How Do Hours of Care and Caregiving Context Impact on Psychological Distress and General Health of Family Carers of Patients with Cancer at End of Life?

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Background

Family carers provide substantial support for patients at end-of-life. We need to understand how caregiving impacts on carer outcomes to guide interventions to improve carer wellbeing.

Aim

To investigate how hours of care and caregiving context impact on carers' psychological distress and general health within end-of-life cancer care.

Methods

Four-month post-bereavement postal survey of a national census sample of relatives reporting a death from cancer 1-16th May 2015. Data collected included carer demographics, care giving hours, patient psychological and physical symptoms and ADL, carer psychological distress (GHQ-12) and carer health (EQ-5DVAS) during the patient's last three months of life.

Results

Surveys were completed by 1504 (28.5%) of 5271 carers. Figure 1 shows the variables related to GHQ-12 and EQ-5DVAS scores in the univariate (p<0.001) and multiple regression (MR) analyses.

Red=negative impact; Green=positive impact

Figure 1	GHQ-12 Univariate	MR		EQ-5DVAS Univariate	MR
Hours of care	Red	Red		Red	Red
One off expenses	Red				
Older age	Green				
Sex (female)	Red	Red		Red	Red
Higher education	Green				
Change to work	Red			Red	
Hours at work				Red	
Hours of relaxation	Green			Green	Green
High deprivation area				Red	Red
Patient physical burden	Red			Red	
Patient psychological distress	Red	Red		Red	Red
Formal support	Green	Green		Green	Green

The most consistent predictors of carer outcomes in the MR analyses were hours of care giving, being female, patients' psychological symptoms and adequacy of formal service support. Health also related to relaxation and deprivation.

Conclusion

Good service provision, psychological support for patients, added focus on the situation of female carers and those with high care giving hours may improve carer outcomes.

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