

Trajectory and Influencing Factors of Depressive Symptoms in Family Caregivers Before and After the Death of Terminally Ill Patients With Cancer

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Deaths caused by cancer have been increasing worldwide each year; 7.6 million people died of cancer in 2008, and 13.1 million are estimated to die by 2030 (World Health Organization, 2012). In Taiwan, 41,046 people died from cancer in 2010, accounting for 28% of all deaths (Department of Health, Executive Yuan, 2012). As more patients die of cancer, more family caregivers face bereavement. Adaptation to bereavement has been suggested to follow a dual-process model (Stroebe & Schut, 1999), which involves two kinds of coping: loss- and restoration-oriented coping. The process of recovering from a loved one's death is modeled as fluctuating between ruminating about the loss and attempting to redefine life without the decedent (Stroebe & Schut, 1999). After bereavement, caregivers experience grief, a normal, uncomplicated emotional, cognitive, functional, and behavioral reaction to the death of a loved one that typically subsides over time (Kacel, Gao, & Prigerson, 2011). Failure to assimilate and integrate the losses from the patient's death into a new life without the deceased may result in complicated grief (i.e., prolonged and unresolved grief) (Zisook & Shear, 2009). Caregivers who experience complicated grief commonly present with long-lasting depression (Kacel et al., 2011).

Bereaved caregivers' prevalence rate of depressive symptoms was shown in cross-sectional studies to be 50%–58% in the first month (Ando et al., 2010; Harlow, Goldberg, & Comstock, 1991), 24%–25% in 2–4 months (Ando et al., 2010; Zisook, Paulus, Shuchter, & Judd, 1997), 23% in 6 months (Harlow et al., 1991), and 16% in 12 months (Ando et al., 2010; Zisook et al., 1997) after the patient's death. Bereavement-related depression leads to adverse outcomes such as somatic distress; sleep disorders; social dysfunction; feelings of hopelessness, guilt, and worthlessness; suicidal ideation; and even suicide, thereby impairing bereaved caregivers' quality of life (Stroebe, Schut, & Stroebe, 2007; Zisook

Purpose/Objectives: To explore the occurrence of depressive symptoms and factors that affect them in family caregivers before and 1, 3, 6, and 13 months after the death of a care recipient with cancer.

Design: Descriptive, longitudinal study.

Setting: A medical center in northern Taiwan.

Sample: Convenience sample of 186 primary family caregivers.

Methods: Changes in caregivers' depressive symptoms and their influencing factors during bereavement were analyzed with the generalized estimating equation, which uses robust standard error estimates to account for within-subject correlations of scores during the follow-up period.

Main Research Variables: Caregivers' depressive symptoms; potential influencing factors included intrapersonal risk or protective factors, social resources, caregiving situation, and time in relation to the patient's death.

Findings: Caregivers' depressive symptoms peaked at one month and decreased significantly during the first 13 months after the patient's death. Bereaved caregivers experienced a lower level of depressive symptoms if they had cared for older patients, reported a higher level of subjective caregiving burden during the patient's dying process, and had greater social support. Caregivers reported a higher level of depressive symptoms after bereavement if they had a higher level of depressive symptoms before the patient's death, had poorer health, and were the patient's spouse.

Conclusions: Caregivers' depressive symptoms improved significantly from one month before to 13 months after the patient's death.

Implications for Nursing: Nurses should increase their ability to identify factors influencing caregivers' depressive symptoms before and after the death of their terminally ill family member and provide appropriate care to facilitate caregivers' psychological adjustments to bereavement.

Knowledge Translation: Healthcare professionals should pay special attention to caregivers who are the patient's spouse, have poorer health, and suffer from a higher level of depressive symptoms. Appropriate care before and after the patient's death is needed to facilitate caregivers' psychological adjustment to the loss of their relative.