

# Physical Health, Mental Health, and Life Changes Among Family Caregivers of Patients With Lung Cancer

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**T**he impact of cancer on the entire family has received greater research and clinical attention since 2002 (Braun, Mikulincer, Rydall, Walsh, & Rodin, 2007; Kim & Given, 2008). Given the reduction in healthcare resources and the growth of outpatient care, family caregivers increasingly have assumed responsibilities previously performed by healthcare professionals. Family caregivers include those who assist a relative or friend diagnosed with cancer. That assistance includes medical and personal care, as well as informational, emotional, or financial support (Nijboer et al., 1998; Stajduhar et al., 2010). The role of caregiving frequently is associated with multiple stressors, including disrupted household and work routines, family role changes, emotional distress, financial burden, and health problems of the caregiver (Gaugler et al., 2005; Molassiotis, Wilson, Blair, Howe, & Cavet, 2011a; Östlund, Wennman-Larsen, Persson, Gustavsson, & Wengström, 2010; van Ryn et al., 2011).

Family caregivers of patients with cancer have reported as much or greater emotional distress than the patients themselves (Carmack Taylor et al., 2008; Grunfeld et al., 2004; Hasson-Ohayon, Goldzweig, Braun, & Galinsky, 2010; Molassiotis et al., 2011b). An estimated 20%–30% of family caregivers of patients with cancer report clinically significant distress (Pitceathly & Maguire, 2003), and positive associations between patients' and caregivers' psychological adjustment have been found (Hodges, Humphris, & Macfarlane, 2005; Northouse, Mood, Templin, Mellon, & George, 2000). Although fewer studies have focused on the physical health of caregivers of patients with cancer, research does show impaired physiologic responses in naturalistic (King, Atienza, Castro, & Collins, 2002) and laboratory (Kiecolt-Glaser, Marucha, Malarkey, Mercado, & Glaser, 1995) settings and worsening physical health as the patient's illness progresses (Kurtz, Given, Kurtz, & Given, 1994). For example, caregivers

**Purpose/Objectives:** To describe physical health, mental health, and life changes among family caregivers of patients with lung cancer.

**Design:** Cross-sectional quantitative study.

**Setting:** A university outpatient oncology center, two Veterans Affairs outpatient clinics, and a private outpatient oncology practice in Indianapolis, IN.

**Sample:** 91 family caregivers of patients with lung cancer.

**Methods:** Data were collected using standardized instruments and analyzed using descriptive statistics and hierarchical multiple regression.

**Main Research Variables:** Demographic and medical factors, physical health, mental health, and life changes from caregiving.

**Findings:** Caregivers' physical health and mental health were below population norms, whereas social functioning did not differ from norms. More than 50% of caregivers reported negative emotional effects of caregiving, and more than 33% reported negative physical health effects of caregiving. About 40% of caregivers, however, reported positive changes in their relationships with the patients with lung cancer and other family members as a result of caregiving. Caregivers' mental health was more strongly associated with life changes than physical health.

**Conclusions:** Findings suggest that many family caregivers of patients with lung cancer experience negative physical and mental health effects of caregiving, whereas relations with family members improve for a substantial minority of caregivers. These positive and negative consequences of caregiving should be jointly considered when developing self-report measures and interventions for this population.

**Implications for Nursing:** Nurses can conduct brief screening assessments to identify caregivers with probable distress and can provide practical and psychosocial support, as well as referrals to support services.

**Knowledge Translation:** Findings suggest that interventions are needed to address the negative physical and emotional health consequences of caring for family members with lung cancer. Such interventions could build on the relational benefits of caregiving to improve the patient-caregiver relationship and expand caregivers' support system.