ABSTRACT
Cancer affects not only the patient but also other family members specifically the caregivers who are family members. The primary caregiver is expected by the society and other family members to care for the patient. Caring for a patient with cancer has an impact on the caregiver's quality of life. In order to understand the psychological correlates of burden and its effect on the quality of life, the present study explored the quality of life of caregivers of different cancer patients in palliative care. The study investigated the relationship between quality of life and the select psychological variables, demographic variables of the caregivers, the differences in levels of psychological functioning among different cancer caregivers and finally the quality of life of caregivers in advanced and limited stage of cancer. The sample of caregivers was from a single oncology hospital catering to the needs of patient from varied backgrounds. Sample of 160 caregivers of six types of cancer patients namely Lung (n= 30), Oesophageal (n=25), Gastrointestinal (n=25), Breast (n=24), Cervical (n=31) and Lymphoma (n=25) were selected for the study based on the inclusion criteria and the willingness of the caregivers to participate in the study. The burden of caring was assessed using Burden scale (Zarit.H.S., 1990), the quality of life of caregivers was measured by QOL-C (Weitzmer.M., 1999), stress of caregiving was assessed using symptoms of stress inventory (Carlson.L., 2006), self-efficacy was measure in order to know the confidence of the caregivers (Porter.S., 2007) and finally the Anxiety (1990) and Depression (1987) was measured using Becks inventory. The semi-structured interview was used to get a deeper understanding of quality of life of the caregivers. The obtained data was subjected to appropriate quantitative analysis. The interpretative
analysis was used for the study based on the caregiver's responses on interview schedule. The results of the study revealed a relationship between the select psychological correlates of burden, stress, self-efficacy, depression, and anxiety with the quality of life of the caregivers. The demographic variables did not have association with the quality of life of the caregiver except on the demographic variable of varied relationship of the caregiver with the patient which was found to be significant. Differences were found with regard to the quality of life experienced by the caregivers of different cancer types on different psychological variables used for the study. The caregivers of lung cancer patients had a negative impact on their quality of life on most of the dimensions of the study followed by the caregivers of esophageal and gastrointestinal caregivers. The quality of life of the caregivers of lung cancer patients were low compared to other caregivers. A comparison of caregivers on select psychological variables between the advanced and limited stage of cancer did differ on quality of life and depression. Variations were not greater on few domains of stress between the advanced and limited stage of caregivers. The findings of the study were analyzed in the light of theoretical and empirical literature reviewed. Implications were discussed relating to care during the palliative phase of illness, the psychosocial education regarding cancer illness during the different phases of cancer for the caregivers of semi urban and rural areas, training the caregivers to assist the patient so that the mastery of caring helps in increased confidence and competence thus achieving mastery in caring the patient during the last phase of illness and the intervention tailored to the need of the caregiver and the specific intervention related to variable so that the quality of life of caregivers is not affected.