

Repetitive Negative Thinking: The Link Between Caregiver Burden and Depressive Symptoms

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Mitchell completed the data collection and provided the analysis. Pössel provided statistical support. Both of the authors contributed to the conceptualization and design and manuscript preparation.

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Purpose/Objectives: To explore whether repetitive negative thinking (RNT) mediates the pathway between subscales of caregiver burden and depressive symptoms.

Design: Cross-sectional pilot study.

Setting: Bone marrow unit at the University of Louisville Hospital in Kentucky and caregiver support organizations in Louisville.

Sample: 49 current cancer caregivers who were primarily spouses or partners of individuals with lymphoma or leukemia and provided care for a median of 30 hours each week for 12 months.

Methods: Caregivers completed questionnaires assessing caregiver burden, RNT, and depressive symptoms.

Main Research Variables: Caregiver burden, RNT, and depressive symptoms.

Findings: Results showed that RNT mediated the relationship between burden (as a result of impact on schedule or finances) and depressive symptoms. Although burden from a lack of family support and impact on health was positively related to depressive symptoms, these relationships were not mediated by RNT. In addition, caregiver esteem was not associated with RNT or depressive symptoms.

Conclusions: RNT plays an important role in maintaining and potentially exacerbating caregiver distress. Assessment and intervention regarding RNT in cancer caregivers may reduce depressive symptoms prompted by burden from an impact on schedule or finances.

Implications for Nursing: Nurses may be significant in connecting caregivers experiencing RNT to resources and professionals to enhance adaptive coping and potentially prevent depressive symptoms.

The rate of depression in informal caregivers of individuals with cancer ranges from 10%–53% (Girgis, Lambert, Johnson, Waller, & Currow, 2013). In cancer caregivers, depression has been associated with poorer health, as well as lower levels of quality of life and life satisfaction; it may also affect caregivers' ability to provide care (Swore Fletcher, Dodd, Schumacher, & Miaskowski, 2008). Examination of factors associated with depressive symptoms is important for the well-being of the caregiver and the care recipient.

Cancer caregiving is taxing, and, at times, it can become burdensome. Demands associated with caregiving have been shown to affect caregivers' schedule, esteem, family support, health, and finances (Goren, Gilloteau, Lees, & DaCosta DiBonaventura, 2014; Park et al., 2012; Stenberg, Cvancarova, Ekstedt, Olsson, & Ruland, 2014; Tang et al., 2013). Impact in these respective areas results in symptoms such as being easily bothered, as well as experiencing fearfulness, isolation, and loneliness (Given et al., 2004). In addition, caregiver burden and low caregiver esteem has been linked with depressive symptoms