Aim and conclusion

This study explores the occurrence of symptoms of strain with regard to depression, exhaustion, and emotional well-being in significant others of patients dying from lung cancer, and how these symptoms coexist. A considerable proportion of the family members were negatively affected in terms of mental health. The fact that all symptoms seem to be involved in a general response to this major life event, is consistent with introducing interventions that target several caregiving consequences; however, such interventions need to be further investigated.

Introduction

Patients with inoperable lung cancer are often treated in an outpatient unit with a palliative home-care system available during advanced disease. This implies that the significant others are involved in caregiving to a considerable extent. Even if providing care for an ill family member is not an entirely negative experience, findings demonstrate its contribution to mental ill health. Measures of family caregivers’ mental health vary, but stress processes have been associated with outcomes of this kind. Thus, various mental health outcomes probably appear, either as specific responses, or as part of a general response. The way in which mental health outcomes appear, should influence intervention approaches.

Methods

The analysis were based on assessments from 84 significant others in cases where the patient died. Cross-sectional data from a time-point during the last 4 months before the patients died was utilized.

Measures used were three items from the Montgomery Åsberg Depression Rating Scale, the scale on exhaustion from the Oldenburg Burnout Inventory, and the scale on emotional well-being in the Swedish Health-Related Quality of Life Survey.

In order to create cut-off scores to establish the occurrence of symptoms of strain, three different general population samples were utilized. The cut-off scores were statistically derived using the mean and standard deviations from the samples.

To explore how the different symptoms coexisted, hierarchical agglomerative cluster analyses were conducted using Ward’s method. Finally, to explore the relationship between clusters and sociodemographics or time to the patients’ death, Chi-Square analysis was used.

Results

The result shows that significant others reported somewhat higher levels of exhaustion and negatively affected emotional well-being than depression; however, when the data were compared with norm data, approximately 40% reported symptoms of strain for each of the three scales.

In the cluster analysis there was a coexistence of depression, exhaustion and negatively affected emotional well-being, since the significant others clustered as subgroups, ranging from “high on all scales” to “low on all scales”, see Figure.

The sex distribution differed significantly between the clusters, where a greater portion of women were found in the most affected cluster and more men were found in the less affected clusters.

Distribution of significant other subgroups based on the four-cluster solution. Note on the x-axis: Dep, the scale ‘depression’; Exh, ‘exhaustion’; and Emo, ‘emotional well-being’. The y-axis displays z-transformed scores. Higher scores on all scales reflect more symptoms of strain.