

Quality Of Life, Spirituality and Social Support among Caregivers of Cancer Patients

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Abstract: Caregiving can be both rewarding and challenging. Literature suggests that family caregivers may experience increased symptoms of psychological and social malfunctioning. However, it may also provide one with opportunities to renew relationships or feel connected to a higher power. The current study is an attempt to investigate how caregiving influences a person's general wellbeing. The sample consisted of 25 caregivers of cancer patients and 25 appropriately matched control. World Health Organization- QOL (1991), Multidimensional Scale of Perceived Social Support by Zimet, et al (1988) and Spiritual Perspective Scale by Reed (1986) were used to assess QOL, Social support and spirituality respectively. The obtained data was analyzed in SPSS using independent sample t-test. Results indicated a significant difference between Caregivers and the control group on QOL, spirituality and social support.

Keywords: Caregiver, cancer, quality of life, social support, spirituality.

I. Introduction

Today, when everyone is busy in their lives, making a name in their respective professional fields, and where social relations and personal bonds have taken a back seat, we also come across people who have dedicated their whole life to take care of their close ones. It becomes imperative to recognize their role in ensuring the well-being of chronically ill patients.

Caregivers:

Caregivers are typically family members, friends or trained professionals who provide important physical, practical and emotional support to a person.

Recent research suggests that family caregivers experience restrictions of roles and activities, strain in marital relationships, diminished physical health, increased symptoms of anxiety and depression and some psychosomatic symptoms. It however, also provides the person with opportunities to reconnect with the patient. It often allows the caregiver to strengthen their faith, and derive a sense of fulfillment. Usually they choose their role based on familial obligations, altruism and loyalty towards an individual among others.

Cancer:

Cancer is known as malignant tumor, which involves abnormal cell growth with a potential to invade or spread to other parts of the body. There are two types of tumors:

1. Benign tumor: do not spread to other parts of the body.
2. Malignant tumor: spread to other parts of the body

Quality of life:

Quality of life is a person's perceived assessment of his/her own well-being. This includes emotional, social, and physical aspects of the individual's life. In healthcare, the health related quality of life (HR-QOL) is the assessment of how the individual's well-being is affected over time by the occurrence of a disease, disability or disorder.

As discussed above care giving can take a toll on all aspects of a person's life including physical, psychological, social, spiritual well-being; it therefore becomes necessary to assess their quality of life.

Spirituality:

Spirituality entails various meanings including the belief in a divine power operating in the universe that is higher than oneself, a sense of connection with this power and with the universe, an awareness of the purpose and meaning of life beyond conventional terms, and the development of aspirations and personal values. Spirituality provides a framework for finding meaning and perspective and is commonly thought of as one's personal quest of the divine and is not restricted to specific religious traditions or practices.

Social support:

The trauma that a chronic disease instills in a patient is extended to the family as well. Social support has been previously linked to positive effects on health and reduction of stress. It facilitates the process of recovery in most cases. Social support has positively affected physical, and emotional health along with spirituality. Desired social support entails the expectations of a patient from his primary caregivers whereas the kind of care that the caregiver believes he is providing refers to perceived social support.

II. Review Of Literature

Ellen karineGro (2006) observed caregivers of cancer patients experienced depression and anxiety in cases where patients received or perceived low level of social support.

Anderson (1995) found that almost all caregivers were prone to negative impacts on their health particularly their emotional health as 55% caregivers reported emotional distress.

Glajchen (2012) stressed the importance of assessing caregivers' health in accordance to the changes in the patient's state of wellbeing as their needs directly influence those of the caregivers.

Jonsson (2005) highlighted the depressive symptoms of chronically ill patients while the results also suggested that certain other components of quality of life such as internal adaptation to changes in life situations improved.

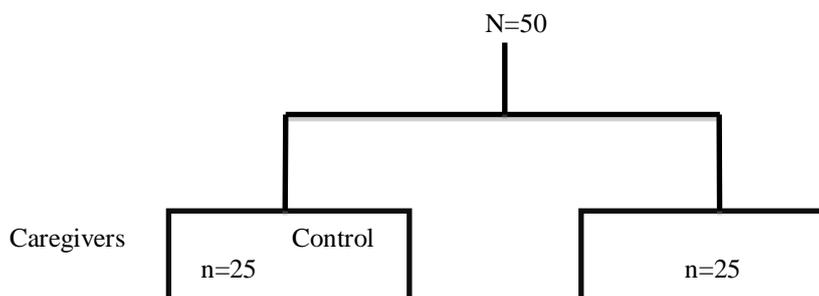
Drew (2011) found that the caregivers of individuals with chronic illness living in Guadalajara, Mexico reported poorer HR-QOL across various domains including mental and general health. He stressed the impact of scarcity of services and physical strain on the quality of life of caregivers.

Glajchen (2004) through his study provided an understanding of the multifaceted role of caregivers in cancer care and the consequent impact of this role on the caregiver's quality of life and well-being

Nijboer (2001) concluded that social support can be of particular significance for persons in a stressful situation such as caregiving, the exact pathways linking social support to caregiver outcomes were however not completely outlined.

III. Method

The present study was conducted on a sample of 50 participants divided into two groups.



The caregivers were contacted from various hospitals dealing with cancer patients while appropriately matched control subjects were contacted from various localities of New Delhi. The participants were briefed about the aims and objectives of the study and once their consent was taken, the researchers proceeded with data collection.

The following tools were used to assess the variables under the study:

- World Health Organization- QOL (1991) to assess the various dimensions of Quality Of Life
- Spiritual Perspective Scale by Reed (1986) to assess the level of spirituality in the caregivers
- Multidimensional Scale of Perceived Social Support by Zimet, et al (1988) to assess social support

The data was analyzed using SPSS version 16 and the statistical analysis used was the independent sample t-test to assess the difference in the two groups on all the variables.

Objectives:

The present research has the following objectives:

1. To study the different dimensions of quality of life among the caregivers of cancer patients.
2. To study the level of spirituality among the caregivers of cancer patients.
3. To study the level of perceived social support among the caregivers of cancer patients.

Hypotheses:

Based on the objectives of the present study, following hypotheses were tested:

1. There would be a significant difference in Quality of life of caregivers of cancer patients and the control group.
2. There would be a significant difference in the level of spirituality of caregivers of cancer patients and the control group
3. There would be a significant difference in the social support of caregivers of cancer patients and the control group.

IV. Results

Table-1: Mean and t-test of Quality of Life, Spirituality and Social Support among the two groups

Variable	Domains	Groups	N	Mean	Std. Deviation	t	Significance level
Quality of life	Physical Wellbeing	Control	25	40.64	20.37	1.55	0.218
		Caregivers	25	38.68	18.09		
	Psychological Wellbeing	Control	25	51.68	20.27	3.68	0.001**
		Caregiver	25	34.64	12.77		
	Social Relationships	control	25	28.76	12.83	6.21	0.000**
		Caregiver	25	54.28	16.04		
	Environment	Control	25	58.64	9.42	8.33	0.000**
		Caregiver	25	31.56	13.23		
spirituality		Control	25	35.88	11.75	-3.03	0.004*
		Caregiver	25	47.76	13.57		
Social Support		Control	25	42.32	13.31	-3.02	.004*
		Caregiver	25	53.56	13.1		

Significance at 0.05 level *

Significance at 0.01 level**

Table-1 indicates that the mean Physical Wellbeing score of caregivers was 40.64 and that of the control group was 38.68. The computed value of t was 1.55 which was found to be non-significant. This indicates that caregivers and non-caregivers did not differ significantly on physical health.

Table-1 indicates that the mean Psychological Wellbeing score of caregivers was 34.64 and that of the control group was 51.68. The computed value of t was 3.68 and was found to be significant at the 0.01 level of significance. This indicates that control group reflects better psychological health as compared to the Caregivers.

Table-1 also indicates that the mean score of Social relations of caregivers was 54.28 and that of the control group was 28.76. The computed value of t was 6.21 and was found to be significant beyond the 0.01 level of significance. This indicates that caregivers have better social relationships as compared to the control group.

Moreover, Table-1 indicates that the mean score on the environment domain of caregivers was 31.56 and that of the control group was 58.64. The computed value of t was 8.33 which was found to be significant beyond the 0.01 level of significance. This indicates that the control group have higher QOL in the environment domain as compared to the caregivers.

Table-1 also shows the scores on Spirituality. It can be seen that the mean score of caregivers was 47.76 and that of the control group was 35.88. The computed value of t was 13.63 and was found to be significant at the 0.05 level of significance. This indicates that caregivers are more likely to feel spiritual as compared to the control group.

Lastly, Table-1 indicates that the mean score perceived Social Support of caregivers was 53.56 and that of the control group was 42.32. The computed value of t was -3.09 and was found significant to be at the 0.05 level of significance. This indicates that caregivers perceive stronger social support as compared to the control group

V. Discussion

Table-1 depicts the results of t-test and it can be seen that the computed value of t-score for Physical health was found non-significant whereas the t-scores for Psychological, social and environmental domains were found significant. This indicates that the hypothesis “There would be a significant difference in Quality of life of caregivers of cancer patients and the control group” was partially confirmed.

The current findings support the finding of **Jonsson (2005)** who highlighted the depressive symptoms of chronically ill patients while also suggesting that certain other components of quality of life such as internal adaptation to changes in life situations improved. The process of caregiving may not be physically challenging but it requires intense emotional involvement and attention and as a result may take a toll on the caregiver’s psychological wellbeing.

Table-1 also shows that the computed value of t-score for spirituality was found significant. This indicates that the hypothesis “There would be a significant difference in the level of spirituality of caregivers of cancer patients and the control group” was confirmed. These findings support the findings of **Kim, Carver and Cannady (2015)** who concluded that caregivers find contentment in their roles and may improve their spiritual and QOL years later. Grief brings people closer to God and one often finds his/her spiritual calling when they feel lost or hopeless. Caregiving is an extremely challenging task and caregivers often find their strength by developing a connection with God.

Moreover, Table-1 shows that the computed value of t-score for social support was found significant. This indicates that the hypothesis “There would be a significant difference in the social support of caregivers of cancer patients and the control group” was confirmed. The present findings support the findings of **Nijboer (2001)** who concluded that social support can be of particular significance for persons in a stressful situation such as caregiving. Difficult times often bring people closer and helps in the strengthening of bonds. Caregiving is one such situation in which people realize their loyalties and act as support systems for each other.

VI. Conclusion

The following results were obtained from the present research:

Quality Of Life Among Caregivers Of Cancer Patients:

- On the dimension of physical wellbeing of WHO Quality of life Scale, there was not a significant difference between caregivers and the control group
- On the dimension of psychological wellbeing of WHO Quality of Life Scale, there was a significant difference between caregivers and the control group
- On the dimension of social relationships of WHO Quality of Life Scale, there was a significant difference between caregivers and the control group
- On the dimension of Environment of WHO Quality of Life Scale, there was a significant difference between the caregivers and the control group.

Spirituality Among Caregivers Of Cancer Patients:

- On the dimension of spirituality there was a significant difference between the caregivers and the control group.

Social Support Among Caregivers Of Cancer Patients:

- The assessment of social support, using Multidimensional Scale for Perceived Social Support showed that there was a significant difference between caregivers and the control group.

Thus, this study shows that a chronic illness has consequences not only for the patient but also for his/her significant others. It is therefore imperative to acknowledge the various implications that a chronic illness like cancer has on the caregivers and take appropriate measures to help these individuals deal with the various challenges effectively and develop new strengths and assets.

Limitations of the Study

Due to paucity of time and certain other constraints, the present study has the following inadequacies:

- The present study restricts itself to a particular population and is limited in its location.
- The total sample chosen was 50 which included 25 caregivers of cancer patients. The nature of the population was such that a large sample was hard to obtain, thus making it difficult to generalize the result.

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