Mutual Effects of Depression on Quality of Life in Patients and Family Caregivers

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OBJECTIVES: To elucidate the importance of mutual effects within dyads by examining the contribution of depression on quality of life (QOL) in patients with advanced cancer and their family caregivers (FCs).

SAMPLE & SETTING: 716 patients with advanced cancer paired with their FCs at two large, private not-for-profit hospices.

METHODS & VARIABLES: A descriptive, cross-sectional design with the baseline data of a randomized hospice clinical trial was used. Structural equation modeling helped examine four hypotheses by integrating the features of the Actor-Partner Interdependence Model. Variables included QOL and depression.

RESULTS: Depression in patients with cancer and their FCs exhibited significant actor effects on an individual’s QOL after controlling for the partner effects. Among the spousal pairs, depression in FCs exhibited a positive partner effect on the functional well-being of patients with cancer, indicating that depressive symptoms occurring in FCs may increase patients’ functional well-being.

IMPLICATIONS FOR NURSING: This study suggests the importance of consistent assessment in emotional well-being for dyads with cancer because their concerns may be transmitted to each other.

KEYWORDS: family caregivers; advanced cancer; depression; palliative care; quality of life

ONF, 46(2), 208–216.

DOI 10.1188/19.ONF.208-216

Patients with advanced cancer need their family caregivers (FCs) to respond to challenges from diagnosis through various transitional stages. These dyads will face some uncertainties, such as fear of symptoms from disease recurrence, effects of treatment, or impending death, which not only cause a dyad’s perceived interpersonal resources to be challenged, but also cause difficulties in coping with the illness (Song, Rini, Ellis, & Northouse, 2016). Without proper and constant examination, FCs may not be seen as needing care until late in the disease, resulting in limited assistance from healthcare professionals for the dyads during these transitions, and the dyad’s quality of life (QOL) may deteriorate, particularly in psychological well-being (Applebaum et al., 2014; Krebber et al., 2014; Lund, Ross, Petersen, & Groenvold, 2015).

One particularly difficult transition for FCs may occur when patients need end-of-life care. Caregiving during this time may prompt FCs to change their coping strategies toward illness and also their perceptions of their own death (Holdsworth, 2015). Therefore, healthcare providers, who view both the patient and family as the focus of care, have attempted to support dyads by providing care from diverse perspectives to maintain optimal QOL of patients and FCs (National Hospice and Palliative Care Organization, 2017). However, current evidence identified that at least 25% of patients with cancer experience depression at some point, suggesting that such a detrimental problem may not be the primary focus of treatment (American Cancer Society, 2015).

A meta-analysis also revealed that 13% of patients with cancer met the diagnostic criteria for major depression, and other previous studies indicated that 16%–67% of FCs may experience depressive symptoms (Fasse, Flahault, Bredart, Dolbeault, & Sultan, 2015; Jacobs et al., 2017; Krebber et al., 2014; Ullrich et al., 2017). Results of these studies may imply that healthcare providers are still underdiagnosing...