



Conclusion & Recommendations



Conclusion

Based on findings of the present study, it concluded that caregiver burden is common among family caregivers who care for older cancer patients. The prevalence of anxiety and depression was high and significant number of caregivers has been found to be suffering from severe psychological distress. Older adults' income, comorbidities, and functional status; caregivers' income, relation to elderly, number of daily hours for care and hospitalization were the main factors affecting caregivers' burden and psychological health negatively. A strong positive correlation was found between caregiver's burden and psychological health (Anxiety, depression and general psychological health) (i.e. when burden is high then anxiety, depression and psychological distress is also high). This finding indicates that early exploring the effective ways to alleviate caregivers burden should be a main concern in the treatment plan of cancer patients and more attention must be given to detecting changes in the psychological state of vulnerable family caregivers of older adults with cancer.

Recommendations

Based on the results of the present study the following recommendations are suggested:

- Educational program for family caregivers about the disease processes, how to manage symptoms and experiences and locate resources that may decrease the caregiving burden and provide the family caregivers with clear educational materials about cancer (including books, pamphlets, videos, Internet sites).
- Mass Media can increase family caregivers' awareness about available long term care services such as day care, home care, respite care, support group and individuals and families counseling.
- Develop standardized care for caregivers of patients with cancer in acute care and primary care settings. Since there are no agreed-on guidelines for providing care to cancer caregivers. Such standard may include for example; caregiver assessment, educational programs, and orientation to available resources and services for caregivers.
- Develop psychological services at the local hospital and clinics for older adults' cancer patients and for their caregivers who accompany them for treatment. This study demonstrated how distressed caregivers could become in their caregiving roles. It would be beneficial for them to obtain free therapeutic sessions from mental health professionals to release the burden associated with caregiving.

Further Research

- Assess how caregivers' preparation for their role affects older adult's patient and caregiver outcomes.
- Develop cost-effective interventions for caregivers or patient caregiver dyads and determine how they affect the overall cost of the older adult's patient care and use of services.
- Assess the potential for using technology to deliver effective interventions to caregivers (i.e., the Internet, facebook and smart phones) which can be used to help

caregivers obtain and use information and to increase their ability to provide care. Future research should determine the best way to use technology, while at the same time preserving important patient-family-professional interpersonal relationships that are essential for managing the stress associated with cancer.

- Additional research should focus on factors that affect caregivers' quality of life, their educational needs, and interventions.



Summary



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Age is considered the most important determinant of cancer risk there is an 11-folds increased incidence of developing cancer as compared to younger individuals and 56% of all cancer diagnoses and 70% of all cancer deaths occur in the over-65 population. As the number of patients with cancer and survivors of all ages increases and as people live longer, the role of caregivers grows as well. Most caregiving is provided by families and often takes a major effect on them in emotional and economic terms. Caring for older adults with cancer may involve additional challenges, which may put these caregivers at particularly high risk of burden and psychological distress. Understanding and studying the needs of elderly cancer patients and their caregivers, and meeting them adequately, is becoming an integral part of patient–family-centered care. So it is important to explore caregiver's emotional distress as it helps in exploring their burden which impact the patient's health and their quality of life.

The aim of the study:

1. Identify caregiving burden and psychological health status of caregivers caring for older adults cancer.
2. Assess the relationship between caregiving burden and psychological health status of caregivers caring for older adults with cancer.

Setting and subjects:

This study was conducted in the oncology inpatient wards and outpatients clinics at Oncology Center in Mansoura city and included 157 family caregivers of older adults diagnosed with cancer attending within a period of three months.

Tools: In order to collect the necessary information for the study four tools were used.

Tool I: Socio demographic and clinical data structured interview schedule: It was developed by the researcher and included two parts:

Part I: Data about older adults with cancer. It included item related to;

- 1- Socio-demographic characteristics of the patients such as age and sex.
- 2- Health history of the older adult: type of cancer and duration of cancer.
- 3- Functional status, it included assessment of ADLs and IADLS through:
 - a- **Barthel Index Scale:**It was developed by Malhoney (1965) to measure activities of daily living of the elders.
 - b- **Lawton and Brody Scale:**It was developed by Lawton and Brody Scale (1969) was used to assess instrumental activities of daily living

Part II: Data about older adult's caregiver. It included item related to;

1- Socio-demographic characteristics of the care giver such as age and sex.

2-Health history of the caregiver; it include type of chronic disease.

Tool II: The Zarit Burden Interview: It was developed by Zarit,et al(1980). This interview was used to assess care giving burden.

Tool III: Hospital Anxiety and Depression Scale: It was developed by Zigmond et al, (1983) to assess levels of anxiety and depression.

Tool IV: General Health Questionnaire-12:It was developed by Goldberg in 1988 to identify the severity of psychological distress experienced by caregivers within the past few weeks.

The researcher used to meet each family caregiver in the waiting room. A face to face interview with each caregiver who fulfilled the study criteria. Data was collected from the 1st of January, 2014 till the 1st of April, 2014. SPSS (V16) was utilized for data analysis and tabulation. The level of significance selected for this study was "P" equal or less than 0.05.

The main results obtained from the study were as follow:

Part I: Characteristics of the studied older adults with cancer

- The majority of the older adults (89.8%) aged 60-74 years, 73.9% were females, and 58.6% were married. Illiteracy was prevailing (83.4%). 81.5% were residing in rural areas, 66.2% reported that their income is not enough, 58% reported no associated diseases with cancer. Breast cancer was more prevailing (29.9%), 80.9% reported suffering from cancer for less than 3 years, 80.3% received chemotherapy. It was found 75.8% were independent in their ADL and 68.6% of older adults were need assistant in IADL.

Part II: Characteristics of the studied family caregivers

- The mean age of the studied caregivers was 40.14±11.14. Female constituted 71.3%, 80.9% were married,55.4% had secondary education, 40.1% of were working, 61.1% that their income is enough, 86% didn't suffer from any disease, 51% were son or daughter of the older adults, 64.3%living with older adults, 78.3% had secondary caregiver, 22.3% were caring older adults since 3 to less than 6 months and 50.3% spend from 2 to less than 4 hours daily in caring older adult patients.

Part III: Caregiving burden and psychological health status of the studied caregivers.

- More than half (52.9%) of the studied caregivers had moderate level of burden. 44.6% of the caregivers had moderate anxiety level and 37.5% had moderate depression level and 8.9% had severe depression level. 68.8% had severe psychological distress.

Part V: Relation between caregiving burden and psychological health status and the studied factors.

- There is no statistical significant relation between the total burden score of the caregivers and older adults' age, sex, marital status, and residence ($P=0.282$, $P=0.581$, $P=0.612$, and $P=0.643$ respectively), while significantly correlate with educational level and income ($P=0.03^*$, $P=0.001^*$ respectively).
- There is no statistical significant relation between the total anxiety score of the caregivers and older adults' age, sex, marital status, residence, and educational level ($P=0.094$, $P=0.980$, $P=0.460$, $P=0.435$, and $P=0.202$ respectively) while significantly correlate to income ($P=0.026^*$).
- There is no statistical significant relation between the total depression score of the caregivers and older adults' age, sex, marital status, residence, and educational level ($P=0.636$, $P=0.479$, $P=0.639$, $P=0.421$, and $P=0.592$ respectively) while significantly correlate to income ($P=0.042^*$).
- There is no statistical significant relation between the total psychological health score of the caregivers and older adults' age, sex, marital status, residence, and educational level ($P=0.153$, $P=0.416$, $P=0.663$, $P=0.206$ and, $P=0.339$ respectively) while significantly correlate to income ($P=0.032^*$).
- There is a statistical significant relation between caregivers' burden, anxiety, depression and general psychological health and older adults with comorbidities ($P=0.003^*$, $P=0.006^*$, $P=0.032^*$ and $P=0.005^*$ respectively), dependency in ADL ($P=0.000^*$ for all) and dependency in IADL ($P=0.000^*$, $P=0.001^*$, $P=0.005^*$, $P=0.006^*$ respectively) while no statistical significant relation to duration of cancer ($P=0.876$, $P=0.423$, $P=0.350$, $P=0.717$ respectively).
- The total burden score was not statistically related to caregivers' age, sex, marital status, educational level, occupation, relation to elderly, living with older adult, period of caregiving, availability of secondary caregiver ($P=0.500$, $P=0.082$, $P=0.382$, $P=0.092$, $P=0.290$, $P=0.103$, $P=0.536$, $P=0.347$, $P=0.154$ respectively) while statistical significant relation was with income, health status, numbers of

daily hours in caregiving and interview place ($P=0.04^*$, $P=0.014^*$, $P=0.000^*$, $P=0.000^*$ respectively).

- The total anxiety score was not statistically related to caregivers' age, marital status, educational level, occupation, income, health status, living with older adult, availability of secondary caregiver ($P=0.368$, $P=0.439$, $P=0.147$, $P=0.132$, $P=0.129$, $P=0.462$, $P=0.260$, $P=0.061$ respectively) while statistical significant relation was with sex, relation to older adult, period of caregiving, and numbers of daily hours in caregiving ($P=0.028^*$, $P=0.000^*$, $P=0.02^*$, $P=0.000^*$, respectively).
- The total depression score was not statistically related to caregivers' age, sex, marital status, occupation, health status, living with older adult, period of caregiving, availability of secondary caregiver ($P=0.260$, $P=0.163$, $P=0.247$, $P=0.334$, $P=0.334$, $P=0.538$, $P=0.129$, $P=0.252$ respectively) while statistical significant relation was with educational level, income, relation to older adult and number of daily hours in caregiving ($P=0.039^*$, $P=0.026^*$, $P=0.000^*$, $P=0.000^*$, respectively).
- The total general psychological health was not statistically related to caregivers' age, marital status, education, health status, living with older adult ($P=0.349$, $P=0.864$, $P=0.420$, $P=0.389$, $P=0.632$, $P=0.138$ respectively) while statistical significant relation was with sex, occupation, income, relation to older adult, period of caregiving, spending more daily hours in caregiving, and availability of secondary caregiver ($P=0.024^*$, $P=0.024^*$, $P=0.02^*$, $P=0.016^*$, $P=0.04^*$, $P=0.000$, respectively).
- There is a strong positive relation between caregiver's burden and psychological health (Anxiety, depression and GHQ) ($P \leq 0.001$ for all).

The Following are the main recommendations:

- Educational program for family caregivers not only about the disease processes but also about how to manage symptoms and experiences and locate resources that may decrease the caregiving burden .
- Develop standardized care for family caregivers of older adults' patients with cancer in acute care and primary care settings.
- Develop psychological services at the local hospital and clinics for cancer older adults' patients and for their caregivers who accompany them for treatment.



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Appendices





Appendix I



Appendix I

إستمارة إستبيان عن عبء تقديم الرعاية والحالة الصحية النفسية لمقدمي الرعاية لكبار السن المصابين بمرض السرطان

مسلسل :.....

(١) الحالة الاجتماعية للمسن:

٠- الاسم :.....

١- النوع : ١- ذكر () ٢- أنثى ()

٢- السكن : ١- ريف () ٢- حضر ()

٣- السن :

١. ٦٠ إلى اقل من ٧٥ سنة ()
٢. ٧٥ إلى اقل من ٨٥ سنة ()
٣. ٨٥ سنة فأكثر ()

٤- الحالة الزوجية (الاجتماعيه) :

١- أعزب () ٢- متزوج ()

٣- أرمل () ٤- مطلق ()

٥- مستوى التعليم :

١- أمي () ٢- يقرأ ويكتب ()

٣- تعليم متوسط () ٤- تعليم جامع ()

٥- تعليم فوق جامعي ()

٦- العمل قبل الاحالة للمعاش:

١- موظف () ٢- فلاح ()

٣- ربة منزل () ٤- عامل حرفي او مهني ()

٥- آخر يذكر.....

٦- العمل الحالي إن وجد.....

٧- الدخل الشهري للمسن :

١- يكفي () ٢- لا يكفي () ٣- يكفي ويدخر ()

(٢) بيانات عن الحالة الصحية للمسن :

١- مكان المقابلة : ١- عياده خارجيه () ٢- عياده داخلية ()

٢- نوع مرض السرطان:.....

٣- منذ متى يعاني من مرض السرطان:

- ١- اقل من ٣ سنوات ()
٢- من ٣-٥ سنوات ()
٣- من ٥-١٠ سنوات ()
٤- أكثر من ١٠ سنوات ()
- ٤- العلاج المستخدم لعلاج السرطان:
١- كيميائي () ٢- إشعاعي () ٣- هرموني () ٤- عملية جراحية ()

٤- هل يعاني من أمراض أخرى: ١- نعم () ٢- لا ()

عند الإجابة بنعم ماهو نوع المرض:

١. أمراض الجهاز التنفسي ()
٢. أمراض القلب والشرايين ()
٣. ضغط الدم المرتفع ()
٤. أمراض الكلى ()
٥. البول السكري ()
٦. أمراض الجهاز العظمي ()
٧. أمراض نفسية وعصبية ()
٨. الكبد
٩. آخر يذكر.....

٦- هل يأخذ الأدوية حالياً:

١- نعم () ٢- لا ()

عند الإجابة بنعم ماهو نوع الدواء:

- ١- مسكن للألام ()
٢- مضادات التجلط ()
٣- فيتامينات ومعادن ()
٤- أدوية الكورتيزون ومضاد للالتهابات ()
٥- علاج ارتفاع الضغط ()
٦- علاج الاعصاب ()
٧- علاج السكر ()
٨- مدرات البول ()
٩- مضاد حيوي ()
١٠- ادوية الروماتيز ()
١١- منشطات الكبد ()
١٢- آخر يذكر.....

٧- هل تم دخوله المستشفى خلال العام السابق:

١- نعم () ٢- لا ()

إذا كانت الإجابة بنعم:

١. عدد مرات دخولك المستشفى.....
٢. ماهو سبب دخولك المستشفى.....
٣. ماهي الفترة التي تم انقضاؤها بالمستشفى في كل مره.....

٨- هل أجرى اية عمليات خلال العام السابق

١- نعم () لا ٢- لا ()

إذا كانت الإجابة بنعم : ١- عدد العمليات التي أجريت.....

٢- نوع العملية.....

٩- درجة الإعتماد علي النفس في أنشطه الحياه اليوميه (مقياس بارثل):

التغذية: ١-مستقل () ٢- يحتاج مساعده () ٣- غير قادر ()

الإستحمام: ١-مستقل () ٢- معتمد ()

التزيين : ١- مستقل في العناية (ذقن ، شعر ، أسنان ، يحلق ذقنه لوحده) ()

٢ - معتمد ()

اللباس: ١- مستقل (يربط الحذاء) ()

٢- يحتاج للمساعده (ولكنه يقوم بنصف المهام في وقت مناسب) ()

٣ - معتمد ()

استعمال دوره المياه :

١- مستقل ()

٢ - يحتاج مساعده ()

٣- غير قادر ()

التبرز: ١-لا يوجد مشاكل ()

٢-أحيانا يحتاج مساعده بحفنه شرجيه ()

٣ -غير متحكم ()

التبول: ١-لا يوجد مشاكل ()

٢-أحيانا توجد مشاكل أو يحتاج مساعده بإستخدام قسطره ()

٣- غير متحكم ()

المشي: ١ - مستقل لمسافه ٥٠ م قد يستخدم أدوات مساعده ()

٢ - يمشي ٥٠ م بمساعده شخص إما لفظي أو جسدي ()

٣- يستخدم كرسي عجل ولكن مستقل لمسافه ٥٠ م ()

٤ - لا يتحرك ()

طلوع السلم: ١- مستقل ()

٢ - يحتاج مساعده لفظي ، جسدي ()

٣ - غير قادر ()

التنقل (سرير- كرسي): ١- مستقل بشكل كامل ()

٢ - يحتاج مساعده قليله لفظيا - جسديا ()

- ٣- قادر علي الجلوس لكن يحتاج مساعده كبيره ()
٤- غير قادر ،يحمل جسديا ()

١٠- مقياس لوتن لقياس أنشطه الحياه اليوميه الأدانيه:

أنشطه الحياه اليوميه	غير قادر (١)	قادر (٢)
القدره علي استخدام التليفون		
الذهاب للتسوق		
اعداد الطعم		
تنظيف المنزل		
القيام بالغسيل		
استخدام المواصلات والتنقل من مكان لآخر		
تناول الأدوية		
القدره علي التعاملات الماليه		
المجموع		

المجموع (١٦) للسيدات و(١٠) للرجال تقسم على(١٠٠):

- أقل من ٢٥% يعتمد على الآخرين
- من ٢٥%-٧٥% أقل من ٧٥% يحتاج للمساعدة
- ٧٥% فأكثر لا يعتمد على أحد

بيانات عامه عن مقدمي الرعاية:

٠- الأسم:

١- السن:

٢- النوع ١- ذكر () ٢- أنثى ()

٣- الحاله الأتماعيه:

١- أعزب () ٢- متزوج () ٣- أرمل () ٤- مطلق ()

٤- مستوى التعليم :

١- أمي () ٢- يقرأ ويكتب () ٣- تعليم متوسط ()

٤- تعليم جامعي () ٥- تعليم فوق جامعي ()

٥- العمل: ١- موظف حكومي ()

- ٢- موظف بمؤسسه خاصه ()
 ٣- فلاح ()
 ٤- ربه منزل ()
 ٥- على المعاش ()
 ٦- طالب ()
 ٧- اخر يذكر:.....

٦- الدخل الشهرى :

- ١- يكفى () ٢- لا يكفى () ٣- يكفى ويدخر ()

٧- درجه القرابه للمسن:

- ١- الابن () ٢- الابنه ()
 ٣- الزوج/الزوجه () ٤- الأصدقاء ()
 ٥- أحد الأقارب () ٧- اخر يذكر:.....

- ٨- هل تعيش مع المسن فى نفس المكان : ١- نعم () ٢- لا ()

٩- هل يوجد شخص آخر يشاركك فى تقديم الرعايه للمسن:

- ١- نعم () ٢- لا ()

إذا كانت الأجابه بنعم:

من هو الذى يقوم بمساعدتك.....درجه القرابه للمسن.....

١٠- ماهي المده التي بدأت فيها تقديم الرعايه للمسن.....سنه.....شهر.

١١- عدد الساعات اليوميه التي تقضيها فى رعايه المسن.....

بيانات عن الحاله الصحيه لمقدمي الرعايه:

١- هل تعاني من أحد الأمراض الآتية:

- ١- أمراض القلب () ٢- ارتفاع ضغط الدم ()
 ٣- أمراض الكلى () ٤- مرض السكرى ()
 ٥- الأمراض المعدية () ٦- الأمراض التي تعيق الحركة ()
 ٧- الأمراض النفسيه () ٨- لا يوجد ()
 ١- اخر يذكر.....

٢- هل تأخذ أحد الأدوية الآتية:

- ١- مسكنات () ٢- علاج البول السكري ()

٤- علاج امراض القلب ()
٦- لا يوجد ()

٣- علاج ارتفاع ضغط الدم ()
٥- مضادات الأكتئاب ()
٧- اخر يذكر.....

AppendixII

مقابله زاريت للعبء

يرجى وضع دائرة حول الاجابه التي تصف أفضل ما تشعر به:

دائما (٤)	كثيرا (٣)	أحيانا (٢)	نادرا (١)	أبدا (٠)	
					١-هل تشعر بأن قريبك يطلب المزيد من المساعدة أكثر من إحتياجه؟
					٢-هل تشعر أنه بسبب الوقت الذي تقضيه مع قريبك ليس لديك الوقت الكافي لنفسك؟
					٣-هل تشعر بالضغط بين رعاية قريبك وبين محاولتك لتلبية المسؤوليات الأخرى لعائلتك أو لعملك؟
					٤-هل تشعر بالحرج من سلوك قريبك؟
					٥-هل تشعر بالضيق عند تواجدك بجوار قريبك؟
					٦-هل تشعر بأن قريبك يؤثر حاليا علي علاقاتك مع أفراد الأسرة الآخرين أو الأصدقاء بطريقة سلبية؟
					٧-هل أنت خائف بما يخبئه المستقبل لقريبك؟
					٨-هل تشعر بأن قريبك يعتمد عليك كلية؟
					٩-هل تشعر بالتوتر عندما تكون مع قريبك؟
					١٠-هل تشعر بأن صحتك قد تضررت بسبب مشاركتك في رعايه قريبك؟
					١١-هل تشعر أنه ليس لك خصوصيات بقدر كاف وذلك بسبب قريبك؟
					١٢-هل تشعر أن حياتك الاجتماعية تأثرت بسبب رعاية قريبك؟
					١٣-هل تشعر بالضيق حيال قلة وجود أصدقاء بالقدر الكافي وذلك بسبب قريبك؟
					١٤-هل تشعر بأن قريبك يتوقع منك رعايته/رعايتها كما لو كنت الوحيد الذي /التي يمكن ان يعتمد عليه؟
					١٥-هل تشعر بأنه ليس لديك المال الكافي لرعاية قريبك بالإضافة إلى بقية نفقاتك؟
					١٦-هل تشعر بأنك لن تكون قادر على رعاية قريبك لفترة أطول من ذلك؟
					١٧-هل تشعر بأنك قد فقدت السيطرة على حياتك منذ مرض قريبك؟
					١٨-هل تتمنى لو أنك تركت رعاية قريبك لشخص آخر؟
					١٩-هل تشعر بأنك متردد عما تريد فعله بشأن قريبك؟
					٢٠-هل تشعر أنك بحاجة لان تفعل المزيد من أجل قريبك؟
					٢١-هل تشعر أنك كنت تستطيع أن تهتم بقريبك بصورة أفضل؟
					٢٢-عموما، ما مدى العبء الذي تشعر به من رعاية قريبك؟

THE ZARIT BURDEN INTERVIEW

Please circle the response the best describes how you feel.

	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
1. Do you feel that your relative asks for more help than he/she needs?	0	1	2	3	4
2. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?	0	1	2	3	4
3. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	0	1	2	3	4
4. Do you feel embarrassed over your relative's behaviour?	0	1	2	3	4
5. Do you feel angry when you are around your relative?	0	1	2	3	4
6. Do you feel that your relative currently affects our relationships with other family members or friends in a negative way?	0	1	2	3	4
7. Are you afraid what the future holds for your relative?	0	1	2	3	4
8. Do you feel your relative is dependent on you?	0	1	2	3	4
9. Do you feel strained when you are around your relative?	0	1	2	3	4
10. Do you feel your health has suffered because of your involvement with your relative?	0	1	2	3	4
11. Do you feel that you don't have as much privacy as you would like because of your relative?	0	1	2	3	4
12. Do you feel that your social life has suffered because you are caring for your	0	1	2	3	4

relative?					
13. Do you feel uncomfortable about having friends over because of your relative?	0	1	2	3	4
14. Do you feel that your relative seems to expect you to take care of him/her as if you were the only one he/she could depend on?	0	1	2	3	4
15. Do you feel that you don't have enough money to take care of your relative in addition to the rest of your expenses?	0	1	2	3	4
16. Do you feel that you will be unable to take care of your relative much longer?	0	1	2	3	4
17. Do you feel you have lost control of your life since your relative's illness?	0	1	2	3	4
18. Do you wish you could leave the care of your relative to someone else?	0	1	2	3	4
19. Do you feel uncertain about what to do about your relative?	0	1	2	3	4
20. Do you feel you should be doing more for your relative?	0	1	2	3	4
21. Do you feel you could do a better job in caring for your relative?	0	1	2	3	4
22. Overall, how burdened do you feel in caring for your relative?	0	1	2	3	4

Total Score (out of 88)

Appendix III

مقياس القلق والإكتئاب بالمستشفى (HAD)

(A)- أشعر أنني متوتر : ق

٣- أغلب الأوقات () ٢- فى أوقات كثيره () ١- من وقت لآخر () ٠- لا مطلقا ()

(D)-لازلت أستمتع بالأشياء التى إعتدت الإستمتاع بها : ك

٠- قطعاً بنفس القدر () ١- ليس بنفس القدر () ٢- قليلاً فقط () ٣- نادراً ()

(A)-عندى إحساس بالخوف كأن هناك شيئاً خطيراً سيحدث : ق

٣- بكل تأكيد وبسوء كثير () ٢- نعم ولكن ليس سيئ جداً () ١- قليلاً ولكن هذا لا يقلقنى () ٠- لا مطلقا ()

(D)-بإستطاعتى أن أضحك وأن أرى الجانب السار من الأشياء: ك

٠- بقدر إستطاعتى دائماً () ١- ليس بالقدر الكافي فى هذا الوقت ()

٢- بالتأكيد ليس بالقدر الذى يذكر () ٣- لا مطلقا ()

(A)- أفكر فى أشياء مقلقه تسيطر على تفكيرى : ق

٣- بقدر كبير جداً من الوقت () ٢- فى أوقات كبيره ()

١- من وقت إلى آخر، ولكن ليس غالباً () ٠ - فى بعض الأحيان ()

(D)- أشعر بالسرور والأبتهاج : ك

٣- لا مطلقا () ٢- ليس غالباً () ١- فى بعض الأحيان () ٠- فى أغلب الأوقات ()

(A)- يمكن الجلوس بسهولة والشعور بالإسترخاء : ق

٠- بكل تأكيد () ١- عادة () ٢- ليس غالباً () ٣- لا مطلقا ()

(D)- أشعر أنني بطئ فى إنجاز أى عمل أو بطئ فى التفكير: ك

٣- تقريبا، كل الوقت () ٢- معظم الوقت () ١- فى بعض الأحيان () ٠- لا مطلقا ()

(A)- يتتابنى شعور مخيف كما أنه يوجد ثقل فى بطني: ق

٠- لا مطلقا () ١- فى بعض الأحيان () ٢- عادة () ٣- فى أغلب الأحيان ()

(D)- لقد فقدت الأهتمام بمظهرى الشخصى: ك

٣- بكل تأكيد () ٢- أنا لا أهتم بذلك كثيرا كما يجب ()

٠- أنا ربما أهتم بالقدر الكافي () ٠- أنا لا أهتم بذلك دائما ()

(A)- أشعر بالملل وعدم الراحة وكأني يجب أن أتحرك : ق

٣- كثيرا جدا بالفعل () ٢- فى أغلب الأوقات () ١- ليس كثيرا () ٠- لا مطلقا ()

(D) - أتطلع الى الأشياء باستمتاع وسرور: ك

٠- أكثر كثيرا مما كنت أفعل من قبل () ١- أقل مما كنت أفعل ذلك من قبل ()

٢- بكل تأكيد أقل مما كنت أفعل ذلك () ٣- بصعوبة على الإطلاق ()

(A) - أشعر فجأة بالذعر والرعب : ق

٣- بالتأكيد، غالبا () ٢- في بعض الأحيان () ١- ليس كثيرا () ٠- لا مطلقا ()

(D) - باستطاعتى أن أستمتع بقراءة كتاب جيد، أو الأستماع إلى الراديو أو بمشاهدة تليفزيون: ك

٠- غالبا () ١- في بعض الأحيان () ٢- ليس كثيرا () ٣- نادرا جدا ()

Appendix IV

استبان الصحة العامة GHQ-12

كيف شعرت خلال الأسابيع القليلة الماضية؟
الرجاء إجابة الأسئلة من ١-٢٢ من خلال وضع دائرة حول الإجابة التي تعتقد أنها الأقرب لك. وذلك بمقارنة ما تشعر به حديثاً مع ما شعرت به في السنوات السابقة.

هل (حديثاً):	(٠)	(١)	(٢)	(٣)
١. كنت قادراً على التركيز فيما تقوم بعمله؟	أفضل من المعتاد	كالمعتاد	أقل من المعتاد	أقل من المعتاد بكثير
٢. شعرت أن نومك قل نتيجة للهموم؟	اطلاقاً	ليس أكثر من المعتاد	أكثر من المعتاد	أكثر بكثير من المعتاد
٣. شعرت أنك تلعب دوراً مفيداً في الأمور المحيطة بك؟	أكثر من المعتاد	كالمعتاد	أقل من المعتاد	أقل من المعتاد بكثير
٤. شعرت بأنك قادر على اتخاذ قرارات بشأن بعض الأمور؟	أكثر من المعتاد	كالمعتاد	أقل من المعتاد	أقل من المعتاد بكثير
٥. شعرت أنك تعاني من ضغوط مستمره؟	اطلاقاً	ليس أكثر من المعتاد	أكثر من المعتاد بقليل	أكثر من المعتاد بكثير
٦. شعرت أنك لا تستطيع التغلب على الصعوبات التي تواجهك؟	اطلاقاً	ليس أكثر من المعتاد	أكثر من المعتاد بقليل	أكثر من المعتاد بكثير
٧. أنت قادر على الاستمتاع بأنشطتك اليومية؟	أكثر من المعتاد	كالمعتاد	أقل من المعتاد	أقل من المعتاد بكثير
٨. أنت قادر على مواجهة مشاكلك؟	أكثر من المعتاد	كالمعتاد	أقل من المعتاد	أقل من المعتاد بكثير
٩. تشعر أنك غير سعيد ومكتئب؟	اطلاقاً	ليس أكثر من المعتاد	أكثر من المعتاد بقليل	أكثر من المعتاد بكثير
١٠. تفقد الثقة في نفسك؟	اطلاقاً	ليس أكثر من المعتاد	أكثر من المعتاد بقليل	أكثر من المعتاد بكثير
١١. تفكر أنك شخص بلا قيمة؟	اطلاقاً	ليس أكثر من المعتاد	أكثر من المعتاد بقليل	أكثر من المعتاد بكثير
١٢. تشعر بأنك سعيد بدرجة معقولة؟	أكثر من المعتاد	كالمعتاد تقريباً	أقل من المعتاد	أقل من المعتاد بكثير



Appendix II



Table (1): Distribution of caregivers according to their caregiving burden

Item	Never		Rarely		Sometimes		Quite frequently		Nearly Always	
	No	%	No	%	No	%	No	%	No	%
1. Do you feel that your relative asks for more help than he/she needs?	19	12.1	81	51.6	41	26.1	16	10.2	0	0
2. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?	0	0	19	12.1	73	46.5	43	27.4	22	14.0
3. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	1	.6	10	6.4	45	28.7	53	33.8	48	30.6
4. Do you feel embarrassed over your relative's behaviour?	4	2.5	109	69.4	36	22.9	4	2.5	4	2.5
5. Do you feel angry when you are around your relative?	3	1.9	41	26.1	43	27.4	50	31.8	20	12.7
6. Do you feel that your relative currently affects our relationships with other family members or friends in a negative way?	2	1.3	29	18.5	51	32.5	47	29.9	28	17.8
7. Are you afraid what the future holds for your relative?	0	0	0	0	15	9.6	68	43.3	74	47.1
8. Do you feel your relative is dependent on you?	0	0	8	5.1	20	12.7	65	41.4	64	40.8
9. Do you feel strained when you are around your relative?	2	1.3	16	10.2	25	15.9	62	39.5	52	33.1
10. Do you feel your health has suffered because of your involvement with your relative?	16	10.2	71	45.2	40	25.5	22	14.0	8	5.1
11. Do you feel that you don't have as much privacy as you would like because of your relative?	7	4.5	75	47.8	41	26.1	25	15.9	9	5.7
12. Do you feel that your social life has suffered because you are caring for your relative?	1	.6	32	20.4	53	33.8	50	31.8	21	13.4
13. Do you feel uncomfortable about having friends over because of your relative?	3	1.9	56	35.7	41	26.1	39	24.8	18	11.5
14. Do you feel that your relative seems to expect you to take care of him/her as if you were the only one he/she could depend on?	2	1.3	8	5.1	26	16.6	70	44.6	51	32.5

15. Do you feel that you don't have enough money to take care of your relative in addition to the rest of your expenses?	2	1.3	27	17.2	28	17.8	57	36.3	43	27.4
16. Do you feel that you will be unable to take care of your relative much longer?	17	10.8	90	57.3	21	13.4	21	13.4	8	5.1
17. Do you feel you have lost control of your life since your relative's illness?	4	2.5	39	24.8	39	24.8	53	33.8	22	14.0
18. Do you wish you could leave the care of your relative to someone else?	23	14.6	111	70.7	17	10.8	4	2.5	2	1.3
19. Do you feel uncertain about what to do about your relative?	2	1.3	53	33.8	54	34.4	35	22.3	13	8.3
20. Do you feel you should be doing more for your relative?	0	0	1	.6	11	7.0	59	37.6	86	54.8
21. Do you feel you could do a better job in caring for your relative?	0	0	0	0	11	7.0	59	37.6	87	55.4
22. Overall, how burdened do you feel in caring for your relative?	5	3.2	51	32.5	78	49.7	20	12.7	3	1.9

Table (2): Distribution of caregivers according their general psychological health

Item	No	%
Been able to concentrate on whatever you are doing?		
Same as usual	11	7.0
Less than usual	82	52.2
Much less than usual	64	40.8
Lost much sleep over worry?		
Not at all	1	0.6
No more than usual	39	24.8
Rather more than usual	73	46.5
Much more than usual	44	28.0
Felt that you are playing a useful part in things?		
More so than usual	7	4.5
Same as usual	87	55.4
Less useful than usual	55	35.0
Much less useful	8	5.1
Felt capable of making decisions about things?		
More so than usual	1	0.6
Same as usual	68	43.3
Less useful than usual	68	43.3
Much less useful	19	12.1
Felt constantly under strain?		
No more than usual	7	4.5
Rather more than usual	58	36.9
Much more than usual	92	58.6
Felt that you couldn't overcome your difficulties?		
No more than usual	15	9.6
Rather more than usual	67	42.7
Much more than usual	75	47.8
Been able to enjoy your normal day-to-day activities?		
Same as usual	11	7.0
Less useful than usual	63	40.1

Much less useful	83	52.9
Been able to face up to your problems?		
Same as usual	30	19.1
Less useful than usual	78	49.7
Much less useful	49	31.2
Been feeling unhappy and depressed?		
Not at all	2	1.3
No more than usual	48	30.6
Rather more than usual	80	51.0
Much more than usual	27	17.2
Been losing confidence in yourself?		
Not at all	5	3.2
No more than usual	123	78.3
Rather more than usual	27	17.2
Been thinking of yourself as a worthless person?		
Same as usual	4	2.5
Less useful than usual	137	87.3
Much less useful	16	10.2
Been feeling reasonably happy, all things considered?		
Same as usual	25	15.9
Less useful than usual	100	63.7
Much less useful	32	20.4

Table (3): Relation between type of treatment received for cancer by older adults' and caregiving burden and psychological health status of their caregivers

Type of treatment		No.	Total burden Mean ± SD (Min-Max)	Total anxiety Mean ± SD (Min-Max)	Total depression Mean ± SD (Min-Max)	Total GHQ Mean ± SD (Min-Max)
Chemotherapy	Yes	126	51.08±12.81 (21-79)	11.34±3.27 (5-21)	10.74±3.17 (5-20)	23.12±4.87 (13-39)
	No	31	51.80±12.11 (19-81)	11.16±3.80 (3-19)	10.22±3.42 (4-19)	22.51±5.84 (3-33)
<i>Test of significance</i>			T= 0.283 P=0.778	T=0.265 P=0.791	T=0.804 P=0.423	T=0.600 P=0.549
Radiotherapy	Yes	5	49.80±9.52 (40-56)	8.80±3.42 (4-13)	9.00±2.54 (7-13)	22.00±3.16 (19-27)
	No	152	51.27±12.75 (19-81)	11.38±3.35 (3-21)	10.69±3.23 (4-20)	23.03±5.11 (3-39)
<i>Test of significance</i>			T= 0.256 P=0.798	T= 1.698 P=0.091	T= 1.159 P=0.248	T= 0.450 P=0.653
Hormonal	Yes	10	51.90±10.48 (34-67)	11.30±2.90 (7-16)	9.80±2.97 (6-15)	21.10±7.59 (3-28)
	No	147	51.18±12.81 (19-81)	11.30±3.41 (3-21)	10.70±3.24 (4-20)	23.13±4.85 (13-39)
<i>Test of significance</i>			T= 0.173 P=0.863	T= 0.006 P=0.996	T= 0.854 P=0.394	T= 1.232 P=0.220
Surgery	Yes	76	48.60±13.43 (19-81)	11.03±3.500 (3-20)	10.31±3.55 (4-20)	23.30±4.68 (13-35)
	No	81	53.69±11.40 (30-79)	11.55±3.25 (6-21)	10.95±3.08 (5-17)	23.66±5.34 (3-39)
<i>Test of significance</i>			T= 2.563 P=0.011*	T= 0.958 P=0.340	T= 1.235 P=0.219	T= 1.694 P=0.092

*Significant $P \leq 0.05$.

Table (4): Relation between site of cancer and caregiving burden and psychological health status of their caregivers

Site of cancer		No.	Total burden	Total anxiety Mean ± SD	Total depression	Total GHQ Mean ± SD
Lymphoma	Yes	17	53.23±15.25	12.58±3.51	11.64±3.53	24.41±4.79
	No	140	50.98±12.33	11.15±3.33	10.52±3.17	22.83±5.08
<i>Test of significance</i>			T= 0.691 P=0.490	T=1.669 P=0.097	T=1.363 P=0.175	T=1.214 P=0.227
Breast cancer	Yes	47	50.25±13.30	11.14±3.06	9.82±2.74	22.19±5.03
	No	110	51.64±12.39	11.37±3.50	10.99±3.44	23.35±5.06
<i>Test of significance</i>			T= 0.629 P=0.530	T= 0.380 P=0.705	T= 2.089 P=0.038*	T= 1.321 P=0.188
Blood cancer	Yes	22	52.90±11.61	11.45±3.66	10.59±3.52	23.40±5.68
	No	135	51.07±12.84	11.28±3.33	10.65±3.18	22.94±4.97
<i>Test of significance</i>			T= 0.380 P=0.705	T= 0.222 P=0.824	T= 0.082 P=0.935	T= 0.401 P=0.689
Colon cancer	Yes	15	57.13±8.33	12.93±3.08	13.06±2.91	25.40±2.84
	No	142	50.60±12.88	11.13±3.36	10.38±3.15	22.75±5.18
<i>Test of significance</i>			T= 1.917 P=0.057	T= 1.983 P=0.049*	T= 3.147 P=0.002*	T= 1.942 P=0.054
Stomach cancer	Yes	5	58.00±7.68	14.80±3.27	13.80±2.68	27.40±4.39
	No	152	51.00±12.73	11.19±3.32	10.53±3.19	22.86±5.03
<i>Test of significance</i>			T= 1.218 P=0.225	T= 2.389 P=0.018*	T= 2.254 P=0.026*	T= 1.990 P=0.048*
Uterine cancer	Yes	4	54.50±18.91	14.25±4.78	13.25±4.85	26.00±6.05
	No	153	51.14±12.52	11.22±3.31	10.57±3.16	22.92±5.03
<i>Test of significance</i>			T= 0.523 P=0.602	T= 0.278 P=0.077	T= 1.647 P=0.102	T= 1.199 P=0.232
lung cancer	Yes	9	57.77±15.46	12.00±3.50	11.22±3.99	23.77±5.30
	No	147	50.87±12.43	11.26±3.38	10.59±3.18	22.95±5.08
<i>Test of significance</i>			T= 0.341 P=0.113	T= 0.631 P=0.529	T= 0.567 P=0.571	T= 0.472 P=0.638
Pancreatic cancer	Yes	5	46.00±13.00	10.60±2.88	10.20±2.16	22.00±3.80
	No	152	51.40±12.64	11.32±3.39	10.65±3.25	23.03±5.10
<i>Test of significance</i>			T= 0.939 P=0.349	T= 0.456 P=0.636	T= 0.312 P=0.756	T= 0.450 P=0.653
Ovarian cancer	Yes	18	48.88±11.46	10.00±2.95	10.05±3.55	21.72±4.17
	No	139	51.53±12.80	11.47±3.39	10.71±3.18	23.17±5.15

<i>Test of significance</i>			T= 0.834 P=0.406	T= 1.757 P=0.081	T= 0.821 P=0.413	T= 1.144 P=0.254
Rectal cancer	Yes	1	42.00	6.00	6.00	16.00
	No	156	51.28±12.66	11.33±3.35	10.67±3.21	23.05±5.04
<i>Test of significance</i>			T= 0.731 P=0.466	T= 1.585 P=0.115	T= 1.450 P=0.149	T= 1.392 P=0.166
Brain cancer	Yes	2	54.00±4.24	9.50±7.77	11.00±4.24	22.00±4.24
	No	155	51.19±12.72	11.32±3.33	10.63±3.22	23.01±5.08
<i>Test of significance</i>			T= 0.331 P=0.756	T= 0.761 P=0.448	T= 0.157 P=0.875	T= 0.282 P=0.778
Liver cancer	Yes	15	49.73±11.70	10.33±2.49	9.80±2.78	21.40±7.91
	No	142	51.38±12.77	11.40±3.44	10.73±3.26	23.17±4.67
<i>Test of significance</i>			T= 0.480 P=0.632	T= 1.175 P=0.242	T= 1.066 P=0.288	T= 1.295 P=0.197
Gall bladder	Yes	5	46.40±11.12	9.20±2.48	10.20±2.16	20.60±3.71
	No	152	51.38±12.69	11.37±3.38	10.65±3.25	23.08±5.09
<i>Test of significance</i>			T= 0.867 P=0.387	T= 1.423 P=0.157	T= 0.312 P=0.756	T= 1.080 P=0.282
Spleen cancer	Yes	5	55.60±16.48	12.00±3.74	12.00±4.69	25.80±6.30
	No	152	51.08±12.54	11.28±3.37	10.59±3.17	22.19±5.01
<i>Test of significance</i>			T= 0.784 P=0.434	T= 0.467 P=0.641	T= 0.956 P=0.341	T= 1.256 P=0.211
Prostate cancer	Yes	7	45.00±6.97	11.00±2.51	10.00±1.52	21.85±2.34
	No	150	51.10±12.85	11.32±3.41	10.67±3.28	23.06±5.15
<i>Test of significance</i>			T= 0.592 P=0.555	T= 0.245 P=0.807	T= 0.539 P=0.591	T= 0.613 P=0.541
Tongue cancer	Yes	1	49.00	9.00	8.00	20.00
	No	156	51.42±12.68	11.32±3.37	10.66±3.22	23.02±5.07
<i>Test of significance</i>			T= 0.176 P=0.860	T= 0.865 P=0.495	T= 0.822 P=0.413	T= 0.594 P=0.553

Members of Jury

Name	Position
Prof. Dr. Adel El-Wehedy	Professor of occupation health in Public Health Dep., Faculty of Medicine, Mansoura University
Prof. Dr. Amany Shibl	Professor of Adult Nursing, Faculty of Nursing, Mansoura University
Assist. Prof. Dr. Amira Hassanin	Assistant Professor of Adult Nursing, Faculty of Nursing, Mansoura University
Dr. Hanan Soliman	Lecturer of Adult Nursing, Faculty of Nursing, Mansoura University
Dr. Raefa Refaat Alam	Lecturer of Gerontological Nursing, faculty of Nursing, Mansoura University
Dr. Samah Mohmed Taha	Lecture of Psychiatric and Mental health Nursing, Faculty of Nursing , Mansoura University
Dr. Warda Elshhat	Lecture of Psychiatric and Mental health Nursing, Faculty of Nursing , Mansoura University



Protocol



**Relationship between Caregiving Burden and Psychological
Health Status of Caregivers Caring for Older Adults with
Cancer**

العلاقة بين عبء تقديم الرعاية والحالة الصحية النفسيه لمقدمي الرعاية لكبار السن
المصابين بمرض السرطان

Protocol

Submitted for partial fulfillment of the requirements of master degree

In Gerontological Nursing

By

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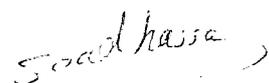
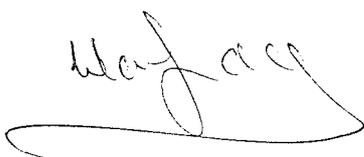
Introduction

Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues. Cancer cells can spread to other parts of the body through the blood and lymph systems (**National Cancer Institute, 2013**). Among people over the age of 65 years, there is an 11-fold increased incidence of developing cancer as compared to younger individuals and 56% of all cancer diagnoses & 70% of all cancer deaths occur in the over-65 population. Common tumors in the older adult are breast cancer, prostate cancer, lung cancer, colon cancer and non-hodgkin's lymphoma (**Yancik R, 2005**).

The proportion of people aged over 60 years is growing faster than any other age group in almost every country, as a result of both longer life expectancy and declining fertility rates (**WHO, 2013**). Between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11% to 22% (**WHO, 2012**). The incidence of cancer increase with age. Age is considered the most important determinant of cancer risk (**Lueckenotte AG, 2000**).

Cancer is the second leading cause of mortality after heart disease and the leading cause of death among women ages 40 to 79 and men ages 60 to 79. Within the 65 age group, the population 85 years and older is projected to double from 4.3 million in 2005 million by 2030 (**Birren JA, 2007**). Approximately 1.6 million new cases of cancer are expected to be diagnosed in the United States in 2013 (**American Cancer Society, 2013**).

The estimated cancer incidence in the developing countries is about 100/100.000 population, whereas, in the developed countries is 3 to 4 times higher. *World Health Organization (2010) and EL Bolkkainy (2011)* noted

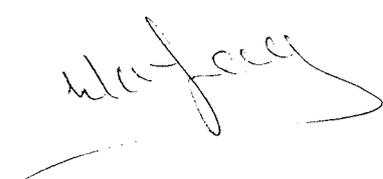


that in the developing countries cancer ranked third cause of death after infections, parasitic disease and disease of the circulatory system. Review of the Oncology Center statistical records in Mansoura has revealed that about 44% of the total patients admitted to hospital in the year 2012, were elderly diagnosed with cancer.

There are two main approaches to cancer prevention: primary prevention, which may be less applicable to older people, relates to changes in lifestyle, exercise, and diet to preclude the development of cancer; and secondary prevention, which involves screening tests and examinations to aid early detection of tumors, thereby decreasing morbidity and mortality, increasing the chance of cure, and prolonging the disease free interval following therapy (**Fillit HM, 2010**).

The growing percentage of adults age 65 and older in the United States, and particularly those over the age of 85, has a dramatic effect on the prevalence of care giving (**Birren JA, 2007**). As the number of patients with cancer and survivors of all ages increases and as people live longer, the role of caregivers grows as well. Most care giving is provided by families and friends and often takes a major toll on them in emotional and economic terms (**Delgado-Guay MV et al, 2012**). A review of the literature identified cancer as one of the most common health conditions in receipt of informal care giving, with the majority of caregivers reporting taking on the role of caring because of family responsibility and there being little choice or no one else to provide the care (**Girgis A et al, 2013**).

The Caregiver also referred to as informal caregivers, family caregivers provide a complex array of support tasks that extend across physical, psychological, spiritual, and emotional domains (**National Cancer Institute, 2013**). Caregiver burden refers to the stresses and negative

 2



consequences associating care giving (Miller CA, 2012), which may be manifested as feelings of loneliness, isolation, fearfulness, and being easily bothered (Given B, 2004).

Family caregivers provide uncompensated care and assistance to a family member who has cancer (Given BA, 2011). Moreover, family caregivers play an important role in the management of cancer. Most oncology teams recognize this and try to include family caregivers in treatment planning, decision making, and implementation (Glajchen M, 2004). Because caregivers are laypersons who usually have not had professional training in preparation for caring an individual with cancer, such demands and responsibilities can lead to significant distress (Nezu AM et al, 2003).

Psychological health or mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2011). The psychological health of the family caregiver is negatively affected by providing care (Family Caregiver Alliance, 2006). It has been reported that 13% of caregivers of patients with advanced cancer meet the criteria for a psychiatric disorder, and 25% of them access treatment for mental health (Corà A et al, 2012).

Moreover it has been demonstrated that psychological support offered to cancer patients also has a beneficial effect on the respective caregiver and vice versa and studies on psychologically fragile caregivers showed that they may significantly hamper the patient's medical management (Pellegrino R et al, 2010). Recent studies demonstrate that if the caregiver is depressed, the identified patient becomes depressed and more impaired (Lichtenberg PA, 2010).





Therefore, this study will be conducted in order to assess relationship between caregiving burden and psychological health status of caregivers caring for older adults with cancer.

relief

social stress

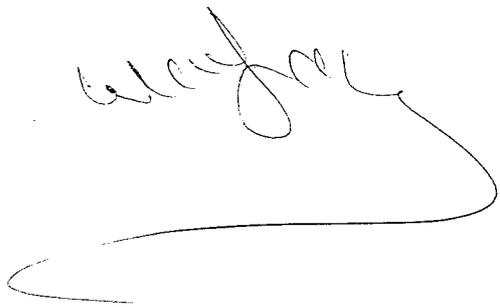
Aim of the study

The aim of the present study is to:

1. Identify caregiving burden and psychological health status of caregivers caring for older adults with cancer.
2. Assess relationship between caregiving burden and psychological health status of caregivers caring for older adults with cancer.

Research questions

1. What is caregiving burden and psychological health status of caregivers caring for older adults with cancer?
2. What is the relationship between caregiving burden and psychological health status of caregivers caring for older adults with cancer?



Sandhya

Subjects and Method

Subjects

Study design:

A descriptive research design.

Setting:

This study will be conducted in oncology inpatient and outpatients clinics at Oncology Center in Mansoura city.

Subjects:

The study subjects will include all informal caregivers of elderly people diagnosed with cancer attending within a period of three months in the above mentioned settings and fulfilling the following criteria:

1. Aged 18 years or more.
2. Both sexes
3. Responsible for providing care for elderly patient included in the study.
4. Able to communicate.
5. Willing to participate in the study.
6. Available at the time of data collection.

Tools

Tool I : Socio demographic and clinical data structured interview schedule :

It will be developed by the researcher after literature review and consist of two parts:



experience over the past week. The 14 statements are relevant to generalized anxiety (7 statements) or 'depression' (7 statements), the latter being largely (but not entirely) composed of reflections of the state of anaerobia. Each question has 4 possible responses. Responses are scored on a scale from 3 to 0. The two subscales, anxiety (HADS-A) and depression (HADS-D), have been found to be independent measures. In its current form the HADS is now divided into four ranges: normal (0–7), mild (8–10), moderate (11–15), and severe (16–21).

Tool IV: General Health Questionnaire-12 (GHQ-12)

It was developed by Goldberg in 1988. General Health Questionnaire-12 (GHQ-12) is a measure of current mental health. It focuses on two major areas—the inability to carry out normal functions and the appearance of new and distressing experiences.

Scoring – Likert Scale 0, 1, 2, 3 from left to right.

12 items, 0 to 3 each item

Score range 0 to 36.

Score >15 evidence of distress

Score >20 suggests severe problems and psychological distress.

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Method

1. Official approval for conducting the study will be obtained from the responsible authorities.
2. The director of Oncology Center will be informed about the purpose of the study & time of data collection.
3. The verbal and informed consent of the caregivers will be obtained after explanation of the purpose of the study and assured that data collection will be used only for the purpose of the study.
4. Each caregiver will be interviewed individually to collect the necessary data.
5. Tool I (Socio-demographic Characteristic and Clinical Data Structured Interview Schedule) will be developed by researcher after reviewing the relevant literature.
6. Tool II (The Zarit Burden Interview) will be translated by the researcher into Arabic language and tested for content validity by 5 experts in the field of study .
7. Reliability of tool II will be tested using test – retest method .
8. Tool III (Hospital Anxiety and Depression Scale) it was translated into arabic and tested for its validity and reliability by Hassan S, 2010 and will be used by the researcher in this study.
9. Tool IV(General Health Questionnaire-12) arabic version was tested for its validity and reliability by Daradkeh TK, et al in 2001. The Arabic version of the GHQ-12 proved to be reliable as indicated by Cronbach alpha of .86 and will be used by the researcher in this study.
10. Privacy of all subjects will be maintained and will be informed about their right to withdraw from the study any time without penalty.
11. Ethical consideration will be obtained from the research ethics committee of the Faculty of Nursing – Mansoura University.

12. Confidentiality of the collected data will be assured and participants will be able to withdraw from the study at any stage without responsibility.
13. A pilot study will be carried out on 10% of caregivers at Oncology Center before starting the data collection to test the feasibility of the tools and to make the necessary modifications.

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Results

Data collection will be coded, tabulated and proper statistical analysis will be used.

Mufar

Sadhasra

Discussion

Discussion of the obtained data will be done based on the findings, other related studies and literature review.

Wafay

Sachin

Conclusion and Recommendations

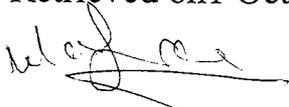
Appropriate conclusion and recommendation will be made based on the findings.

Wafar

Sachhassa

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Saad Hassan

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Wafar

Seetha



Arabic Summary



فى أداء أنشطة الحياة اليومية و أنشطة الحياة اليومية الأدائية ولكن لا يوجد فروقات ذات دلالة إحصائية بين مدة مرض السرطان.

- لا توجد علاقة ذات دلالة إحصائية بين إجمالي نقاط العبء و سن مقدمي الرعاية ، الجنس، الحالة الاجتماعية والمستوى التعليمي والمهنة ودرجة القرابة للمسن، المعيشة مع المسن، مدة تقديم الرعاية، وتوفر الرعاية الثانوية ، في حين كانت هناك علاقة ذات دلالة إحصائية مع الدخل، والحالة الصحية ، وعدد الساعات اليومية في تقديم الرعاية.
- لا توجد علاقة ذات دلالة إحصائية بين إجمالي نقاط القلق و سن مقدمي الرعاية ، الحالة الاجتماعية والمستوى التعليمي والمهنة والدخل، والحالة الصحية، المعيشة مع المسن ، وتوفر الرعاية الثانوية، في حين كانت هناك علاقة ذات دلالة إحصائية مع الجنس، ودرجة القرابة للمسن، فترة تقديم الرعاية، عدد الساعات اليومية في تقديم الرعاية.
- لا توجد علاقة ذات دلالة إحصائية بين إجمالي نقاط الاكتئاب و سن مقدمي الرعاية ، والجنس، و الحالة الاجتماعية والمهنة والحالة الصحية والمعيشة مع المسن، فترة تقديم الرعاية، وتوفر الرعاية الثانوية، في حين كانت هناك علاقة ذات دلالة إحصائية مع المستوى التعليمي والدخل ودرجة القرابة للمسن وعدد الساعات اليومية في تقديم الرعاية.
- لا توجد علاقة ذات دلالة إحصائية بين إجمالي نقاط الصحة النفسية العامة و سن مقدمي الرعاية، الحالة الاجتماعية، المستوى التعليمي، والحالة الصحية، والمعيشة مع المسن ، في حين كانت علاقة ذات دلالة إحصائية مع المهنة والجنس والدخل ودرجة القرابة للمسن ، فترة تقديم الرعاية وقضاء المزيد من الساعات اليومية في تقديم الرعاية، وتوفر الرعاية الثانوية .
- توجد علاقة إيجابية قوية بين عبء الرعاية والحالة الصحية النفسية لمقدمي الرعاية

فيما يلي أهم التوصيات:

- وضع برنامج تعليمي لمقدمي الرعاية الأسرية، ليس فقط حول المرض ولكن أيضا حول كيفية علاج الأعراض والخبرات وتحديد الموارد التي يمكن أن تقلل من عبء تقديم الرعاية .
- تطوير رعاية موحدة لمقدمي الرعاية للمرضى من كبار السن الذين يعانون من مرض السرطان في الرعاية الحادة ومراكز الرعاية الصحية الأولية.
- إعداد خدمات نفسية في المستشفى والعيادات المحلية لمرضى السرطان من كبار السن والفائمين على رعايتهم والمرافقين لهم في تلقي العلاج .

الجزء الثاني: يتضمن خصائص مقدمي الرعاية الأسرية:

- كان متوسط أعمار مقدمي الرعاية. شكلت الإناث ٧١,٣% ، ٨٠,٩% كانوا متزوجون، ٥٥,٤% كانوا حاصلين على تعليم ثانوي ، ٤٠,١% من مقدمي الرعاية كانوا يعملون، ٦١,١% كان دخلهم لا يكفي، ٨٦% كانوا لا يعانون من أى مرض، ٥١% كان ابنه أو ابنته للمسن، ٦٤,٣% كانوا يعيشون مع كبار السن، ٧٨,٣% كان لديهم مقدمي رعاية ثانوي، ٢٢,٣% من مقدمي الرعاية كانوا يقيمون برعاية كبار السن منذ ٣ إلى أقل من ٦ أشهر و ٥٠,٣% كانوا يقضون ما بين ٢ إلى أقل من ٤ ساعات يوميا في رعاية المرضى الكبار في السن.

الجزء الثالث: عبء تقديم الرعاية والوضع الصحي النفسي لمقدمي الرعاية دراستها:

- أكثر من نصف مقدمي الرعاية (٥٢,٩%) لديهم مستوى متوسط من عبء تقديم الرعاية. كان ٤٤,٦% من مقدمي الرعاية لديهم مستوى القلق متوسط، و ٣٧,٥% لديهم مستوى الاكتئاب متوسط، ٦٨,٨% كان لديهم معاناة نفسية شديدة .

الجزء الرابع: يتضمن العلاقة بين عبء تقديم الرعاية والحالة الصحية النفسية والعوامل التي شملتها الدراسة:

- لا توجد علاقة ذات دلالة إحصائية بين إجمالي نقاط العبء لمقدمي الرعاية وكلا من السن ، الجنس، الحالة الاجتماعية، والإقامة لكبار السن ، في حين توجد علاقة ذات دلالة إحصائية مع المستوى التعليمي والدخل.
- لا توجد علاقة ذات دلالة إحصائية بين مجموع نقاط القلق لمقدمي الرعاية و كلا من السن ، الجنس، الحالة الاجتماعية، والإقامة، والمستوى التعليمي لكبار السن ، في حين توجد علاقة ذات دلالة إحصائية مع الدخل.
- لا توجد علاقة ذات دلالة إحصائية بين مجموع نقاط الاكتئاب لمقدمي الرعاية و كلا من السن ، الجنس، الحالة الاجتماعية، والإقامة، والمستوى التعليمي لكبار السن ، في حين توجد علاقة ذات دلالة إحصائية مع الدخل .
- لا توجد علاقة ذات دلالة إحصائية بين إجمالي نقاط الصحة النفسية لمقدمي الرعاية وكلا من السن ، الجنس، الحالة الاجتماعية، والإقامة، والمستوى التعليمي لكبار السن ، في حين توجد علاقة ذات دلالة إحصائية مع الدخل.
- توجد علاقة ذات دلالة إحصائية بين مستوى العبء ، والقلق، والاكتئاب، والصحة النفسية العامة لمقدمي الرعاية وكبار السن الذين لديهم أمراض مصاحبة و درجة اعتماد كبار السن

٣- الحالة الوظيفية: تشتمل علي تقييم القدرة على أداء أنشطة الحياة اليومية و أنشطة الحياة اليومية الأدائية من خلال:

أ- مقياس بارثل: تم تطويره من قبل مالوني(١٩٦٥) لقياس القدرة على أداء أنشطة الحياة اليومية للمسنين.

ب- مقياس لوتون وبرودي: تم تطويره من قبل لوتون وبرودي (١٩٦٩) لقياس القدرة على أداء أنشطة الحياة اليومية الأدائية.

الجزء الثاني: بيانات عن مقدم الرعاية للمسن والتي تشتمل علي:

- ١- الخصائص الشخصية و الاجتماعية للمسن مثل العمر، الجنس.
- ٢- التاريخ الصحي لمقدمي الرعاية مثل: نوع الأمراض المزمنة
- ٣- الأداة الثانية: مقابلة زاريت للعبء: تم تطوير هذه الأداة من قبل زاريت، وآخرون (١٩٨٠). وقد استخدمت هذه الأداة لقياس عبء تقديم الرعاية.

٤- الأداة الثالثة: مقياس القلق والاكتئاب بالمستشفى: تم تطوير هذه الأداة من قبل زيجموند وآخرون، (١٩٨٣). وقد استخدمت هذه الأداة لتقييم مستويات القلق والاكتئاب.

الأداة الرابعة: استبيان الصحة العامة: تم تطوير هذه الأداة من قبل جولدبيرغ في عام ١٩٨٨. وقد استخدمت هذه الأداة لمعرفة الصحة النفسية الحالية لمقدمي الرعاية خلال الأسابيع القليلة الماضية. إعتاد الباحث على مقابلة مقدم الرعاية الأسرية في غرفة الإنتظار. مقابلة وجها لوجه مع كل مقدمي الرعاية الذين إستوفوا معايير الدراسة. وقد تم جمع البيانات من الأول من يناير ٢٠١٤ وحتى الأول من أبريل ٢٠١٤. تم استخدام الحزمة الإحصائية لعلم الاجتماع (SPSS) إصدار ١٦ لتحليل البيانات وتبويبها. مستوى الدلالة "P" الذي اختير لهذه الدراسة كان يساوي أو أقل من .٠٠٥.

نتائج البحث: كانت النتائج الرئيسية التي تم الحصول عليها من الدراسة كالتالي:

- الجزء الأول: يتضمن خصائص كبار السن المصابين بمرض السرطان:**
- الغالبية العظمى (٨٩,٨%) من كبار السن تتراوح أعمارهم ما بين ٦٠-٧٤ عاما. ٧٣,٩% كانوا من الإناث، و٥٨,٦% كانوا متزوجون. كانت الأمية أكثر إنتشارا بين عينة البحث (٨٣,٤%). ٨١,٥% كانوا يقيمون في مناطق ريفية، ٦٦,٢% كان دخلهم لا يكفي، ٥٨% لا يعانون من أمراض مصاحبة مع مرض السرطان. كان سرطان الثدي الأكثر الأنواع إنتشارا (٢٩,٩%). ٨٠,٩% كانوا يعانون من مرض السرطان منذ أقل من ٣ سنوات و٨٠,٣% كانوا يستخدمون علاج كيمائى. قد وجد أن ٧٥,٨% كانوا يعتمدون على النفس في أنشطة الحياة اليومية و٦٨,٦% من كبار السن كانوا يحتاجون مساعدة في أنشطة الحياة اليومية الأدائية.

المخلص العربي

المقدمة:

يعتبر السن العامل الأكثر أهمية لخطر الإصابة بمرض السرطان، حيث أن هناك زيادة ١١ ضعفاً في حالات الإصابة بمرض السرطان بالمقارنة مع الأشخاص الأصغر سناً و ٥٦٪ من جميع تشخيصات مرض السرطان و ٧٠٪ من مجمل وفيات مرض السرطان تحدث في الأشخاص أكثر من ٦٥ سنة. وحيث أن عدد المرضى الذين يعانون من مرض السرطان والناجين من جميع الأعمار يزداد ولأن الناس يعيشون لفترة أطول، فإن دور مقدمي الرعاية يزداد كذلك. يتم تقديم معظم الرعاية من قبل الأسر، والتي غالباً يكون لها التأثير الأكبر عليهم من الناحية العاطفية والاقتصادية. إن رعاية كبار السن المصابين بمرض السرطان قد يتضمن تحديات إضافية، والتي قد تضع هؤلاء مقدمي الرعاية أكثر عرضه لا سيما لعبء الرعاية والضغط النفسي. لقد أصبح فهم ودراسة احتياجات مرضى السرطان المسنين والقائمين على رعايتهم، وتلبيتها بشكل كاف، جزءاً لا يتجزأ من الرعاية التي محورها المريض والأسرة. لذلك من المهم أن يتم إكتشاف الاضطراب العاطفي لدى مقدمي الرعاية بإعتباره يساعد في إكتشاف أعبائهم من تقديم الرعاية التي يمكن أن يكون لها تأثير على صحة المريض وجودة حياتهم.

الهدف من الدراسة

١. معرفة عبء تقديم الرعاية والحالة الصحية النفسية لمقدمي الرعاية لكبار السن المصابين بمرض السرطان.
٢. تقييم العلاقة بين عبء تقديم الرعاية والحالة الصحية النفسية لمقدمي الرعاية لكبار السن المصابين بمرض السرطان.

العينة ومكان البحث

أجريت هذه الدراسة في الأقسام الداخلية والعيادات الخارجية في مركز الأورام في مدينة المنصورة و شملت على ١٥٧ من مقدمي الرعاية الأسرية لكبار السن المصابين بمرض السرطان الذين تواجدوا خلال فترة ثلاثة أشهر.

أدوات البحث: تم جمع البيانات الخاصة بالبحث عن طريق إستخدام أربعة أدوات بحثية

الأداة الأولى: استماره استبيان الخصائص الشخصية والبيانات العملية

الجزء الأول: بيانات عن المرضى المسنين بمرض السرطان والتي تشمل علي :-

١ - الخصائص الشخصية و الاجتماعية للمسن مثل العمر، الجنس.

٢ - التاريخ الصحي للمسن مثل؛ نوع السرطان ومدة المرض.



الملخص العربي





السادة أعضاء الحكم والمناقشة

عنوان الرسالة:

العلاقة بين عبء تقديم الرعاية والحالة الصحية النفسية لمقدمي الرعاية لكبار السن
المصابين بمرض السرطان

اسم الباحثة: سجيده مجدى على أحمد
إشراف:

م	الإسم	الوظيفة	التوقيع
١	أ.م.د. وفاء اسماعيل شريف	أستاذ مساعد بقسم تمريض بالغين كلية التمريض جامعة المنصورة	
٢	أ.د. ناظم محمد على شمس	أستاذ جراحه الأورام كلية الطب جامعة المنصورة	
٣	د. سعاد حسن عبدالحميد	مدرس بقسم تمريض المسنين كلية التمريض جامعة المنصورة	

لجنة المناقشة والحكم:

م	الإسم	الوظيفة	التوقيع
١	أ.د. سهير بدر الدين	أستاذ تمريض صحة المجتمع كلية التمريض جامعة القاهرة	
٢	أ.م.د. وفاء اسماعيل شريف	أستاذ مساعد بقسم تمريض الباطنى والجراحى كلية التمريض جامعة المنصورة	
٣	أ.م.د. أميرة أحمد حسنين	أستاذ مساعد بقسم تمريض الباطنى والجراحى كلية التمريض جامعة المنصورة	

عميد الكلية

وكيل الكلية للدراسات العليا والبحوث

رئيس القسم



السادة المشرفون

عنوان الرسالة:

العلاقة بين عبء تقديم الرعاية والحالة الصحية النفسية لمقدمي الرعاية لكبار السن
المصابين بمرض السرطان

اسم الباحثة: سجيدة مجدى على أحمد

إشراف:

م	الأسم	الوظيفة	التوقيع
١	أ.م.د. وفاء اسماعيل شريف	أستاذ مساعد بقسم تمريض الباطنى والجراحى كلية التمريض جامعة المنصورة	
٢	أ.د. ناظم محمد على شمس	أستاذ جراحه الأورام كلية الطب جامعة المنصورة	
٣	د. سعاد حسن عبدالحميد	مدرس بقسم تمريض المسنين كلية التمريض جامعة المنصورة	

عميد الكلية

وكيل الكلية للدراسات العليا والبحوث

رئيس القسم



كلية التمريض
جامعة المنصورة
قسم تمريض المسنين

العلاقة بين عبء تقديم الرعاية والحالة الصحية النفسية لمقدمي الرعاية لكبار السن المصابين بمرض السرطان

رساله علميه مقدمة من

سجيدہ مجدی علي
معيده بقسم تمريض المسنين
كلية التمريض- جامعة المنصورة

إستيفاءاً للدارسات المقررة للحصول على درجة
الماجستير في العلوم التمريضية في تمريض المسنين

الأشراف

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