

Caregiver Burden in Cancer Patients' Long-Distance Caregivers

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Introduction

Distance caregivers, who live more than an hour away from the care recipient, frequently play an important role in the patient's care. While much is known about the experiences and outcomes of local family caregivers for cancer patients, little is known about the experiences and outcomes of DCGs. The goal of this study was to identify the relationships between stressors, mediators, and burden in cancer patients' DCGs. This was a descriptive cross-sectional study that used secondary data from a randomised clinical trial. The study included 314 cancer patient-DCG dyads. According to the findings of this study, 26.1% of DCGs had elevated levels of burden; significant negative relationships were discovered between mediators and DCG burden; and significant positive relationships were discovered [1].

Description

In the United States, approximately seven million family caregivers manage patients' care from a distance, and this number is expected to grow over time. Providing patient care from a distance complicates and stresses out the caregiver role. Distance caregivers—those who live more than an hour away from the care recipient—experience negative emotions and financial strain as a result of missed work and travel expenses, which can lead to an increase in caregiver burden. Geographical distance, a lack of information about the patient's condition throughout the illness trajectory, and a lack of support from healthcare providers all contribute to the psychological burden in DCGs. Furthermore, 23% of DCGs were the sole or primary caregiver in a national study, 65% visited the patient at least once a month [2].

As a result, assessing DCGs' psychological well-being (such as caregiver burden) and identifying factors that contribute to high caregiver burden is critical. There is little research on the DCGs of cancer patients, but one qualitative study identified key contributors to DCG stress as uncertainty, a lack of communication, a lack of emotional support, and a lack of self-confidence in their ability to be an effective caregiver. As a result, it is critical to investigate the relationships between and among factors that have the potential to reduce these sources of stress for DCGs in the hope of reducing negative psychological outcomes. The purpose of this study was to determine the relationships between stressors, mediators, and burden in distance caregivers of cancer patients [3].

In the parent study, patients who met the eligibility criteria and wanted to participate were asked if they had a family member who lived more than an hour away from the patient. To participate in the study, both the patient and DCG

had to provide written consent. During the patients' oncologist visits, research assistants collected patient data in the outpatient clinic, and DCG data was sent to their emails and collected remotely using the Research Electronic Data Capture. At baseline, 4 months (immediately following the intervention period), and 6 months after enrollment, both patient and DCG data were collected. The current study only used the baseline data. The University Hospital Institutional Review Board approved the research.

The negative and small-moderate relationships discovered between two mediators and DCG burden are the study's second key finding. These findings are consistent with previous research involving local caregivers of cancer patients. Interventional studies aimed at reducing the burden of caregivers of local cancer patients have been developed as a result of findings with local cancer caregivers, and have focused on psychoeducational strategies (primarily focused on improving caregivers' self-efficacy) or supportive care strategies. Given the current study's findings, it is recommended that psychoeducational and supportive care interventions for DCGs of cancer patients be implemented and tested in order to identify existing interventions that may benefit DCGs [4,5].

Conclusion

In conclusion, this is one of the first studies to describe DCG burden in cancer patients and to identify factors related to caregiver burden. DCGs, like their local caregiver counterparts, face increased burden due to patient anxiety and depression, as well as DCG emotional support and self-efficacy for caregiving. Because the prevalence of burden in DCGs and its associated factors was comparable to that of local caregivers of cancer patients, we propose implementing a similar approach for DCGs that has been used to reduce burden in local caregivers for DCGs. This study emphasises the importance of healthcare providers identifying DCGs and providing information and support to this vulnerable and largely unnoticed member of the patient care team.

Acknowledgement

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Conflict of Interest

There are no conflicts of interest by author.

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