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Coping styles and social support among depressed Chinese family caregivers of patients with esophageal cancer

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A B S T R A C T

Objectives: To determine the coping styles of family caregivers of patients with esophageal cancer and examine the relationships between depression, coping styles and social support.

Methods: A descriptive and correlational survey was conducted in three university-affiliated oncology and thoraco-cardiac surgery departments in Shiyan, China. A convenience sample of 301 Chinese family caregivers of hospitalized patients with esophageal cancer were asked to respond to a set of four questionnaires including: Socio-demographic questionnaire, Center for Epidemiological Studies Depression, Brief COPE Inventory, and Multidimensional Scale of Perceived Social Support.

Results: For the positive coping style, male caregivers used more problem-coping than female caregivers. However, for negative coping, both male and female caregivers used maladaptive coping styles. There were significant correlations between emotion-focused coping styles with adaptive coping, maladaptive coping, depression and social support.

Conclusions: Family caregivers play a major role in caring for cancer patients and suffer from various psycho-social problems. What is lacking in the literature was to address the cultural differences in cancer caregiving burden, roles, and appropriate interventions to help them face the multiple demands of caregiving. Therefore, a need to develop and evaluate interventions using randomized clinical trials and sensitive instruments to measure the effectiveness of the intervention on patients' and caregivers' outcomes.

Introduction

When a family member is diagnosed with cancer, a gamut of psychological emotions affects both the patients and their family members. Not only do the patients need support from their family but the family also needs support in order to cope with caring for the patient during this challenging time. However, much work is needed to examine the psychological burden, support and coping styles of the family as they take on the role of carers for the family member diagnosed with cancer.

In China, the incidence and mortality of esophageal cancer were 20.85 and 16.24 per 100,000 persons, the fifth most commonly diagnosed cancer and the fourth cause of cancer death (National Cancer for Cancer Registry (NCCR), 2012). According to the NCCR (2010), esophageal cancer was the fifth most common cancer in males and the sixth most common cancer in females with the mortality rate higher in males than in females. Esophageal cancer results from both the environment and lifestyle factors such as smoking, alcohol consumption, drinking tea at high temperature, fermented and pickled vegetables, mold pollution and environmental carcinogens (Chen et al., 2013; Lin et al., 2013). Esophageal cancer has a poor prognosis because of its asymptomatic nature and is not apparent until it has reached an advanced stage (Chen et al., 2013). The Chinese government is making great efforts in improving the quality of cancer registration data as well as

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multidisciplinary prevention strategies to decrease the burden of esophageal cancer.

Community health services are underdeveloped in China, especially in the developing remote areas, such as Shiyan, Hubei Province. Cancer patients can only receive treatment in big hospitals located in major cities as there are no community and home care services. Family members especially patient's spouse, children, parents and close relatives assume responsibilities of caring for the patients (Yang et al., 2012).

The diagnosis of cancer is psychologically devastating to both patients and their caregivers (Nijboer et al., 1999). It was found that having a family member with cancer was a severe stressor leading to depression and grief among caregivers (Nijboer et al., 1999). The effects on cancer caregivers were more so for the Chinese family members because of their attention to family values and moral obligations (Chow and Ho, 2012; Mok et al., 2003). With the ongoing small family size and increasing employment of the younger generations, older spouses remain the primary caregivers. Strong cultural value of familism or feelings of solidarity and loyalty among family members was found to be positively associated with both negative and positive aspects of caregiving (Holroyd, 2003).

Depression associated with caregiving

A study by Given et al. (2004) found that depressive symptoms were one of the most significant caregiving problems in 12%–30% of patients with cancer. Family caregivers were found to experience emotional burden including managing the symptoms and treatment side effects, financial matters, daily household tasks and patients' emotions (Ruzyanei et al., 2014). Studies showed that when patients with cancer develop depression, the caregivers were 7.9 times more likely to also be affected (Baumbauerm et al., 2006). Kim et al. (2013) found that caregiving stress and lack of social support were significant predictors of depressive symptoms among family caregivers of colorectal cancer patients during the first year of diagnosis. In Korea, Park et al. (2013a) reported that the prevalence of depression among family caregivers of cancer patients was 82.2% and among them, 16.3% had severe depression. They found that caregiving burden, unemployment, financial concerns and being the spouse of the patient were significant predictors of depression. In another national survey in Korea, Park et al. (2013b) also found that 31.8% of depressed family caregivers of patients with cancer had suicidal ideation and 4.7% had attempted suicide.

In China, Yang et al. (2012) reported a 67.3% prevalence of depressive symptoms among caregivers of patients with cancer. They found that the factors contributing to caregivers' depression were lower monthly household income, caregivers' relationship with the patient, and patients' distress. However, they did not find any significant differences in depression between the gender and the number of caregivers. Zou et al. (2004) reported that in China, family members were also the first to be informed of the patient's cancer diagnosis and consequently had to decide whether to tell or to conceal the diagnosis to protect the patient from distress. The study found that acting as a buffer for their loved ones resulted in them having depressive symptoms.

Coping and social support

Evidence suggests that certain coping styles are beneficial for the patients and caregivers. For example, in a study of family caregivers of esophageal cancer survivors, Dempster et al. (2011) found that positive coping was important in minimizing psychological distress. A number of studies were conducted in China that examined coping styles and social support among caregivers of patients with nasopharyngeal cancer (Li and Sun, 2011), liver cancer (Chen et al., 2006), and breast cancer (Yang et al., 2007). Similar results were found in relation to the positive outcomes when caregivers were able to cope when a family member was diagnosed with cancer. There are, however, gender differences in caregiving experiences of patients with cancer. Kim and Given (2008) found that women were more likely to adopt the caregiving role and tend to be more emotionally expressive than men. Carlson et al. (2000) found that male caregivers of wives with breast cancer experienced uncertainty, and indecisiveness about treatment options. Male partners also experienced tension, decreased work performance and job satisfaction. Lopez et al. (2012) reported that male caregivers of patients with breast and gynecological cancer experienced varying degrees of interrelated cognitive, physical and psychological distress that extended over a period of one year.

In summary, coping is among the most widely studied topic in health behavior psychology. In healthcare, majority of studies exploring the relationships between coping styles and depression have been conducted in patients with stroke, dementia, and cancer (breast, gastric, lung, leukemia). To date, no published studies that examined the relationships between depression, social support and coping especially among caregivers of patients with esophageal cancer in China were found. Understanding their coping styles could assist nurses to reinforce patients' positive coping strategies and change maladaptive coping strategies so as to develop a more adaptive coping strategy appropriate to their culture. The information gained from our study of the caregiving experiences in a racially different sample could also inform a cultural framework to direct caregiver research.

Theoretical framework

This study was guided by Folkman and Lazarus' coping theory who suggested that coping was the cognitive appraisal of the stressor and the behavioral efforts of the person to reduce or manage the impact of stress (Folkman, 1984; Folkman et al., 1986; Lazarus and Folkman, 1984). Lazarus (1993) reported two types of coping strategies: problem-focused coping (e.g. problem solving, decision-making and direct action) and emotion-focused coping (e.g. reframing, religion). Problem-focused coping refers to the person's self-appraisal to change the situation or recognize personal strengths and resources. Emotion-focused coping refers to the efforts of a person to decrease emotional stress such as venting emotions or seeking social support. Research suggested that positive coping styles were effective in maintaining psychological well-being whereas there was increased risk of depression when negative coping styles were used (Littleton et al., 2007). Different individuals use different coping strategies, some styles proving to be beneficial while maladaptive coping could lead to poorer health outcomes. For example, Hulbert-Williams et al. (2013) found that cognitive appraisal of the stressors by patients with cancer demonstrated better emotional outcomes. However, some patients used maladaptive coping strategies such as denial and self-blame to overcome the impact of stress (Carver et al., 1989). Since our study focus was on family caregivers of patients with esophageal cancer, the objectives of our study were to examine the coping styles used by the caregivers in managing their depression and examine the relationships between depression, coping styles and social support. The hypotheses for our study were:

1. There is a significant mean difference in coping style used by male and female caregivers.
2. There are statistically significant relationships between patients' demographic and clinical characteristics and caregivers' coping style.