

Caregiver Burden as a Mediator Between Emotional Distress and Concentration Problems in Patients With Cancer

Yesol Yang, MSN, NP-C, Wei Pan, PhD, Deborah "Hutch" Allen, PhD, RN, CNS, FNP-BC, AOCNP®, and Cristina C. Hendrix, DNS, GNP-BC, FAAN

OBJECTIVES: To examine the longitudinal mediation effect of caregiver burden on the relationship between emotional distress and concentration among individuals with cancer.

SAMPLE & SETTING: 96 patients with cancer and their caregivers (96 dyads) were selected from a study conducted at Duke University.

METHODS & VARIABLES: A secondary analysis from a longitudinal study was used. Caregiver burden, as well as patients' emotional distress and concentration problems, were selected as variables and analyzed.

RESULTS: Caregiver burden acts as a mediator between emotional distress and concentration problems among patients with cancer. More severe caregiver burden is associated with more severe concentration problems for the patient. Dyads with higher patient emotional distress at one week (T1) also had higher caregiver burden at T1, which increased the concentration problems of patients at T1. When caregiver burden became more severe over time, patient concentration problems also increased.

IMPLICATIONS FOR NURSING: Healthcare providers should assess caregiver burden and identify factors that contribute to increased caregiver burden. Providing support for managing caregiver burden and patients' emotional distress will help improve patients' concentration capacity.

KEYWORDS caregiver burden; emotional distress; concentration capacity; patients with cancer

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Patients with cancer often need support from family members or friends (i.e., caregivers) to manage their diagnosis and cancer-related symptoms (Wagner, Tanmoy Das, Bigatti, & Storniolo, 2011). A caregiver, as the main support person for the patient, provides a wide variety of assistance, ranging from facilitating transportation to identifying, monitoring, and managing cancer-related symptoms (Wagner et al., 2011). Patients with cancer benefit from their care; however, caregivers may feel burdened by high caregiving demands. Burden placed on caregivers can affect their ability to care for patients, which, in turn, may affect patients' health outcomes (Milbury, Badr, Fossella, Pisters, & Carmack, 2013).

Changes in cognitive function have been described as a complex symptom resulting from cancer or its treatment (Janelsins, Kesler, Ahles, & Morrow, 2014). Impairment in cognitive function may occur in one or more cognitive domains (Janelsins et al., 2014). Difficulty in concentration is one of the most common symptoms reported by patients with cancer. Sixty-seven percent of patients have reported problems with concentration during their cancer treatments, and 58% still report issues at six months after treatment (Janelsins et al., 2014; Kohli et al., 2007).

Concentration problems in patients with cancer are often associated with emotional distress (Pullens, De Vries, & Roukema, 2010). In the non-cancer population, this association can be explained by the mediation effect of caregiver burden on the relationship between patients' emotional distress and concentration. In neurocognitive studies, a patient's high emotional distress contributes to increased caregiver burden, and this increased burden negatively influences patient concentration (Barbe et al., 2016; Mohamed, Rosenheck, Lyketsos, & Schneider, 2010; Viatonou et al., 2009). However, the mediation effect