

Quality of Life of Adult Children Providing Cares for Korean Older Cancer Patients

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1. Introduction

The purpose of this study is to examine the quality of life(QoL) of Korean adult children who care for older persons with cancer. To gain better knowledge of the quality of life, the role of social support and the level of depression of the caregivers are analyzed as mediating factors between the caregiving stressors and QoL. When an older adult is diagnosed with cancer, not only does it affect the patient but also the family members who take care of the older adults, and caregiving activities for older adults include not only activities in relation to treatment, but also daily activities and emotional support with great responsibility upon the caregivers[1]. Also, caregiving experiences may involve changes in their physical and emotional well-being[2]. When it comes to adult child(ren), they could experience role overload or role conflicts as they are in the life stage with multiple roles[3]. Social support plays important role as external resources in the coping processes[4][5]. Depression is prevalent outcomes of the caregiving stressors that also result in negative QoL. It is hypothesized that social support would mediate effects of both caregiving stressors and depression on QoL and depression would be also a mediating factor in the three-path mediated effects model.

2. Methodology

The data is from the Longitudinal and Multidisciplinary Study on the Quality of Life of the Older Cancer Patient Project funded by Korean Foundation Institute (NRF-2011-371-B00015). Between January and August 2013, data are collected from 357 family caregivers of older cancer patients (55 years old and older) thru self-administered questionnaires and among those, responses of 165 adult children are analyzed for this study. QoL was measured with the SF-12v2 Health Survey. Mediating factors are social support (MOS-Social Support Survey) and depression (CES D-10). Independent variables are caregiving stressors including overload, role captivity, and caregiving competence[4]. Control variables include medical and background factors of the patients and SES of caregivers. To analyze the mediating effects, we used an analytic approach by Preacher & Hayes (2013)[6].

3. Results

As can be found from Table 1, the level of quality of life of adult children was somewhat low.

[Table 1] Descriptions of major variables

		mean(sd)			mean(sd)
QoL	Physical component(PCS)	75.04(23.39)	Caregiving stressors	Overload	1.92(.72)
	Physical function	83.49(27.26)		Role captivity	1.80(.78)
	Role-physical	77.58(38.81)		Caregiving competence	2.45(.62)
	Bodily pain	81.36(22.54)		Social support(total)	3.69(.85)
	General health	57.73(24.48)	Social support	Emotional/informational support	3.63(.95)
	Mental component(MCS)	62.55(25.59)		Tangible support	3.55(1.00)
	Vitality	45.46(30.55)		Affectionate support	3.91(.92)
	Social functioning	76.52(27.43)		Positive social interaction	3.83(.96)
	Role-emotional	64.85(45.27)		Depression	
	Mental Health	63.40(22.32)			

As indicated in Table 2, caregiving stressors had effects on QoL through social support and depression except for overload on physical health. Among caregiving stressors, caregiving competence also had direct effects on the quality of life. In addition, the subjective economic status was found to have statistically significant relationship with the quality of life.

[Table 2] Path coefficients and indirect effects for mediation models

	Antecedent	Path coefficient			Indirect effects		
		to QoL	to social support	to depression	estimates	C.I.	
P C S	Overload (OL)	overload	-4.05(2.99)	-22(.12)	-1.37(.50) ^{***}		
		social support	1.95(2.14)		2.66(.68) ^{***}		
		depression	-1.75(.37) ^{***}				
		total				-9.65(3.05)	-15.68,-3.63
		OL→SS→QL				-43(.59)	-2.20,.33
		OL→DP→QL				-4.64(1.73)	-8.97,-1.91
	OL→SS→DP→QL					-53(.43)	-1.84,-.001
	Role captivity (RC)	role captivity	-2.07(2.67)	-.28(.10) ^{**}	2.56(.59) ^{***}		
		social support	1.91(2.17)		-1.17(.50) [*]		
		depression	-1.81(.38) ^{***}				
		total				-7.82(2.64)	-13.04,-2.60
		RC→SS→QL				-.53(.67)	-2.28,.55
		RC→DP→QL				-4.63(1.69)	-8.83,-1.97
	RC→SS→DP→QL					-.59(.39)	-1.68,-.06
	Caregiving competence (CC)	caregiving competence	8.33(2.90) ^{***}	.39(.12) ^{***}	-1.50(.73) [*]		
		social support	.70(2.14) ^{**}		-1.37(.54) [*]		
		depression	-1.73(.35)				
		total				12.14(2.99)	6.23,18.06
CC→SS→QL					.27(.82)	-1.17,2.19	
CC→DP→QL					2.60(1.30)	.62,5.84	
CC→SS→DP→QL					.94(.54)	.22,2.48	
M C S	Overload (OL)	overload	-2.31(2.82)	-22(.12)	-1.37(.50) ^{***}		
		social support	2.79(2.02)		-1.37(.50) ^{**}		
		depression	-2.84(.35) ^{***}				
		total				-11.32(3.32)	-17.89,-4.74
		OL→SS→QL				-.62(.67)	-2.81,.20
		OL→DP→QL				-7.54(2.44)	-12.65,-3.07
	OL→SS→DP→QL					-.86(.72)	-2.96,-.001
	Role captivity (RC)	role captivity	-1.48(2.51)	-.28(.10) ^{**}	2.56(.59) [*]		
		social support	2.74(2.03)		-1.17(.50) ^{***}		
		depression	-2.85(.36) ^{***}				
		total				-10.48(2.84)	-16.10,-4.85
		RC→SS→QL				-.76(.76)	-2.73,.42
		RC→DP→QL				-7.31(2.29)	-12.36,-3.33
	RC→SS→DP→QL					-.93(.65)	-2.63,-.07
	Caregiving competence (CC)	caregiving competence	8.95(2.69) ^{**}	.39(.12) ^{***}	-1.50(.73) [*]		
		social support	1.34(1.99)		-1.37(.54) [*]		
		depression	-2.74(.32) ^{***}				
		total				15.07(3.22)	8.70,21.43
CC→SS→QL					.53(.94)	-1.01,2.74	
CC→DP→QL					4.11(2.06)	.38,8.45	
CC→SS→DP→QL					1.48(.85)	.23,3.69	

4. Discussion & Conclusion

In conclusion, the findings suggest that it is important to intervene to improve the quality of life of the caregivers of the older cancer patients. To do so, the health service providers should develop intervention contents that provide services for family caregivers paying attention to their specific needs. Those services should include contents that deal with caregiver competence, social support, depression, and ways to deal with financial difficulties.

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