

Level of Depression among Family Care Givers of Cancer Patients

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Abstract : Cancer, a leading cause of death worldwide and has serious impact on public health. More than one in three people will develop some form of cancer during their lifetime. The current study aimed to identify caregiver's burden and level of depression among family caregivers of patients with cancer. The study can help in creating baseline data on depression level and conducting future counseling program. A descriptive cross-sectional research design was applied to identify the level of depression among family caregivers of cancer patients in BPKMCH, Bharatpur, Chitwan, Nepal. To assess caregiver depression and its predictors, we used the Beck Depression Inventory-II (BDI-II). Fifty family caregivers of cancer patients were selected by using non-probability purposive sampling technique and a semi structure interview schedule were used to collect the data. The study finding revealed 66% had feeling of sadness, 56% had feeling of something bad is going to happen in future, 52% had feeling of failure in life, 84% had loss of pleasure in life, 20% had guilty feeling in life, 28% had feeling of punished by someone, 58% had self-dislike, 24% had self-criticize, 28% had suicidal thought, 48% had feeling of crying, 66% had restless, 62% had loss of interest in daily activities, 58% had difficulty in decision making, 56% had feeling of life is worthless, 78% had loss of energy, 58% had difficulty in falling asleep, 44% had felt irritated with others, 58% had change in appetite, 70% had difficulty in concentration, 70% had feeling of fatigue, 18% had loss of interest in sex. Overall level of depression among family caregivers of cancer patients, 34% had severe level of depression, 32% had moderate depression, 6% had mild depression and 28% had considered minimal range of depression. Though most of respondents did not know about the stage of cancer in their patients, they were still going through the depression. This study concluded that mostly moderate and severe level of depression among family caregivers and care burden was its best predictor. Interventions aimed at reducing the psychiatric effects of cancer should focus not only on the patient but also on the caregiver.

Keywords: Depression, Cancer, Caregivers Burden

I. Introduction

Cancer is an abnormal growth of cells which tend to proliferate in an uncontrolled way and, in some cases, to metastasize (spread). The ancients used the word to mean a malignancy, doubtless because of the crab-like tenacity a malignant tumor sometimes seems to show in grasping the tissues it invades. Cancer may also be called malignancy, a malignant tumor, or a neoplasm. Cancer is not one disease. It is a group of more than 100 different and distinctive diseases [1].

WHO report showed that cancer is and will become an increasingly important factor in the global burden of the disease in the decades to come. The estimated number of new cases each year is expected to increase from 10 million in 2002 to 15 million by 2020. Cancer is the second most frequent cause of death in developed countries accounting for 21% and 7% of all deaths in the developing countries [2].

The level of burden upon caregivers of cancer patients is greater than the burden experienced by those caring for the elderly and similar to that experienced by caregivers of patients with dementia. To receive a diagnosis of cancer is recognized as a significant stressor to the patient and family. However, the resultant treatment creates additional fears and challenges, and frequently requires the direct support of a caregiver including: assisting with activities of daily living, administering medications, providing transportation, preparing meals, managing finances, advocating for health care, and providing emotional support. Care giving is labor intensive, with approximately one-quarter of those caring for cancer patients spending in excess of 40 hours a week providing these services to family or friends. The level of care required by the care recipient is a major factor that influences the caregiver's life and health effects. Caregivers of cancer patients providing higher levels of support are more likely to report negative outcomes, less likely to be effective partners in the patient's care, and are more likely to postpone their own health care needs [3].

Different researches as an attempt to study the stresses among the caregivers have been concluded that the distress caregivers experience can be manifested in terms of anxiety, depression, helplessness, burden and

fear which is often related to providing direct care, performing complex medical procedures, coping with disturbance in daily routine, and negotiating the need to provide emotional support to the patient and to other family members [4].

A study conducted in two hundred informal caregivers of advanced cancer patients were interviewed and administered the Structured Clinical Interview of the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition and an assessment of mental health service. Thirteen percent of caregivers met criteria for a psychiatric disorder; 25% accessed treatment for mental health concerns since the patient's cancer diagnosis. The frequencies of current psychiatric disorders were as follows: panic disorder 8.0%, major depressive disorder 4.5%, post-traumatic stress disorder 4.0% and generalized anxiety disorder 3.5%. Among caregivers with a current psychiatric disorder, 81% discussed mental health concerns with a health professional before the patient's cancer diagnosis compared with 46% after the diagnosed [5].

The study conducted to examine emotional distress among family caregivers of patients with advanced cancer found that regardless of the amount of care provided, caregivers experienced emotional distress when providing care that limited caregivers' ability to participate in usual daily activities (work, recreation and social activities). Emotional distress thus may occur somewhat independently of the objective tasks and potential burden imposed by the demands of care giving. It is possible that advanced disease may signal caregivers in many subtle ways that patient death is imminent and despite relatively few demands for care, may lead to emotional distress among caregivers. Except for gender, Socio-demographic characteristics have been less likely to be associated with emotional distress (Cameron et al., 2002).

A diagnosis of cancer is a very stressful event for the patients and their families. Patients, partners and other family members can suffer from clinical levels of depression and severe levels of anxiety and stress reactions. The similarity in levels of distress between patients and partners and patients and offspring suggests that there are common factors that impact on families' distress levels. The current study examined levels of depression and anxiety in newly diagnosed adult patients (n=48) and their adult relatives (n=99). Family functioning and patients' illness characteristics were identified as factors that might impact on families' depression and anxiety.. The results from the current study suggest that researchers and clinicians need to be family-focused as cancer affects the whole family, not just the patient [7].

II. Materials and Methods

Descriptive cross-sectional research design was used to measure the level of depression among the family care giver of cancer patient at BPKMCH, Bharatpur, Chitwan. The population of the study was those family caregivers who were spouse, parents and children of their cancer diagnosed patients at BPKMCH, Bharatpur-7, Chitwan. Among them 50 caregivers were selected as a sample population by using non probability purposive sampling technique. Those family caregiver of Cancer patients who are spouse, parents or children between the age of 20 -60 years were only included. Semi-structured interview schedule was developed by reviewing the related literature, consulting the research advisor and subject expert. The research instrument was consisting of two parts: Part I: Questions related to demographic information. Part II: Questions of Beck's Depression Inventory. The Content validity of the instrument was established on the basis of literature review, consulting with research advisor and subject expert. The Reliability of the instrument was maintained through pre testing of the instrument in similar setting on 10% of the total sample size (5 respondents) of thoracic ward and that ward was excluded from the study sample. On the basis of feedback of the respondents, necessary modification was done as per need after pre testing results. Administrative approval was taken from Chitwan Medical College (P) Ltd and BPKMCH, Bharatpur, Chitwan to conduct the study. A request letter was sent via e-mail to the owner of BDI- II tool to take permission to use tool after translation. Written and verbal consent was obtained from each respondent. Confidentiality was maintained by not disclosing the information to others.

The anonymity of the subjects was maintained by coding serial number instead of name. The data was entered in statistical package for social science (SPSS) version 20 and then analyzed and interpreted in term of descriptive statistics (frequency, percentage, mean and median etc). The findings of the study are presented in tables.

III. Results

The data was collected from fifty numbers of family caregivers of cancer patients of BPKMCH, Bharatpur, Chitwan, Nepal. The collected data was analyzed by using descriptive statistics in terms of frequency and percentage and presented in different tables.

Table 1: Socio-Demographic Variables of the Respondents (Age, sex and Education)

Variables	Frequency	Percentage
n=50		
Age group (in year)		
20-29	9	18.0
30-39	13	26.0
40-49	16	32.0
50-59	12	24.0
Sex		
Male	26	52.0
Female	24	48.0
Educational status		
Literate	38	76.0
Illiterate	12	24.0
Educational level		
General literate	11	28.9
Basic education	13	34.2
Secondary education	8	21.0
Higher secondary education	2	5.2
Bachelor level	4	10.5
Above Bachelor level	0	0.0

Mean ± SD= 40.7 ± 2.74 year

Among the 50 respondents, 9 (18%) respondents were in the age group of 20-29 years, 13 (26%) respondents were in the age group of 30-39 years, 16 (32%) respondents were in the age group of 40-49 years and 12 (24%) respondents were in the age group of 50-59 years and 26 (52%) respondents were male & 24 (48%) respondents were female.

Thirty-eight (76%) respondents were literate & 12 (24%) respondents were illiterate. Among 38 (76%) literate, 13 (34.2%) respondents had received basic education, 11 (28.92%) respondents were general literate, 8 (21.05%) respondents had secondary education, 4 (10.52%) respondents had received bachelor level education, 2 (5.26%) respondents had received higher secondary education, and no one received above bachelor level education.

Table 2: Socio - Demographic Variables of the Respondents (Age of patients, Duration of Cancer diagnosed and Duration of caring patients by caregivers)

Demographic variables	Frequency	Percentage
n=50		
Age of patients		
Less than 15 year	13	26.0
16 to 30 year	6	12.0
31 to 45 year	5	10.0
More than 45 year	26	52.0
Duration of Cancer diagnosed		
Below 1 year	40	80.0
1 to 3 year	7	14.0
4 to 6 year	1	2.0
Above 6 year	2	4.0
Duration of Caring of patients by caregiver		
Below 1 year		
1 to 3 year	40	80.0
4 to 6 year	7	14.0
Above 6 year	1	2.0
	2	4.0

Twenty-six (52%) Cancer patients were more than 45 years, 13 (26%) cancer patients were less than 15 years, 6 (12%) cancer patients were 16 to 30 year, 5 (10%) Cancer patients were 31 to 45 years.

Majority of respondents' patients 40 (80%) had below 1 year of cancer diagnosed, 7 (14%) patients had 1 to 3 years of cancer diagnosed, 2 (4%) respondents had above 6 year of cancer diagnosed and 1 (2%) respondents had 4 to 6 year of cancer diagnosed. From diagnosis all the responded were provided care to their cancer patients.

Table 3: Socio-Demographic Variables of the Respondents (Family income, relation with patients, Stage of cancer of patients) n=50

Demographic Variables	Frequency	Percentage
Estimated Family Income		
Enough to eat	13	26.0
Enough to eat and save	9	18.0
Not even enough to eat	28	56.0
Relation with Patients		
Husband	13	26.0
Wife	9	18.0
Father	8	16.0
Mother	10	20.0
Daughter	5	10.0
Son	5	10.0
Know the stage of cancer		
Yes	11	22.0
No	39	78.0
Stage of cancer of Patients		
First stage	5	45.4
Second stage	1	9.0
Third Stage	3	27.2
Fourth Stage	2	18.1

Twenty-eight (56%) respondents had family income which was even not enough to eat, 13 (26%) respondents had Family income which was enough to eat and 9 (18%) respondents had family income which was enough to eat as well as save.

Regarding respondents relations with patients 13 (26%) were husband, 10 (20%) were mother, 9 (18%) were wife, 8 (16%) were father, 5 (10%) were daughter and 5 (10%) were son.

Majority 38 (78%) did not know the stage of cancer only 11 (22%) respondents knew the stage of their patients. Among them 5 (45.4%) respondents patients were in first stage, 3 (27.2%) respondents' patients were third stage and 2 (18.1%) respondents' patients were fourth stage and 1 (9.09%) respondents' patients were second stage.

Table 4: Respondents' Felling about Sadness, Something Bad will happen in Future and Failure in Life Regarding Depression n= 50

Variables	Frequency	Percentage
Feeling of sadness		
I do not feel sadness	17	34.0
I feel sad much of the time	17	34.0
I am sad all the time	13	26.0
I am so sad that I can't stand it	3	6.0
Feeling of something bad is going to happen in future		
I am not discourage about my future	22	44.0
I feel more discourage about my future	21	42.0
I do not expect things to work out in my future	6	12.0
I feel my future is hopeless and will get worse	1	2.0
Failure in life		
I do not feel like a failure	24	48.0
I have failed more than I should have	7	14.0
As I look back, I see a lot failures	12	24.0
I feel like I am a failure person	7	14.0

Seventeen (34%) respondents did not felt sadness, 17 (34%) respondents felt sadness much of the time, 13 (26%) respondents felt sadness all the time and 3 (6%) respondents felt so sadness that they can't stand it.

Majority of respondents 22 (44%) were not discourage about future, 21 (42%) respondents were felt more discourage about future, 6 (12%) respondents did not expect things to work out in future and 1 (2%) respondents felt future is going to be hopeless and will get worse.

Twenty-four (48%) respondents were did not felt like failure in life, 12 (24%) respondents felt as they look back they saw a lot of failures, 7 (14%) respondents had failed more failure in life than they should had before and 7 (14%) respondents felt like as a failure person.

Table 5: Respondents' Feeling about Pleasure, Guilty and Punishment Regarding Depression n= 50

Variables	Frequency	Percentage
Feeling of loss of pleasure in life		
I get as much as pleasure as I am	8	16.0
I do not enjoy the things as much as I used to	3	6.0
I get very little pleasure from the things I used to enjoy		
I cannot get any pleasure from the things I used to enjoy	15	30.0
Feeling of guilty		
I do not feel guilty at all	24	48.0
I feel guilty over many things I have done or should have done		
I feel quite guilty most of the time	40	80.0
I feel guilty all of the time		
Feeling of punished by someone	6	12.0
I do not feel I am being punished	4	8.0
I feel I may be punished	0	0.0
I expect to be punished		
I feel I am being punish	36	72.0
	0	0.0
	0	0.0
	14	28.0

Twenty-four (48%) respondents had no pleasure from the things they used to enjoy before, 15 (30%) respondents had very little pleasure from the things they used to enjoy, 8 (16%) respondents had a much pleasure as before and 3 (6%) respondents did not enjoy the things as before.

Majority of respondents, 40 (80%) respondents had not felt guilty at all, 6 (12%) respondents felt guilty over many things they had done or should have done and 4 (8%) respondents felt quite guilty most of the time.

Most of the respondents 36 (72%) had not felt punished by someone and 14 (28%) respondents had felt they were being punished.

Table 6: Respondents’ Feeling about Self- Dislike, Criticize and Suicidal thought or wishes regarding Depression

Variables	Frequency	Percentage
Self- Dislike		
I like myself as ever	21	42.0
I have lost confidence in myself	3	6.0
I am disappointed in myself	22	44.0
I dislike myself	4	8.0
Self criticize		
I do not criticize or blame myself	38	76.0
I am more critical of myself that I used to be	8	16.0
I am criticize myself for all of my faults	3	6.0
I criticize or blame myself for everything bad that happens		
Suicidal thought or wishes	1	2.0
I do not have any thought of killing myself		
I have thought of killing myself but I have not attempted it	36	72.0
I would like to kill myself		
I will like to kill myself	2	4.0
	12	24.0
	0	0.0

Twenty-two (44%) respondents were disappointed in their self, 21 (42%) respondents had liked their self as ever, 4 (8%) respondents disliked them self and 3 (6%) respondents had lost confidence.

Majority Of respondents, 38 (76%) had not criticize or blame their self, 8 (16%) respondents had felt more critical of themselves than before, 3 (6%) respondents criticize their self for all of their faults, 1 (2%) responds criticize or blame them self for every things bad that happens.

Thirty-six (72%) had not thoughts of killing their self, 12 (24%) respondents would like to kill them self, 2 (4%) respondents had thought of killing them self but not attempted it.

Table 7: Respondents’ Feeling about Crying, Restless and Loss of Interest in Daily Activities Regarding Depression

Variables	Frequency	Percentage
Feeling of crying	16	32.0
I do not feel cry	11	22.0
I cry more than I used to	12	24.0
I cry over every little things	11	22.0
I always feel like crying		
Feeling of restless		
I am not restless	17	34.0
I feel more restless or wound up than usual		

I am so restless that it is hard to stay still	13	26.0
I am so restless I have to keep moving or doing something	4	8.0
Loss of interest in daily activities	16	32.0
I have not lost interest in daily activities		
I am less interested in daily activities	19	38.0
I have lost most of my interest in my daily activities	6	12.0
I am not interested in my daily activities	3	6.0
	22	44.0

Sixteen (32%) respondents were not felt like cry, 12 (24%) respondents cry over every little thing, 11 (22%) respondents cry more than they used to and 11 (22%) respondents always felt like crying.

Seventeen (34%) respondents were not restlessness, 16 (32%) respondents were so restless that they had to do something, 13 (26%) respondents were more restless or wound up than usual and 4 (8%) respondents were so restless that it was hard to stay.

Twenty-two (44%) respondents were not interested in daily activities, 19 (38%) respondents were not lost interest in daily activities, 6 (12%) respondents were less interested in daily activities and 3 (6%) respondents had lost most of interest.

Table 8: Respondents' Mental Activities Regarding Depression n= 50

Variables	Frequency	Percentage
Difficulty in decision making		
I have no difficulty in decision making	21	42.0
I find it more difficulty in decision making	3	6.0
I have much difficulty in decision making	18	36.0
I have always difficulties in decision making	8	16.0
Feeling life is worthless		
I do not feel that my life is worthless	24	48.0
I fell something myself worthlessness	4	8.0
I feel myself worthless most of the time	12	24.0
I always feel worthlessness in my life	12	24.0
Energized		
I am always energized	1	22.0
I feel like less energy than usual	10	20.0
I feel less energy most of the time	11	22.0
I have no energy in my life	18	36.0

Out of 50 respondents, 21 (42%) respondents had no difficulty in decision making, 18 (36%) respondents had much difficulty in decision making, 8 (16%) respondents had always difficulty in decisions making and 3 (6%) respondents had more difficulty in decision making.

Twenty-four (48%) respondents had not felt life is worthless, 12 (24%) respondents had felt worthless most of the time another 12 (24%) respondents always felt worthlessness in life and 4 (8%) respondents had felt something them self worthlessness,.

Regarding energized, 18 (36%) respondents had no energy in their life, 11 (22%) respondents were always energized, another eleven (22%) respondents felt less energy most of the time and 10 (20%) respondents felt less energy than usual.

Table 9: Respondents' Feeling about Sleep, Irritated with Others Regarding Depression n= 50

Variables	Frequency	Percentage
Difficulty in falling a sleep		
I have not experienced any change in sleep	21	42.0
I sleep somewhat more than usual	0	0.0
I sleep somewhat less than usual	2	4.0
I sleep a lot more than usual	3	6.0
I sleep a lot less than usual	13	26.0
I sleep most of the day	1	2.0
I wake up 1-2 hour early and can't get back to sleep		
Feel irritated with others	10	20.0
I am not irritated with others		
I am more irritable than usual	28	56.0
I am much more irritable than usual	9	18.0
I am irritable all the time	10	20.0
	3	6.0

Twenty-one (42%) respondents had not experienced any change in sleeping pattern, 13 (26%) respondents slept a lot less than usual time, 10 (20%) respondents wake up 1-2 hour early and can't get back to sleep, 3 (6%) respondents slept a lot more than usual time, 2 (4%) respondents slept somewhat less than usual time, one (2%) respondents slept most of the day

Twenty-eight (56%) respondents were not irritated with others, 10 (20%) respondents were much more irritated than usual, 9 (18%) respondents were more irritated than usual and 3 (6%) respondents were irritated all the time.

Table 10: Respondents' Change in Appetite Regarding Depression n= 50

Variables	Frequency	Percentage
Change in appetite		
I have not experienced any change in my appetite	21	42.0
My appetite is somewhat less than usual	5	10.0
My appetite is somewhat greater than usual	0	0.0
My appetite is much less than before	13	26.0
My appetite is much greater than usual	2	4.0
I have no appetite at all	9	18.0
I crave food all the time	0	0.0

Twenty-one (42%) respondents had not experienced any change in appetite, 13 (26%) respondents appetite had much less than before, 9 (18%) respondents had no appetite at all, 5 (10%) respondents had somewhat less appetite than usual and 2 (4%) respondents appetite had much greater than usual.

Table 11: Respondents' Feeling about Difficulty in Concentration, tired or fatigue and loss of Interest in Sex Regarding Depression n= 50

Variables	Frequency	Percentage
Concentration		
I have no problems in concentration	15	30.0
I cannot concentrate as well as usual	10	20.0
It is hard to keep my mind on anything for very long time	11	22.0
I cannot concentrate any more	14	28.0
Tired or fatigue		
I am not tired or fatigue	15	30.0
I get more tired or fatigued more easily than usual	6	12.0
I am too tired or fatigued to do lot of things which I used to do	10	20.0
I am too tired or fatigued to do all most all the things which I used to do	10	20.0
Interest in sex		
I have not noticed any recent change	19	38.0
I am less interested in sex than used to be	41	82.0
I am much less interested in sex now	4	8.0
I have loss interest in sex completely	1	2.0
	4	8.0

Fifteen (30%) respondents had no problems in concentration, 14 (28%) respondents could not concentrate any more, 11 (22%) respondents had hard to keep mind on anything for very long time and 10 (20%) respondents could not concentrate as before.

Nineteen (38%) respondents felt too tired or fatigued to do all most all the things which they used to do, 15 (30%) respondents had not felt tired or fatigue, 10 (20%) respondents felt too tired or fatigued to do lot of things which they used to do and 6 (12%) respondents gets more tired or fatigued more easily than usual.

Majority of respondents 41 (82%) had not any recent change in their interest in sex, 4 (8%) respondents were less interested in sex now, 4 (8%) respondents had loss interest in sex completely and 1 (2%) respondents much less interested in sex now.

Table 12: Respondents' Level of Depression According to Beck Depression Inventory II n= 50

Level of depression	Frequency	Percentage
Depression		
Consider Minimal Range	14	28.0
Mild Depression	3	6.0
Moderate Depression	16	32.0
Severe Depression	17	34.0

Out of 50 respondents, level of depression was measured through used of beck Depression Inventory II, 17 (34%) responds' had severe level of depression, 16 (32%) respondents' had moderate depression, 14 (28%) respondents' had consider minimal range of depression and 3 (6%) respondents' had mild depression.

IV. Discussion

The major finding of this study was discussed in this chapter with comparison of other finding of the relevant studies survey reports and other documented literatures.

Thirty-four percent respondents' had severe level of depression, 32% respondents' had moderate depression, 6% respondents' had mild level of depression and 28% respondents' had consider minimal range of depression among family care givers of cancer patients. This is similar to the finding done by Rhee, Yun, Park, Shin, Lee, Yoo, Kim [9] which shows that the majority (67%) of caregivers had high depression scores (BDI > 13), 35% had very high depression scores (BDI > 21). In another study by Tatsuo Asaim, Aketchi, Nakano, Shimizui, Umezawa, Akizoki and Uchitomi, [10] conducted to study the psychological distress experienced by families of cancer patient showed that the most important cause of referral of the caregivers to psychiatric unit was depression (63.8%).

Concerning the respondents relationship with patients, 44% respondents were spouses of cancer patients, 26% respondents were parents and 20% respondents were children. This finding is supported by the study conducted by Siminoff, Rachel, Prigerson, Mccoll and Lottick [11] which states that the majority (57.4%) were spouses. This finding is also supported by the study of Given., Wyatt, Gift, Sherwood Devoss and Rahbar [5] in which 65% were spouses of cancer patients.

Regarding duration of cancer diagnosed 80% cancer patients had below 1 year, 14% had 1 to 3 year, 2% had 4-6 year and 4% had above 6 year of cancer diagnosed. This finding is supported by the study conducted by Given, Wyatt, Gift, Sherwood Devoss and Rahbar [5] reported that early stage patient disease was associated with higher levels of depressive symptoms in caregivers and depressive symptoms decreased over time.

Concerning the respondents suicidal ideation, 28% respondents had suicidal ideation. This finding is supported by the study conducted by Park, Kim, Shin, Sanson-Fisher and Shin [12] in Korea which stated that family caregivers of cancer patients with anxiety or depression were at high risk of suicide in compared with family caregivers without anxiety and depression. Family caregivers with depression 20.4% had suicidal ideation.

Regarding the sleep problem, 58% respondents had sleep problems. This finding is supported in various literatures that sleep disturbances and depression are closely linked. The study conducted by Carter and Chang [13] which stated that the most of the cancer caregivers (95%) expressed severe sleep problems and more than half of them were experiencing depressive symptoms at a level that would suggest risk for clinical depression. This finding is also supported previous study conducted by Catter & Action [14] states that depression was also highly correlated with the Pittsburgh sleep Quality Index (PSQI) subscale elements indicating that those who have significant depression also have more difficulty going to sleep, sleeping through night, sleeping enough hours and report that their sleep quality is diminished. 95% reported Pittsburgh Sleep Quality Index (PSQI) scores greater than 5, indicating risk for clinical depression and severe sleep problems.

V. Conclusion

Based on the findings and discussions of the study, conclusion has been drawn. The study finding revealed that 34% respondents' had severe level of depression, 32% respondents' had moderate depression, 6% respondents' had mild level of depression and 28% respondents' had consider minimal range of depression among family care givers of cancer patients. Although most of the respondents 78% don't know the stage of their cancer patients, they had depression. It may be due to sudden diagnosis of cancer which they didn't expect. So, it was concluded that cancer diagnosis is more stressful situation and causes depression to their family even though they did not know the stage of their cancer patients.

The study can also be conducted in large scale so that the study can be generalized to other setting. A comparative study can be carried out in caregivers between duration of cancer diagnosis of their cancer patients.

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