

Burden, Coping Ability and Family Functioning of Caregivers and Quality of Life of Cancer Patients

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Abstract— Caregivers experience high level of burden, strain and distress while caring for an ill family member. Many patients diagnosed with cancer will eventually require support from a family caregiver. Caregivers have their own emotional responses to patients' diagnoses and prognoses. The purpose of the study is to evaluate and correlate perceived burden, coping ability and family functioning of caregivers and quality of life of cancer patients. **Aim:** The objectives of the study are: 1. To assess the perceived burden and coping ability and family functioning of caregivers and quality of life of cancer patients. 2. To correlate the perceived burden, coping ability, family functioning of caregivers and quality of life of cancer patients. **Methods:** A Quantitative research approach and descriptive research design was employed to carry out the study on 30 caregivers and 30 cancer patients from Mohan Dai Oswal Hospital, Ludhiana. The data was collected by using self-structured socio-demographic sheet and standardized tools on perceived burden, coping ability, family functioning and quality of life. **Results:** Mean burden score was 66.53, Mean coping score was 50.07, Mean family functioning score was 2.64 and Functional QOL score was 21.70, Mean Symptom QOL score was 83.93, Mean Global health status QOL score was 32.22. Burden score of caregivers was negatively correlated with coping score of caregivers, functional QOL score of cancer patients, Global health status score of cancer patients and positively correlated with family functioning score of caregivers, symptom QOL score of cancer patients. **Conclusion:** The study concluded that majority of caregivers had severe burden, maladaptive coping, unhealthy family functioning and majority of cancer patients had poor quality of life.

Keywords— Coping ability; Family functioning; Perceived burden; Quality of life.

I. INTRODUCTION

In 2008, the worldwide cancer incidence was an estimated 12.7 million, and 7.6 million cancer deaths are estimated to have occurred.¹ Malignant neoplasms were the second leading cause of death and the projected number one cause of death in future would be cancer.² Early detection of cancer and more effective cancer therapies have increased the survival of cancer patients, which has increased the role of symptom management.³

According to Aranda SK, Hayman-White K (2001) caregivers reported not feeling confident of the knowledge and skills they have in order to care for their loved ones while managing their symptoms at home. This places the burden on the family when assisting the patient with symptom management.⁴

Caregivers experience high level of burden, strain and distress while caring for an ill family member. Caregiving can include lifting, placing, transporting, massaging, and using medical equipment, in addition to providing physical care like assistance with eating or using the restroom. Throughout their disease, cancer sufferers need varied degrees of practical support. Caregiver behaviours like sleeping in or exercising insufficiently and disregarding their own health might resemble depression but can also degrade their health and enjoyment of life.⁵ The financial impact and hidden costs of cancer may affect caregiver burden. Families can incur financial burden from insurance deductibles, copayments, uncovered services such as transportation and home care, and lost salaries.⁶

The emotional and behavioural issues that cancer patients experience have a severe detrimental impact on how well

families operate. Continued family discord can endanger any therapeutic progress a patient achieves, adding to the patient's and family's emotional misery. For treatment to be successful, a thorough evaluation of family functioning is necessary. Complete family education is a crucial component of effective family therapy.

The objectives of the study are: 1. To assess the perceived burden and coping ability and family functioning of caregivers and quality of life of cancer patients. 2. To correlate the perceived burden, coping ability, family functioning of caregivers and quality of life of cancer patients.

II. METHODOLOGY

A Quantitative research approach and descriptive research design was employed to carry out the study on 30 caregivers and 30 cancer patients from Mohan Dai Oswal Hospital, Ludhiana. The sample was selected by convenience sampling technique. The data was collected by using self-structured socio-demographic sheet of caregivers and clinical profile of cancer patients. Standardized tools i.e. Zarit burden Scale to assess burden, Carver C.S Brief Cope Scale to assess coping ability, and Mc Master FAD General Functioning Scale to assess family functioning of caregivers and EORTC-Q30 scale (Functional scale, Symptom scale, Global health status scale) to assess quality of life of cancer patients were used to collect data.

Scoring criteria of Burden

Score	Levels of Burden
0-21	little or no burden
21-40	mild to moderate burden
41-60	moderate to severe burden
61-88	severe burden

Scoring criteria of coping

Score	Levels of Coping
28-56	Maladaptive coping
57-112	Adaptive coping

Scoring criteria of family functioning

<2: Healthy family functioning
≥2: Unhealthy family functioning

Scoring criteria of QOL

All scale scores are linearly converted to range from 0 to 100. For the functioning scales and global QOL higher scores indicate better functioning; for the symptom scales higher scores indicate higher symptom burden.

Permission from authors was taken to use standardized scales. The tools were translated into local language. Validity and reliability of tools was obtained.

III. RESULTS

The data was analyzed as per objectives of the study by using descriptive and inferential statistics. The data was organized and presented under the following sections:

SECTION I: Frequency, and percentage distribution of demographic variables of caregivers and cancer patients.

SECTION II: Mean score and SD of perceived burden, coping ability and family functioning of caregivers and quality of life of cancer patients.

SECTION III: Correlation between perceived burden, coping ability and family functioning of caregivers and quality of life of cancer patients.

The findings of the study revealed that Mean burden score of caregivers was 66.53, Mean coping score of caregivers was 50.07, Mean family functioning score of caregivers was 2.64 (Table 1) and Functional QOL score of cancer patients was 21.70, Mean Symptom QOL score of cancer patients was 83.93, Mean Global health status QOL score of cancer patients was 32.22. (Table 2)

There was negative correlation between burden score and coping score ($r=-.828$), coping score and family functioning score ($r=-.728$) and positive correlation between burden score and family functioning score ($r=.694$). (Table 3). There was negative correlation between burden score and functional QOL score ($r=-.799$), burden score and global health status QOL score ($r=-.789$), and positive correlation between burden score and symptom QOL score ($r=.788$). There was positive correlation between coping score and functional QOL score ($r=.802$), coping score and global health status QOL score ($r=.820$), and negative correlation between coping score and symptom QOL score ($r=-.803$). There was negative correlation between family functioning score and functional QOL score ($r=-.885$), family functioning score and global health status QOL score ($r=-.885$), and positive correlation between family functioning score and symptom QOL score ($r=-.871$). (Table 4)

TABLE 1. Mean score and SD of perceived burden, coping ability and family functioning of caregivers

Variable	Mean±SD
Burden	66.53±11.59
Coping	50.07±14.88
Family functioning	2.64±0.48

Minimum burden score:0 Minimum coping score:28

Maximum burden score:88 Maximum coping score:112
 Minimum family functioning score:1
 Maximum family functioning score:4

TABLE 2: Mean score and SD of quality of life of cancer patients N=30

Quality of life	Mean±SD
Functional QoL	21.70±9.92
Symptom QoL	83.93±8.91
Global health status	32.22±11.73

Minimum score:0
 Maximum score:100

TABLE 3: Correlation between perceived burden, coping ability and family functioning of caregivers

Variable	r
Burden Score	-.828**
Coping Score	
Burden Score	.694**
Family Functioning Score	
Coping Score	-.728**
Family Functioning Score	

** Correlation is significant at the 0.01 level.

TABLE 4: Correlation between perceived burden, coping ability, family functioning of caregivers and quality of life of cancer patients

Variable	Burden score	Coping score	Family functioning score
• Functional QOL score	-.799**	.802**	-.885**
• Symptom QOL score	.788**	-.803**	.871**
• Global Health Status QOL score	-.789**	.820**	-.885**

** Correlation is significant at the 0.01 level.

IV. CONCLUSION

The findings of the study concluded that caregivers who had severe burden, maladaptive coping and unhealthy family functioning, their cancer patients had poor quality of life. There is need to develop educational intervention module to reduce burden, enhance coping ability and family functioning of caregivers and thereby improve quality of life of cancer patients.

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