sort of self-healing and relaxation to cope with the problems that he has to face during the work life and family life, another aspect of coping is the spirituality he follows. oncology social worker A takes support of his religious belief to stay positive and psychologically healthy.

Further, oncology social worker A gave Suggestions to future social work aspirants to stay motivated through enhancing problem-solving skills, another suggestion was to get a training before the joining of the post. A skill development program was also suggested by the oncology social worker A.

4.2.2 CASE B

The second participant Miss 'B' is a 25-year-old female, who is unmarried and residing in Trivandrum district. she had her specialization in medical and psychiatry from Loyola college of Social Sciences Trivandrum, under Kerala University. she has an experience of 6 months in the same settings. She works in a private hospital.

Roles played by Ms. 'B' are Counselling, Psycho social need assessment, Psychosocial Education, Advocacy, Reporting and Documentation, Patient welfare Activities Rehabilitation, Cancer screening, Outreach, Marketing.

Out of all these tasks, the oncology social worker B's primary responsibility in a private hospital is to assess the psychosocial needs of patients who see a doctor there and to offer them psychosocial education. *"The patient visits the doctor after registering with the hospital. I have a responsibility to do a further assessment of the patient's psychosocial needs immediately following the doctor's consultation. I have a responsibility to offer them financial support and psychosocial education if necessary"* One of the main responsibilities of oncology social worker B is to post daily updates on the hospital's official website so that the appropriate doctors, nurses, and other medical social workers may easily obtain information about the patient. The oncology social worker B is hired as an outreach oncology social worker, which entails planning cancer detection camps and screening for cancer patients in addition to paperwork. *"even though I was not hired as an outreach officer, I'm responsible to run cancer screening events and record them in the portal the hospital provided for me, as per the instruction of the hospital authority" Oncology social worker B is more involved in agency marketing, and plays an essential role in promoting the hospital's services, as per the agencies requirement.*

The oncology social worker B experiences stressors like Role conflict, case load, Salary, Job insecurity, procrastination, linguistic barrier, Handling free help line 24*7

Role conflict is a major stressor Case B, oncology social worker B has to work for the marketing team which is not her role. "*As I'm working in a private institute I feel like, the authority says and we do accordingly and I don't feel much acceptance here, may be because of lack of experience or may be the problem of system*"

Increase in number of cases per day is another stressor for her even though oncology social worker B is working inside hospital setting oncology social worker B also has to go for outreach programs which leads to have workload causing stress "*whenever there is a camp as a part of outreach program, there will be number of forms and it is my duty to document all the forms and at times I have to do it in within 2 days which makes me more frustrated and stressed, even my eyes hurt a lot*"

Job insecurity and underpayment comes hand in hand to oncology social worker B "*Even though I put in a lot of overtime and have a tonne of work to complete, the pay scale is so low. I'm finding it increasingly difficult to manage my expenses, such as my daily needs and hostel fees, with the money I'm getting paid, so I've asked for a rise. However, the management has not yet responded positively"*

Linguistic barrier is another major stressor to oncology social worker B as she is working in an hospital run by the Tamil management and most of the patients are from tamil background which creates stress to her "*When I first started working at this hospital, the majority of the patients were from Tamil Nadu, and because I don't speak Tamil well, I found it difficult to deal with them, which was a major source of stress for me. However, with the support of my coworkers and friends, I was able to get past my language barriers, and I now focus on nonverbal communication as a quick fix.*"

Even though there are too much of stressors oncology social worker B maintains Coping strategies such as Support system of which her major support system is her friends and colleagues "*I usually get effected by the comments of my seniors but after getting too much of stress I started to ignore some of the comments and takes advice in order to rectify my mistake rest I ignores. And at times I share my worries with my friends and SWOC analysis is something I does to understand myself and my stand on things*" Travelling is another coping strategy opted by her, according to oncology social worker B Music is her best solution to cope with stress, oncology social worker B is a religious person and she uses her Spirituality to enhance positivity and resilience in her life, another major coping strategy is SWOC analysis which oncology social worker B says that it is more productive and more scientific way for better future*"I always try to evaluate myself by doing SWOC analysis, by understanding my strengths and weakness I plan my actions"*, so also Vents out her emotions like crying "*I cry in my room in order to feel stress free*", many of the stressful situations are faced courageously by

oncology social worker B but still at times oncology social worker B practices Avoiding situations *"when I'm in trouble or when situations are problematic, I usually seek help of my supervisors as I'm not experienced enough to take more crucial decisions even though I'm learning to avoid disturbing them by gradually learning and developing my skills"*

She raised some suggestions like practicing SWOC analysis, mindfulness, life skills would be a better solution for tackling the stressors for the future oncology social work aspirants. Along with which a training and guidance of senior oncology social workers would also be more productive. Accepting mistakes and working for it is the best solution as per oncology social worker B.

4.2.3 CASE C

The third participant Mrs 'C' is a 42-year-old female, who is married and residing in Trivandrum district. she had her specialization in medical and psychiatry from Karivattom Campus, under Kerala University. she has an experience of 21 years in different settings inside regional cancer center Trivandrum in the field of Oncology Social work.

The Oncology Social Worker is appointed at RCC, her major role in counselling the in-patients. To provide them with psycho education like the severity of the condition as per the doctor's instructions, medications to take along with the period of time intervals, the side effects, pain management medications etc in order increase the quality of living of the patients.

Roles played by Mrs. 'C' are Counselling, Psycho social need assessment, Psychosocial Education, Advocacy, Reporting and Documentation, Patient welfare Activities. The oncology social worker is in charge of the most of these tasks. In a government hospital, oncology social worker C's main duty is to determine the psychosocial requirements of patients who visit a doctor there and to provide them with psychosocial education. Another major task she does is documenting the visits and counselling sessions. Further in case of need advocacy is provided to the patients in need. oncology social worker C is also associated with the patient welfare activities as she is one of the senior most staffs over there, providing financial help, rehabilitation services etc are done by oncology social worker C.

oncology social worker C also faces some stressors like Role conflict in the initial stages whereas now there is no role conflict as she is the senior most, case load is less faced by oncology social worker C as oncology social worker C has limited number of in- patients, but in case of any emergencies oncology social worker C has to visit multiples of wards on single day causing stress to oncology social worker C, Salary and job insecurity is another major problem faced by oncology social worker C, even though oncology social worker C is working for long 21 years oncology social worker C is underpaid and is paid under project not as a permanent employee which creates a Job insecurity, another major stressor faced by oncology social worker C is Compassion fatigue and Burn out due to long working under the same organization without post

change creates a stagnation of mind set, but now oncology social worker C is used to many of the situations *"When I started my career, it was difficult to watch patients with throat cancer, but now a days I don't feel much emotions. Now my work goes on, nothing much effort from my side is given because I feel it's useless."*

Coping strategies Support system – Family, Travelling, Music, spiritual. Among the many coping mechanisms that oncology social worker C has chosen, support system into prior consideration oncology social worker C prioritizes her support network above all else. Family is oncology social worker c's main source of support. Another strategy to cope with stress is music where oncology social worker C is a religious person who keeps her beliefs to attain peace of mind and problem-solving strategy *"I like to listen music and I calm myself by listening mantras in the morning, which refreshes my mind and that reflects in my day*

According to oncology social worker C being resilient and hopeful is a solution for all problems, clients must be the first priority for which the future social work aspirants should practice knowledge-based practice and should be ethical to all the works they do which is a best solution to function as a productive oncology social worker. And she further suggested for training sessions along with multi-disciplinary team.

4.2.4 CASE D

The fourth participant Mr 'D' is a 32-year-old male, who is unmarried and residing in Trivandrum district. He had his specialization in medical and psychiatry from Karivattom Campus, under Kerala University. He has an experience of 10 years inside regional cancer center Trivandrum in the blood bank department as oncology social worker. He lives with his parents

Major Roles played by Mr. 'D' are counselling, psycho education and documentation. As oncology social worker D is placed under blood bank of RCC oncology social worker D has limited roles. Roles like counselling is major one. The counselling includes the pre and post counselling of the blood donor, conduct community level activity for blood donation like camps and camping's and mobilize blood at the time of emergency requirement etc. He also mentioned that he has minimal role in the admitting and discharge along with the administrative task. Further hid major duty in on documentation.

There are many Hindrance stressors experienced by case D, Role conflict, case load, Salary, Job insecurity, procrastination, Compassion fatigue, Burn out

The oncology social worker "D" disclosed that "sometimes work life interferes with the personal life" when he sometimes neglected personal needs and activities due to work and was dissatisfied with the amount of time for non-work activities (like time with family and friends, religious and social interests). This was discussed as the organisational role stress and balance of work life were being discussed.

Although the duties of the job rarely interfere with these hobbies in the personal life, family and friends have complained that they don't get enough time to spend with them. However, he always thought it was difficult to work due of the personal issues.

He occasionally thought that his current roles and obligations kept him too busy to prepare for taking on greater responsibility while leaving him with little time and opportunity to get ready for my role's upcoming challenges. Of which one among is Documentation which also makes stressful "*it is difficult to upload all the cases on the same day, even though I plan to do this work in the afternoon time from 2 pm, but still*

when more cases are present it won't happen and it burdens to the next day. At times I have to take my work to home even in evenings and weekends"

Furthermore, he occasionally be doing it right now. He added that he frequently experienced happiness and satisfaction from being able to assist others, which made him feel proud and successful as a helper. On the other hand, he frequently felt overwhelmed by his caseload and related to others as a loving person. Some of the characteristics that the oncology social worker 'D' stated concerning the quality of professional life included the fact that occasionally I thought that because of his assistance, he felt "on edge" about various things, etc. The hospital's allocated duty and the medical social worker's projected role caused a slight divergence in her perception. Job insecurity also leads to stress "*I'm working in a tertiary government hospital form more than 10 years still my post is not permanent"*

On the other hand, he described the institutional stressors as being work stress and workload, which were challenges for patients, and socioeconomic factors like belief systems, educational barriers, awareness, and under function, among others, which were challenges for the oncology social worker from various angles.

Oncology social worker D's major Coping strategies includes Travelling *"at times I feel so tired that I take half day leave and lefts all my works and move to any place where I feel comfortable to sit and eats favourite food"*, apart from this he also seeks help of Support system like Family and friends even though Oncology social worker D has less attachment to both family and friends. Music is another medium of stress relief for Oncology social worker D, Oncology social worker D does Mind diversion when a problematic situation arises, when work load of documentation occurs Oncology social worker D takes leaves and postpones his work which results in Procrastination, "*when a stressful situation comes, I takes leave and runs away from the situation and once its tackled I rejoins*" escapism like Taking leave, playing cricket is another coping strategy he opts.

Suggestions

Finally, case D discussed many points of view and opinions regarding the profession of oncology social work's future development or growth. The oncology social worker, in his opinion, must work hard to promote more positions in the hospital. At first, this

won't work in our favour, but with time and continued effort, we can only assist to increase the opportunities and prominence of the oncology social work in the organisation.

Were he and other oncology social workers in the hospital able to raise the number of oncology social workers in the current hospital environment to permanent posts as well as some temporary posts as project coordinators. Therefore, in his opinion, it was up to us (the social workers) to do everything in our power to demonstrate our abilities and convince them of the necessity of a oncology social worker in a hospital setting. He also bemoaned the fact that general social work did nothing to advance our field of social work in their environment once they secured permanent employment, reducing opportunities for others. If everyone start to promote for the need of social work, then that would help to get more opportunity for the social work to get flourished in upcoming days.

4.2.5 CASE E

The fifth participant Mr 'E' is a 32-year-old male, who is unmarried and residing in Trivandrum district. He had his specialization in medical and psychiatry from Karivattom Campus, under Kerala University. He has an experience of 7 years in different settings like in an NGO for 1 year, in regional cancer center Trivandrum for 6 years as oncology social worker. He belongs to Hindu religion and is temporarily appointed in Trivandrum RCC, a government tertiary hospital.

Roles played by Mr. 'E' are Counselling, Psycho social need assessment Psychosocial Education, Advocacy, Reporting and Documentation, Patient welfare Activities, Rehabilitation, Cancer screening, Outreach

The Oncology Social Worker is appointed at the palliative wing of RCC, as he is appointed as the palliative oncology social worker, he has major role in counselling the outpatients. To provide them with psycho education like the severity of the condition as per the doctor's instructions, medications to take along with the period of time intervals, the side effects, pain management medications etc in order increase the quality of living of the patients.

"*I informs the patient on the physical condition they have, along with the side effects they are going to face after the medication while interacting with the patients and even collects basic psycho social information's to understand about the patient and family* " He also does psycho social need assessment for allowing medical concessions, ensuring patient rights and advocacy is another role played by Case E. "*I make a small analysis of each patient for myself as to have further follow up in the reporting document and submits it as a part of daily documentation*" Case E has to submit daily reports on the outpatient visit and have to take necessary details for the same which is done through psychosocial need assessment that is, documentation work and daily reporting is another major role played by the oncology social worker E. "*The main thing I do here is rehab patients because there are a lot of them who need help, and I've met a sufficient number of individuals and agencies, whom I can work with to help with patient rehab so far.*" As all the patients he deals with belongs to palliative he has own up the roles like networker and collaborator among the patients and rehabilitation services, hence, he also helps patients to get proper rehabilitation in collaboration with other agencies.

"*As there are increased number of cases per day, I don't get time to extend my work for outreach program, even though I organizes few of them on any occasional days*" Cancer screening and outreach programs are also conducted by the oncology social worker E. less engagement with outreach programs is made due to excess number of patients in the OP visits.

According to case E there are several hindrance stressors faced by him in this setting and they are role conflict, work load or case load, Salary, Job insecurity, Burn out, Procrastination.

As case E states, there is an untold cross over of roles resulting in role conflict "*usually as the number of cases increases I'm sked to do activities that a nurse is supposed to do*" work load or case load is another major issue that at many of the working days especially in Mondays and Fridays there will be a rush of patients which creates stress to the oncology social worker E "*when number of cases increases, I usually compromise with the quality of counselling because I have to attend all the cases"*

According to Oncology social worker E he is underpaid and also has temporary placement in the post. This is another major stress raised by him *"This is a public hospital, even though I'm paid inadequately, I continue to be perplexed as to why other government employees receive high salaries but social workers are ignored. Because of this, I occasionally lose interest in my job, but I continue to work because I'm passionate about it"*

Burn out and work life imbalance can be traced as other stressors faced by Case E, which also creates lack of family and friend's time. "*My current workload makes it difficult for me to concentrate on various tasks, and because of that and the amount of work that needs to be done at the NGO I work for, I am losing time with my friends and family, causing an imbalance in my life*"

Even though case E faces so much of hindrance stressors he has Coping strategies to overcome the situations. His major coping strategies includes support system both family and friends even though relies on friends for more help, Travelling, Music, Spiritual, SWOC analysis, Scheduling activities, Prioritizing tasks, Yoga and meditation, Displacement (Bursting out on family),

Even though Case E is facing so much of stressors he states that he is resilient and is able to cope with the stress through several strategies he adopt of which he states that SWOC analysis and practising Yoga are the major resulting ones. *"I practice Yoga and meditation which makes my mind peaceful and relaxed. Now I practise the same in early morning"*

Case E also practice scheduling his activities as he has to multitask for both hospital and his NGO and he prioritize activities which are found to be productive coping strategies. "*Nowadays I feel so stressed and feel like I have too much of time management issues to tackle the same I started to schedule my activities and appointments*"

Case E also vents out his emotions by showing anger and frustration as a displacement of his feelings to his family and friends, which also helps him to cope even it's a defensive mechanism. "*I used to vent out my emotions by showing anger*"

Finally, he gave some Suggestions for the future oncology social work aspirants for the better working in a tertiary hospital like RCC.

He provided suggestion to have a training program prior to the joining as well a week orientation along with the previous oncology social worker or superior social workers in order to get observational learning. Apart from this practicing yoga or other meditation for mindfulness was also suggested by him as this helps to tackle many of the problems patiently. Patience and resilience are something to be worked upon before entering the post was also suggested by oncology social worker E.

CHAPTER V: DATA ANALYSIS & INTERPRETATION

CHAPTER V

DATA ANALYSIS AND INTERPRETATION

5.1 OVERVIEW OF THE CHAPTER

The chapter provides information on the data collected and analysed thematically along with interpretation on the base of identified themes.

Qualitative data analysis is the process in which we move from the raw data that have been collected as part of the research study and use it to provide explanations, understanding and interpretation of the phenomena, people and situation which we are studying. Thematic analysis emphasizes on pinpointing, examining and recording patters or themes within the data available.

5.2 PROFILE OF PARTICIPANTS

Table 1

PROFILE OF PARTICIPANTS

Cases	Age	sex	religion	Marital status	Stream of specialization	Post	Experience	Nature of Job	Type of institution
A	32	Male	Hindu	Married	MSW - Medical & Psychiatry	Oncology Social Worker	7 years	Temporary	Private
B	25	Female	Christian	Unmarried	MSW - Medical & Psychiatry	Oncology Social Worker	6 months	Temporary	Private
C	45	Female	Hindu	married	MSW - Medical & Psychiatry	Oncology Social Worker	21 years	Temporary	Government (RCC)

D	34	Male	Christian	Unmarried	MSW - Medical & Psychiatry	Oncology Social Worker	10 years	Temporary	Government (RCC – blood bank)
E	32	Male	Hindu	Unmarried	MSW - Medical & Psychiatry	Oncology Social Worker	7 years	Temporary	Government (RCC - Palliative)

The profile of the participants gives a basic idea about the participants in the research in which the basic demographic information's like age, sex, religion, marital status, stream of specialization, Post, experience, Nature of job and type of institution are collected. Out of the five participants two of the participants are female rest of three are males. One of the participants has 21 years of experience and one among has 6 months of experience. Two of the participants are married rest the three of them are unmarried. On the base of religion there are two Christian participants and 3 Hindu participants. All the participants have post graduated in MSW with medical and psychiatry as specialization. All of the participants are posted as oncology social workers and the participants are working both in governmental and private sector where three of them are in government and rest in private. All the post are temporary in nature.

5.3 ROLES OF ONCOLOGY SOCIAL WORKERS

Table 2

<table>
<tr><td colspan="2">Common Roles:
Counselling, Psycho social need assessment, Psychosocial Education, Advocacy, Reporting and Documentation, Patient welfare Activities, Rehabilitation</td></tr>
<tr><td colspan="2" align="center">Specific Roles</td></tr>
<tr><td>Case A &B</td><td>Cancer screening
outreach
marketing
In-patient visit & assessment</td></tr>
</table>

Case C	Research associative
Case E	Bereavement support system – OP group

Before encountering to the research questions the roles of oncology social workers need to be understood in order to understand the hindrance stressors and coping strategies of oncology social workers.

There are certain common roles played by oncology social workers they are;

Counselling: Counselling is a learning-oriented process, carried on in a simple, one-to-one social environment, in which a counsellor, professionally competent in relevant psychological skills and knowledge, seeks to assist the client, by methods appropriate to the latter's needs and within the context of the total personnel program, to learn more about himself and to accept himself, to learn how to put such understanding into effect in relation to more clearly perceived, realistically defined goals to the end that the client may become a happier and more productive member of his society." (Gustad, J. W. (1953))

Psycho social need assessment: A psycho-social needs assessment is a systematic process that aims to identify and evaluate the psychological and social needs of individuals or communities, with the goal of providing appropriate support and interventions to improve their well-being and quality of life.

Psychosocial Education: Psycho-social education is an approach to education that integrates psychological and social factors to promote holistic development and well-being. It emphasizes emotional intelligence, social skills, self-awareness, and interpersonal competence, aiming to enhance individuals' ability to navigate various personal and social challenges effectively. (Rainer K. Silbereisen, Xinyin Chen, 2010)

Advocacy: Advocacy in social work refers to the process of actively supporting and promoting the rights, interests, and well-being of individuals, families, or communities who are marginalized, vulnerable, or facing various social challenges. Social workers engage in advocacy to empower their clients, raise awareness about social issues, and work towards creating positive systemic changes in policies and practices. (Mark Doel, Steven Shardlow, 2005)

Reporting and Documentation: Reporting and documentation in social work refers to the systematic process of recording, documenting, and communicating information related to social work interventions, assessments, client interactions, case progress, and outcomes. This essential aspect of social work practice ensures accurate record-keeping, accountability, and the provision of necessary information to support effective decision-making and continuity of care. (Nancy L. Sidell, 2011)

Patient welfare Activities: Patient welfare activities in social work refer to a range of services and interventions provided by social workers to promote the well-being and overall welfare of patients or clients in various healthcare settings. These activities may include emotional support, counselling, advocacy, care coordination, resource referrals, and addressing social determinants of health to improve patients' quality of life and facilitate their access to essential services. (Sarah Gehlert, Teri Browne, 2011)

Rehabilitation: Rehabilitation in social work refers to a comprehensive and client-centered process aimed at restoring or enhancing the functioning and well-being of individuals who have experienced physical, mental, emotional, or social challenges. Social workers involved in rehabilitation work collaboratively with clients, focusing on their strengths and abilities, to promote independence, improve coping skills, and facilitate their reintegration into the community. (Sarah Gehlert, Teri Browne, 2011).

There are some specific roles carried by some of the participants. Case A and B are working in private sector has more significant role in cancer screening, outreach and marketing. Apart from this they are also associated within patient visit and their assessment. Case C has specified role as a research associate in the oncology wing and case D as working in Palliative setting has role in bereavement support among outpatient group members.

Table 3

Roles of oncology social work participants

	A	B	C	D	E

Counselling	Significant role present during the cancer screening	Significant role present during the cancer screening	Significant rol during In patient visit	Significant role during blood donation	Significant role during interaction bereavement support etc.
Psycho social need assessment	Significant role in Need assessment during cancer screening and further treatment	Significant role in Need assessment during cancer screening and further treatment	Significant rol present	Significant role during blood donation clients	Significant role present during intake of patients and treatment process
Psychosocial Education	Significant role while providing details on medications, side effects etc. Awareness through cancer screening camps and outreach activities	Significant role while providing details on medications, side effects etc	Significant rol counselling and Inpatient visit	Significant role on need of blood donation	Significant role present during intake of patients and treatment process
Advocacy	Significant role on educating about schemes, insurance etc. and patient welfare activities	Significant role on educating about schemes, insurance etc. and patient welfare activitie	Significant rol educating about schemes	No much significant role	Significant role on educating about schemes, insurance etc. and patient welfare activities
Reporting and	Significant role in daily	Significant role in daily	No much significant role	Significant	Significant role, no daily

Documentation	documentation	documentation		role present of daily reporting	reporting
Rehabilitation	Referring to other NGO's and homes who provide free services to cancer patient	No much significant role	No much significant role	No much significant role	Referring to other NGO's and homes who provides free services to cancer patients
Marketing	No significant role	Significant role causing role conflict	No much significant role	No much significant role	No much significant role
Out Patient Visit	Cancer screening	Cancer screening	Significant role present	No much Significant role	Significant role present
In patient Visit	No significant role	Daily visits	Daily visits	No much Significant role	No much significant role

A table showing the significant role of each case according to the roles are shown above.

5.4 ANALYSIS

❖ RESEARCH QUESTION 1

What are the Hindrance Stressors of oncology social work practitioners?

➢ Theme one: Hindrance stressors

Here the researcher tries to point out the hindrance stressors associated with the oncology social worker. Based on the data collected from the five samples, it can be said that most of the cases had common stressors, and few had situational and personal stressors. The impact of the stressors varied among the individuals. However, the stressors of the oncology social workers as a whole have connections in general.

Based on the first theme seven sub themes were generated;

- Sub-Theme 1: ROLE CONFLICT

As the establishment of oncology social worker as a profession is one among the challenges to case A and B. Apart from the gradual role conflict is been raised by all the participants

Case A *" I don't think that there is enough recognition here, even though compared to the previous places I have worked I feel like there is a role and acceptance of the same"*

Case B "*as I'm working in a private institute I feel like, the authority says and we does accordingly and I don't feel much acceptance here, may be because of lack of experience or may be the problem of system*"

- Sub-Theme 2: WORK LOAD/ CASE LOAD

Case load or work load are the number of cases visited per day in the hospital to meet oncology social workers, this also includes the patients in outreach activities so as the patients in the hospitals and outpatients.

CASE E "*when number of cases increases, I usually compromise with the quality of counselling because I have to attend all the cases"*

Case B "*whenever there is a camp as a part of outreach program, there will be number of forms and it is my duty to document all the forms and at times I have to do it in within 2 days which makes me more frustrated and stressed, even my eyes hurt a lot*"

- Sub-Theme 3: SALARY

Salary is one of the major stressors faced by almost all the cases. In both Government and private sector, the oncology social workers are underpaid.

Case B "*Even though I put in a lot of overtime and have a tonne of work to complete, the pay scale is so low. I'm finding it increasingly difficult to manage my expenses, such as my daily needs and hostel fees, with the money I'm getting paid, so I've asked for a rise. However, the management has not yet responded positively"*

Case E *"This is a public hospital, even though I'm paid inadequately, I continue to be perplexed as to why other government employees receive high salaries but social workers are ignored. Because of this, I occasionally lose interest in my job, but I continue to work because I'm passionate about it"*

- Sub-Theme 4: JOB INSECURITY

In all cases there is an inconsistency in the job posts the oncology social workers are working at, this creates a job insecurity and all the cases experience this as all of them are placed temporarily.

Case D *I'm working in a tertiary government hospital form more than 10 years still my post is not permanent*

- Sub-Theme 5: PROCRASTINATION

Procrastination is another major problem faced by almost all cases, where case D has this as a major stressor

Case D "*it is difficult to upload all the cases on the same day, even though I plan to do this work in the afternoon time from 2 pm, but still when more cases are present it won't happen and it burdens to the next day. At times I have to take my work to home even in evenings and weekends*"

- Sub-Theme 6: COMPASSION FATIGUE

Case C *"When I started my career, it was difficult to watch patients with throat cancer, but now a days I don't feel much emotions. Now my work goes on, nothing much effort from my side is given because I feel it's useless."*

- Sub-Theme 7: BURNOUT

Case D *"at times I feel so tired that I take half day leave and lefts all my works and move to any place where I feel comfortable to sit and eats favourite food"*

Table 4
HINDRANCE STRESSORS

	A	B	C	D	E
Role conflict	Comparatively less	Significant role conflict present; like cross over to marketing	Comparatively less	Significant role conflict like cross over	Significant role conflict present
Procrastination	Significant issues present like lack of family time and long working hours due to outreach	Significant presence due to outreach	Comparatively less	Significant issues present like lack of family time	Significant issues present like lack of family and friends time
work load, case load	Comparatively less	Comparatively less	No much significant present as more role is	Significant presence due to multitasking	comparatively less

			established in counselling on In patient	in counselling and report	
Compassion fatigue	Comparatively less	Comparatively less	Significant presence	Significant presence	Significant presence
Salary	No much significant present	Significant presence	Comparatively less	Significant presence	Significant presence
Burn out	Comparatively less	Significant presence	Significant presence	Significant presence	Significant presence
Job insecurity	Significant presence	Significant presence	Significant presence	Significant presence	Significant presence

5.5 COMMON STRESSORS

Table 5

Common Stressors
Role conflict
Work load – case load
Salary
Job insecurity
procrastination

Most of the common stressors are experienced by all the cases, even though the time and situations are different. Apart from this there are specific stressors

5.6 SPECIFIC STRESSORS

Table 6

Specific Stressors	
Case B	Linguistic issue

	Handling free help line 24*7
Case C	Compassion Fatigue
Case D	Burn Out
Case E	Work life imbalance
	Extra work

Case B is experiencing linguistic issue that she is from a Kerala background and most of her clients are from Tamil Nadu its difficult for her to maintain an effective communication which becomes a stress to her. Even though at initial days it was a stress now she is coping it with the help of her colleagues and experiences.

Case B "*When I first started working at this hospital, the majority of the patients were from Tamil Nadu, and because I don't speak Tamil well, I found it difficult to deal with them, which was a major source of stress for me. However, with the support of my coworkers and friends, I was able to get past my language barriers, and I now focus on nonverbal communication as a quick fix.*"

Work life imbalance is another major stressor by case E, case E is unable to focus on work, family, friends parallelly.

Case E "*My current workload makes it difficult for me to concentrate on various tasks, and because of that and the amount of work that needs to be done at the NGO I work for, I am losing time with my friends and family, causing an imbalance in my life*"

5.7 ANALYSIS

❖ **RESEARCH QUESTION 2**

What are the major Coping strategies of oncology social work practitioners?

➢ **Theme one: Coping Strategies**

- Sub-Theme 1: SUPPORT SYSTEM

Two of the cases, Case A and C has family as their major support system, where as the rest three of the case has friends as their major supporting system.

Case A" *My wife is also educated and she understands my profession by which whenever I feel low she supports me a lot, along which she also travels with me and*

gives a comfortable space to tackle with my emotions and problems and I never allows my work life to be there in my family life I keep it separated"

- Sub-Theme 2: REFRESHMENT ACTIVITIES

Fives of the participants use refreshment activities as listening to music, travelling etc. as their leisure time activity. one of the participant practise yoga to attain mindfulness.

Case C *"I like to listen music and I calm myself by listening mantras in the morning, which refreshes my mind and that reflects in my day*

Case E *"I practice Yoga and meditation which makes my mind peaceful and relaxed. Now I practise the same in early morning"*

- Sub-Theme 3: SWOC ANALYSIS

Two of the participant practise SWOC analysis in which strength, weakness, opportunities and challenges are accessed to tackle the hurdles that comes in the life as well as job

Case B *"I always try to evaluate myself by doing SWOC analysis, by understanding my strengths and weakness I plan my actions"*

- Sub-Theme 4: SCHEDULING ACTIVITIES

Three of the participants schedule activities for better time management and participants who schedule activities are able to meet their duties on time.

Case E "*nowadays I feel so stressed and feel like I have too much of time management issues to tackle the same I started to schedule my activities and appointments*"

- Sub-Theme 5: PRIORITIZING TASKS

three of the cases is very keen in prioritizing tasks as the case A has to deal with the outreach activities like conducting camps etc. the case prioritizes the tasks. Case E is doing multiples of work as of working in the hospital and running an independent NGO results to prioritize activities in order to maintain the balance.

Case A "*I try to prioritize my works in order to work smoothy, at times, I even prioritize my health and family for better working conditions*"

- Sub-Theme 6: AVOIDANT COPING

Case B practises avoidant coping in order to stay positive and the case tries to assertively avoid the situation. Where as case D does escapism and procrastination as negative coping strategies.

Case B "*I usually get effected by the comments of my seniors but after getting too much of stress I started to ignore some of the comments and takes advice in order to rectify my mistake rest I ignores. And at times I share my worries with my friends and SWOC analysis is something I does to understand myself and my stand on things*"

Case D "*when a stressful situation comes, I takes leave and runs away from the situation and once its tackled I rejoins*"

- Sub-Theme 7: EMOTIONAL FOCUSSED COPING

Almost all the cases vent out emotions by expressing feelings to their loved ones, where case B cries in private in order to vent out her stress and to feel relaxed. Case E does negative coping by venting out anger on others.

Case E "*I used to vent out my emotions by showing anger*"

Case B "*I cry in my room in order to feel stress free*"

- Sub-Theme 8: PROBLEM COPING

Four of the participants never runs out of the situation while in a problem, they all face the situation where case D runs out the situation and does escapism. Case B faces the situation by tackling the situation with the possible support systems or knowledge she has.

Case B *"when I'm in trouble or when situations are problematic, I usually seek help of my supervisors as I'm not experienced enough to take more crucial decisions even though I'm learning to avoid disturbing them by gradually learning and developing my skills"*

TABLE 7
COPING STRATEGIES

	A	B	C	D	E
Support system	Good family support	Good friends support	Good family support	Good friends support	Good friends support
Refreshment Activities	Travelling, Music	Travelling, Music	Travelling, Music	Travelling, Music, cricket	Travelling, Music, Yoga and Meditation
SWOC Analysis	-	Present	-	-	Present
Scheduling activities	Present	Present	-	-	Present
Prioritizing tasks	-	Present	Present	-	Present
Avoidant Coping	-	Ignoring some of the negative comments, Procrastination	-	Procrastination Escapism	Ignoring comments
Emotion focussed coping	ventilating emotions	Crying	Ventilating emotions	-	-
Problem focussed	Sharing to wife, discussing with colleagues	Asking advice and suggestion	Facing problems and asking suggestions to friends	Seeks help from colleagues	Self-evaluation and seeking help to friends

The table shows the coping strategies of oncology social workers, which provides information that support system and refreshment activities are the major coping strategies opted by the participant in most common.

Case D has poor coping strategy compared to the rest, a problem focussed coping strategy is found to be more productive from the data analysed.

Table 8
POSITIVE AND NEGATIVE COPING STRATEGIES

Case	Positive Coping Strategies	Negative Coping Strategies
A	Support system – Family, Travelling, Music, spiritual	-
B	Support system – Friends, Travelling, Music, Spiritual, SWOC analysis, ventilating emotions, Facing situations	Avoiding situations crying
C	Support system – Family, Travelling, Music, spiritual	
D	Support system – Family, Travelling, Music, Spiritual, Mind diversion	Procrastination Taking leave Escapism

E	Support system – Family, Travelling, Music, Spiritual, SWOC analysis, Prioritizing tasks, Yoga and meditation, Scheduling activities	Displacement (Bursting out on family - Getting angry to others)

Table above shows the positive and negative strategies of oncology social workers of which case A and C has no mentioned negative strategies and they have good support system as their family. Case B and E practice more positive coping strategies. Case E has more positive coping strategies than negative coping strategies

❖ RESEARCH QUESTION 3

What are the Suggestions offered by oncology social work practitioners to the oncology social work aspirants?

1. Capacity to Accept things should be practiced.
2. A pre- training for minimum a week should be given in order to understand the working condition.
3. A skill development program to manage stress and enhance coping to the oncology social work aspirants will be effective.
4. Practicing Time management techniques like scheduling, multitasking etc will help to function more effectively.
5. Practicing Yoga, meditation and other mindfulness activities are useful for tackling stress.
6. Focusing on problem solving skills is another solution
7. Practicing knowledge and evidence based oncological services along with consideration of ethical dimensions.

5.8 DISCUSSION

The discussions are based upon researcher's observational experiences, review of literature, and analysis of the data. The results of a research conducted by Davidson on the particular difficulties faced by the expanding number of social workers who help cancer patients and their families are presented. While relevant literature and research outline the generally stressful effects of this chronic, life-threatening condition, they don't offer much insight into the job stress experienced by social workers who provide hospital services. Examined are the types of stress that social workers report feeling, if they can handle the emotional impacts of their work with the help of available resources, and whether new support programmes are necessary. In the study, 36 social workers were asked about any difficulties they had interacting with cancer patients and their families. Social workers claimed that working with cancer patients caused them a great deal of stress, which affected both their personal and professional lives. However, working with cancer patients was viewed as both a positive challenge and a stressor. Social workers generally worked to create coping skills devoid of emotional distance from patients. We explore the types of stresses that social workers report experiencing, the effectiveness of existing supports in assisting them in managing the emotional effects of their work, and the requirement for new support initiatives. (Davidson, 1985).

The present research subject indicated encountering multiple instances of hindrance stressors; all participants have job stress. Participants with less social support is experiencing more stress which seems to be parallel to the findings of the literature mentioned. The findings of this research thesis include the major hindering stressors are; role conflict, burnout, compassion fatigue, job insecurity, procrastination, salary, work load or case load.

The study conducted by Kalliath et al., in 2014 studied the relationship between coping and work stress among social workers is expanding. The study looked at the strategies social workers employed to deal with the competing demands of their personal and professional life. In a bigger study with 439 Australian social professionals, we looked at the replies to two open-ended questions to learn more about the challenges social workers face in balancing their work and family responsibilities as well as the coping strategies they employ to deal with these challenges. The results show that social

professionals experience work-family conflict. They employ a range of coping strategies, including the encouragement of superiors and coworkers, cognitive reframing, rapid communication, outlining clear expectations, time management, workplace flexibility, and the growth of personal interests, to deal with it. (Kalliathet al., 2014)

Support system, Refreshment activities, SWOC analysis, Scheduling activities, Prioritising tasks, avoidant coping, emotional focused coping, and issue coping are some of the coping mechanisms that were discovered when the coping mechanisms in the current thesis were investigated. Participants B asks their coworkers for assistance with quick communication in line with the literature. Participants also practise time management techniques including scheduling and prioritising chores.
The results of the current study clearly suggest the Hinderance stressors and coping strategies of oncology social workers identified by the literatures reffered.

CHAPTER VI MAJOR FINDINGS & SUGGESTIONS

CHAPTER VI
MAJOR FINDINGS & SUGGESTIONS
FINDINGS

6.1 OVERVIEW OF THE CHAPTER

The final chapter deals with the outputs that the research revealed. It can be used as indicators that need to be studied in planning an intervention for the future. The purpose of the discussion is to interpret and describe the significance of findings that was already known as research problem. Researcher here also tried to explain new understanding and insights that emerged as a result of this study respective to areas that need to be focused with interventions.

6.2 FINDINGS

1. **What are the Hindrance Stressors of oncology social work practitioners?**

1.1 Organizational Constraints: While the focus is primarily on the needs of patients, oncology social workers also face hindrance stressors related to organizational constraints. Limited resources, high caseloads, administrative burdens, and time pressures can hinder their ability to provide comprehensive care and contribute to stress.

1.2 Oncology social workers who work under government sector have a greater number of cases which increases the stress reflecting that there is a requirement of a greater number of staff.

1.3 Quality of counselling has been compromised due to the increased number of cases in the governmental sector

CASE E "*when number of cases increases, I usually compromise with the quality of counselling because I have to attend all the cases*"

1.4 Less level of stress is observed on cases who has comparatively less role conflict

1.5 Documentation and reporting are one of the major hindrance stressors to many of the cases.

Case B "*whenever there is a camp as a part of outreach program, there will be number of forms and it is my duty to document all the forms and at times I have to do it in within 2 days which makes me more frustrated and stressed, even my eyes hurt a lot*"

Case D "*it is difficult to upload all the cases on the same day, even though I plan to do this work in the afternoon time from 2 pm, but still when more cases are present it won't happen and it burdens to the next day. At times I have to take my work to home even in evenings and weekends*"

1.6 Procrastination is one of the reasons for increased stress on case D

1.7 For case D there is a smaller number of roles and most of the work is vested in documentation for the case and it is one of the major stresses to the case

1.8 Case D is experiencing highest stress over all the cases and it's because of less coping strategies

1.9 Compassion fatigue along with Emotional Toll: While it is widely recognized that oncology social workers experience emotional stress, an overlooked aspect is the cumulative emotional toll of multiple patient losses over time. Witnessing the suffering and death of patients can lead to compassion fatigue, moral distress, and a sense of grief.

Case C " *Now a days I don't fell much trouble while seeing the patients as of the initial days, rather I feel sadness now I know that this happens and I'm used to it*"

1.10 As Year of experience increases compassion fatigue also increases. Case C and Case D- 21 years' experience and 10 years.

1.11 There is a direct relationship between stress and marital status, for the cases who are unmarried has comparatively higher stress than the married ones.

2. **What are the major Coping strategies of oncology social work practitioners?**

2.1 Case D is practicing avoidant coping strategies by which the case is having less coping mechanism, along with the same the case is not using emotional coping for ventilation of emotion this also results increase stress and decreased coping.

2.2 Four of the cases are experiencing time management issues in their working and daily life where as one case is not experiencing the same because of a smaller number of patient and high coping skills.

2.3 Engaging in regular supervision, peer consultations, and participating in professional communities can provide opportunities for debriefing, learning, and validation and Case B uses this Professional support network as major coping strategy.

2.4 Engaging in self-care practices, such as mindfulness, yoga SWOC analysis are the coping strategies applied by Case B and E and it found useful to great extend to Cope with many of the stress.

2.5 Cases having family as their supporting system has more coping skills.

2.6 Married cases are good in coping the stressors faced.

2.7 Cases who schedule activities are having better times management and better coping skills.

2.8 Refreshment activities are found to be more productive way of coping from the analyzed data.

GENERAL FINDINGS

1. Even though the social workers are working under Governmental institution, they are not permanent staffs.
2. Depending on the nature of working in the same institution there are differences in the working condition, number of cases and payment scale.
3. Delayed acknowledgement on the problems and stressors of oncology social workers is one of the reasons for burnout among the social workers
4. Due to the involvement on other activities, Case E has more stress compared to the other Cases.

6.3 SUGGESTIONS

1. It is important to address each role of an oncology social worker by the organization as well as the co-workers which helps to reduce the stress and enhance the coping strategies of oncology social workers.
2. It is hard time to make the oncology social workers as permanent staffs as there is a defined role for them in case management and patient welfare
3. Acknowledging the problems of social workers would enhance the quality of services provided by them.
4. Decent pay would slightly ensure job satisfaction which decreases the stress of oncology social workers.
5. Counselling sessions can be provided to the oncology social workers to manage stress.
6. Awareness sessions on positive coping strategies can be provided to have positive coping than avoidant coping.
7. Peer consultations can be used as a strong support system in an organization; hence it can be implemented through supervision.
8. In cooperation of Refreshment activities in the working environment.
9. Creating habit of self - care practices in working environment like yoga space which can be done before the work or after the work as a personal space.

6.4 SOCIAL WORK IMPLICATIONS

1. Supportive Interventions: The research findings have the potential to enable the development of customized interventions. These interventions may include a variety of tools, training programs, and focused actions designed to improve the effective management of stressors inherent to their line of work. As a result, it is reasonable to expect that mental and emotional health will improve.
2. Stress Mitigation Pedagogy: The coping mechanisms discovered via this investigation might be easily incorporated into stress mitigation pedagogy, which is geared for both practicing and aspiring oncology social workers. The incorporation of these strategies could give them effective strategies to deal with the complex problems they face, resulting in an expansion of their ability to provide high-quality care and support to cancer patients and their families.
3. Organizational Paradigm Shift: the necessity of paradigm adjustments within organizations that house cadres of oncology social workers in healthcare facilities. The reconsidering of institutional policies and procedures could successfully reduce impediment-causing stressors and create an environment that is naturally supportive, leading to a corresponding rise in the overall standard of patient care provided. Where policy making as a major role can be played by social worker.
4. Burnout Alleviation Mechanisms: The research has the potential to highlight the necessity of recognizing burnout indicators and initiating preventative countermeasures given the tendency of oncology social workers towards burnout caused by the emotionally taxing nature of their profession. Such actions could include routine evaluations, self-care-promoting introspective projects, and careful task management.
5. Advocacy and Consciousness Propagation: The research's findings could be skillfully employed as proof for the inherent significance of the job performed by oncology social workers within the larger healthcare system. Increased awareness of the specific challenges they face could significantly aid in the development of a deeper appreciation of their efforts and a corresponding amplification in the necessary support systems.
6. Pedagogical and Educational Reform: The results of the research could have a significant impact on the pedagogical foundations of social work courses. The

incorporation of discourse on stresses that can be an obstacle as well as specifically designed coping techniques relevant to cancer social work could significantly improve the training of emerging professionals so they are more equipped to handle the complex problems inherent in this specialized field.

7. Expansion of Research Projects: The thesis that is being given has the ability to act as the first lever for the explosion of following research projects in the field. These endeavors might delve deeply into particular stressor typologies, examine the effectiveness of coping mechanisms, or explore the long-term effects of stress on social workers and the standard of care they provide.
8. Cross-Disciplinary Synergism: The results gained from this study project could promote collaboration between social work practitioners and their colleagues in the healthcare industry. This newly discovered understanding of the pressures that affect oncology social workers may inspire the expansion of collaborative synergies and increased intercommunication, unknowingly promoting a better mode of teamwork within the hospital environment.

CHAPTER VII CONCLUSIONS

CHAPTER VII

CONCLUSIONS

The research report clarifies the difficulties experienced by social work professionals working in oncology. The study offers important insights into the experiences and demands faced by these professionals as well as the particular challenges faced by social work practitioners in the field of oncology & the coping strategies, they use to navigate these stressors through a thorough examination of hindrance stressors and coping mechanisms. The study emphasises how crucial it is to comprehend the particular stressors that impair the wellbeing and efficacy of oncology social work practitioners as well as the coping methods that can lessen their effects. Numerous stresses and hindrances that prevent the successful provision of social work services to cancer patients and their families have been found and studied throughout the study.

In-depth research has also been done on the coping mechanisms these professions use to deal with these pressures. The study's inquiry into the significant stressors experienced by these professionals analyses the coping mechanisms they adopt to navigate through the demanding nature of their work. Several key conclusions may be derived after a thorough review of the data and conversations. A thorough review of the data and results yields several important conclusions.

The study's conclusions have shed light on the major stressors that oncology social work practitioners deal with on a daily basis, including the strain or emotional exhaustion that comes from seeing patients suffer, the need to balance administrative duties with providing direct patient care, and the difficulties in navigating intricate healthcare systems. These strains may have a negative impact on their general wellbeing and job happiness, possibly resulting in burnout and reduced output. The study also highlights several coping mechanisms that practitioners use to successfully handle these challenges. To reduce stress and improve their well-being, these professionals use a variety of coping mechanisms, some of which are mentioned in this research. These include asking for social support, taking care of oneself, and continuing one's education. The coping strategies identified in this study are also valuable insights for both current and aspiring oncology social work practitioners, as well as their supervisors and institutions.

This study's importance goes beyond simply listing stressors and coping mechanisms. Organisations and stakeholders can proactively improve working conditions, offer necessary support, and foster a healthier workplace by being aware of the particular stressors experienced by oncology social work practitioners. Practitioners who are knowledgeable of productive coping mechanisms can strengthen their resilience and job happiness, which will ultimately improve patient care and results.

Self-care, which entails partaking in activities that improve physical, emotional, and mental well-being, has been identified as a key coping method. This involves finding social support, keeping a healthy work-life balance, participating in hobbies, and using stress-reduction strategies like mindfulness or exercise. The study also emphasises the significance of organisational resources and support, such as supervision, training, and open lines of communication, as key elements in reducing stress and improving coping mechanisms.

Overall, this study report highlights the importance of paying more attention to oncology social work practitioners' wellbeing and the creation of elaborate support networks inside organisations. Healthcare organisations may improve the resilience and job happiness of their social work practitioners, which will ultimately lead to better patient care and results. This can be done by recognising and addressing relevant stressors and encouraging appropriate coping mechanisms. The usefulness of particular coping mechanisms and interventions developed to meet the particular requirements of oncology social work practitioners should be further investigated in future studies.

The research shows that oncology social work practitioners deal with a variety of external stressors, such as intense emotional loads, logistical difficulties, a lack of resources, and time limitations. Their well-being, job happiness, and ability to effectively serve cancer patients and their families are all negatively impacted by these stressors.

Managing Stress and Maintaining Professional Resilience: The study highlights coping mechanisms used by oncology social work practitioners. These tactics could entail reaching out for social support, taking care of oneself, participating in peer or professional supervision, and using coping mechanisms unique to their line of work.

Support Systems Are Important: The research emphasises the vital importance of support systems in both the job and personal life. Strong support from coworkers,

managers, and family is essential for reducing the effects of workplace pressures and promoting a healthy work environment.

Implications for Training and Education: The research's conclusions have an impact on how oncology social work practitioners are trained and educated. Their capacity to manage stress successfully can be improved by including stress management and coping skill training into their professional development programmes.

Enhancing Patient Care: By being aware of the pressure’s oncology social workers experience, patients can receive better care. Organisations may make sure that social workers are better prepared to deliver high-quality care to cancer patients and their families by addressing these stressors and offering necessary support.

Future Research Topics: The research article proposes prospective research opportunities for the future, such as investigating the long-term impacts of stress on social work practitioners, analysing the efficiency of organisational support systems, and analysing the effect of coping mechanisms on job performance.

The knowledge collected from this study adds to ongoing efforts to improve the efficiency and wellbeing of these vital workers as the area of oncology social work develops. The study also acknowledges the need for greater investigation into and improvement of oncology social work practitioners' professional support networks, organisational initiatives, and coping mechanisms.

In conclusion, this study adds to the body of information concerning the subject of cancer social work and emphasises the significance of identifying and managing stressors that provide obstacles while fostering successful coping mechanisms. We can improve the overall care and support given to cancer patients and their families by enhancing the well-being of social work practitioners in their professions.

It also clarifies the difficulties and coping methods faced by oncology social work practitioners, advancing knowledge of the particular pressures faced by the field and the value of support networks. Organisations can improve the care and services given to cancer patients and their families by addressing these concerns and developing a more tolerant and resilient workforce. Overall, this study clarifies the crucial function of oncology social workers in helping cancer patients and their families through trying times. Healthcare organisations may improve the resiliency and job happiness of their

social work teams by comprehending, resolving, and educating them about the obstacles and pressures they experience. In turn, this will lead to improved patient care and better outcomes for those navigating the difficult journey of cancer diagnosis, treatment, and survivorship.

It is important to recognise the research's limitations, which may include a small sample size, inherent biases, and an exclusive focus on particular regions or institutions. The findings given in this research should be validated and expanded upon by additional studies using larger and more diverse samples. This study lays the groundwork for future investigations and projects aimed at boosting the resources and assistance offered to oncology social workers, ultimately enhancing the oncology care ecosystem. Even though the study focuses on understanding the stressors and coping strategies of oncology social workers, it does not advocate the intervention as a social work research perspective, here further intervention research can be used to address this concern which marks an area for future studies.

CHAPTER VIII REFERENCE AND ANNEXURE

Chapter VIII

REFERENCE

8.1 REFERENCE

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8.2 ANNEXURE

1. Sociodemographic profile
    a) Name
    b) Age
    c) Sex
    d) Religion
    e) marital status
    f) stream of specialization
    g) Post
    h) Experience
    i) Nature of job
    j) type of institution.
2. What are the hindering stressors in your life (personal and professional)?
3. How long are you being working here?
4. Do you have assistant?
5. What are your daily activities?
6. What are the major functions, Roles you play here?
7. How do you feel here?
8. What makes your day more hectic?
9. What are your major problems?
10. How do you manage it?
11. What are activities carried to distract from problem?
12. How do you manage your activities?
13. How do you schedule this?
14. How do you cope with your stress?
15. What are major strategies opted?
16. Who are your supporting agents?
17. What do you do to control anger or frustration?
18. In which all roles are you comfortable at?
19. What makes you more flexible to work over here?
20. What is your ideal condition of work?
21. How do you manage your emotions?