

# Effects of Caregiving Demand, Mutuality, and Preparedness on Family Caregiver Outcomes During Cancer Treatment

Karen L. Schumacher, RN, PhD, Barbara J. Stewart, PhD, Patricia G. Archbold, RN, DNSc, FAAN, Mildred Caparro, RN, MSN, Faith Mutale, RN, MSN, and Sangeeta Agrawal, MSc

**Purpose/Objectives:** To test a model of family caregiving derived from the interactionist approach to role theory that hypothesized that three caregiving role implementation variables (caregiving demand, mutuality between caregivers and patients, and preparedness for caregiving) would predict multiple caregiving-specific and generic outcomes with different patterns of association across outcomes.

**Design:** Descriptive, correlational.

**Setting:** Surgical, radiation, and medical oncology settings.

**Sample:** 87 family caregivers of adults receiving treatment for solid tumors or lymphoma.

**Methods:** Caregivers completed the Demand and Difficulty subscales of the Caregiving Burden Scale; the Mutuality, Preparedness, and Global Strain scales of the Family Care Inventory; and the 30-item short form of the Profile of Mood States. Data were analyzed with simultaneous multiple regression.

**Main Research Variables:** Caregiving demand, mutuality, preparedness, caregiving difficulty, global caregiver strain, tension, depression, anger, fatigue, vigor, confusion, and total mood disturbance.

**Findings:** The model explained statistically significant proportions of variance in each outcome, with different patterns of association across outcomes. Demand was associated most strongly with caregiving difficulty and global strain. Mutuality was associated most strongly with caregiver anger. Unexpectedly, preparedness was associated more strongly with mood disturbance outcomes than with the caregiving-specific variables of difficulty and strain.

**Conclusions:** Further research should explore models that address implementation of the caregiving role to better elucidate how family caregivers learn and carry out the important role.

**Implications for Nursing:** Clinical assessment should include caregiving demand, the quality of the relationship between caregiver and patient, and preparedness for caregiving. Interventions could be tailored to meet caregiver needs in each area.

## Key Points . . .

- Research on implementation of the family caregiving role is essential, given its increasing complexity.
- Caregiving demand, mutuality, and preparedness can predict multiple caregiving-specific and generic outcomes, with differing patterns of association across outcomes.
- Clinical assessment of caregiving demand, mutuality, and preparedness could facilitate the provision of interventions tailored to caregivers' individual needs.

family caregiving derived from the interactionist approach to role theory (Archbold, Stewart, Greenlick, & Harvath, 1990; Burr, Leigh, Day, & Constantine, 1979; Schumacher, 1995). The interactionist approach to role theory emphasizes concepts related to role implementation, including the tasks and behaviors that comprise the role, the way in which interactions between role partners shape role implementation, and anticipatory preparation for the role.

## Conceptual Framework

The interactionist approach to role theory is a broad area of scholarship that provides a complementary perspective to

**A**lthough much research has explored family caregiving in the cancer population, relatively little has focused directly on implementation of the caregiving role. Given the increasing complexity of family caregiving during cancer treatment (Given, Given, & Kozachik, 2001; Houts, Nezu, Nezu, & Bucher, 1996), the development and testing of theoretical models focusing on role implementation and the identification of outcomes sensitive to role implementation variables are essential directions for research. The purpose of this study was to test in the cancer population a model of

*Karen L. Schumacher, RN, PhD, is an associate professor in the College of Nursing at the University of Nebraska Medical Center in Omaha; Barbara J. Stewart, PhD, and Patricia G. Archbold, RN, DNSc, FAAN, are professor emerita in the School of Nursing at Oregon Health and Science University in Portland; Mildred Caparro, RN, MSN, and Faith Mutale, RN, MSN, are advanced practice nurses in the Abramson Cancer Center at the University of Pennsylvania Health System in Philadelphia; and Sangeeta Agrawal, MSc, is a research analyst in the College of Nursing at the University of Nebraska Medical Center. Funding for the research was provided by a grant from the National Institute of Nursing Research (R01 NR04685). (Submitted May 2007. Accepted for publication July 10, 2007.)*

Digital Object Identifier: 10.1188/08.ONF.49-56