

# Caregiving Tasks Among Family Caregivers of Patients With Lung Cancer

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**Purpose/Objectives:** To describe family caregivers' perceptions of time spent and difficulty experienced with performing specific caregiving tasks for patients with lung cancer. To compare adult child and spousal caregivers in relation to time and difficulty of tasks.

**Design:** A secondary analysis of data from a study using a cross-sectional, descriptive, comparison design.

**Setting:** A university outpatient oncology center, two veterans administration outpatient clinics, and a private outpatient oncology practice.

**Sample:** 78 family caregivers of patients with lung cancer (62 spouses and 16 adult children).

**Methods:** Data that previously had been collected using a structured interview guide were analyzed using descriptive statistics, comparison of item means, and multivariate analysis of variance.

**Main Research Variables:** Time and difficulty with caregiving tasks.

**Findings:** The most time-consuming tasks for adult children and spouses were providing emotional support, transportation, and monitoring symptoms. The most difficult duties were emotional support, behavioral management, monitoring symptoms, and household tasks. Time and difficulty of tasks did not differ significantly between adult child and spousal caregivers.

**Conclusions:** Some caregivers may require guidance in providing transportation, emotional support, behavioral management, and symptom management.

**Implications for Nursing Practice:** Oncology nurses can make a significant impact in assisting family members in providing care by addressing the provision of transportation, emotional support, behavioral management, and symptom management.

Approximately 169,500 new cases of lung cancer will be diagnosed in 2001 in the United States, with most presenting with metastatic disease as well (American Cancer Society [ACS], 2001; Glover, 1995). The overall one-year survival rate for lung cancer is 41%, with only 14% surviving five years (ACS). Although current awareness from healthcare professionals acknowledges that most patients with cancer would prefer to die at home (Brown, Davies, & Martens, 1990; Thorpe, 1993; Weitzner, Haley, & Chen, 2000), inadequate coping and exhaustion of the family caregiver were major reasons for hospital readmission (Bramwell, MacKenzie, Laschinger, & Cameron, 1995; Brown et al.).

Family caregivers of patients with lung cancer must cope with their personal emotional needs while providing care for

## Key Points . . .

- ▶ Providing assistance for family caregivers of patients with lung cancer is within the realm of oncology nursing.
- ▶ Determining family caregivers' perceptions of the tasks that they perform is essential for tailoring the preparation and emotional support needed.
- ▶ Family caregivers may require assistance in providing emotional support, behavioral management, symptom management, and transportation for patients with lung cancer.
- ▶ The education of family caregivers about effective communication strategies and cognitive therapy techniques to use in dealing with patients with lung cancer is a potential area for future study.

family members who are terminally ill. In fact, many caregivers are reluctant to discuss their concerns and fears because doing so may distress their patients (Laizner, Yost, Barg, & McCorkle, 1993). The reluctance of caregivers to communicate their needs and concerns also may affect their ability to provide care. Rusinak and Murphy (1995) found that although educated caregivers had a fairly high level of knowledge and skills regarding cancer care, they felt only moderately prepared for this role. Hinds (1985) reported that cancer caregivers expressed concerns that they were inadequately prepared to provide physical and psychosocial care for family members with cancer.

The burden of care of patients with lung cancer increasingly is falling upon families to the point that adequate train-

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