A study to develop and evaluate the outcome of a nurse led family caregiver programme for family caregivers of cancer patients undergoing chemotherapy and radiation therapy.

DR PREKSHA SHARMA MAHESHWARI

ABSTRACT

Background: The diagnosis of cancer has not only a significant impact on the affected patients, but also on their families. Family caregivers provide extraordinary uncompensated care that is physically, emotionally, socially, and financially demanding and results in the neglect of their own needs. Despite caregiving have a significant impact on caregivers' well-being, their needs are frequently considered secondary to those of the patient or are overlooked. Objective: The current study is aimed to develop and evaluate the outcome of a nurse led family caregiver programme (NLFCGP) for family caregivers of cancer patients undergoing chemotherapy and radiation therapy. Methods: Using quantitative, quasi-experimental, pre-test post-test control group design, 225 eligible family caregivers of cancer patients undergoing chemotherapy and radiation therapy in a tertiary care hospital of Punjab were identified conveniently and data were gathered using Family Caregiver Profile Sheet, Caregiver Reaction Assessment Instrument, Modified Need Fulfilment Subscale of Family Inventory of Needs, The Multidimensional Scale of Perceived Social Support, DASS-21. NLFCGP was developed and implemented in experimental group in which total six sessions were delivered in four settings over 6 weeks duration. Control group subjects were not given any intervention. Data were collected thrice (i.e. pre-test, post-test-1; after completion of NLFCGP and post-test-2; four weeks after completion of NLFCGP) and analyzed using descriptive statistics and inferential statistics including independent t-test, paired t-test’, ANOVA, repeated measure ANOVA, Post hoc analysis, $\chi^2$ test and Spearman’s correlation. Results: RMANOVA and Post hoc analysis found that NLFCGP significantly (p=<0.001**) improved preparedness for caregiving, need fulfilment and perceived social support and significantly reduced burden, depression, stress (p=<0.001**) and anxiety (p= 0.014*) in experimental group from baseline to post-test 1 and baseline to post-test 2.
Preparedness for caregiving had significant moderate negative correlation with burden (r= -0.531**) and strong positive correlation with need fulfillment (r=0.961**). Burden had significant moderate negative correlation with need fulfillment (r=0.536**) and perceived social support (r= -0.57**). Perceived social support has weak negative correlation with depression (r= -0.155*) and anxiety (r= -0.171*). Depression had very large positive correlation with anxiety (r=0.719**) and moderate positive correlation with stress (r=0.449**) where as anxiety was positively correlated (r=0.493**) with stress. **Conclusion:** Study concluded that NLFCGP improved preparedness for caregiving, need fulfillment and perceived social support and reduced burden, depression, anxiety and stress among family caregivers of cancer patients undergoing chemotherapy and radiation therapy. Success of this programme will encourage thousands of nurses to be strong advocates of family caregivers. Health administrators should be proactive in implementing the empirically tested support interventions for family caregivers of cancer patients to prevent suffering and unnecessary health-service costs. **Keywords:** Nurse led family caregiver programme, Family caregivers, Cancer, Preparedness for caregiving, Burden, Need fulfilment, Perceived social support, Depression, Anxiety, Stress.