

FEATURE ARTICLE

Program Preferences to Reduce Stress in Caregivers of Patients With Brain Tumors

Jonas J. Swartz, BA, and Stephen T. Keir, DrPH, MPH

Providing care for patients with cancer places caregivers at risk for experiencing elevated levels of stress. Caregivers of patients with brain tumors may be at increased risk because of the multifaceted needs of this patient population. As such, the authors sought to determine caregiver preferences toward various types of stress-reduction programs for a population of stressed caregivers. This information provides valuable insight for researchers designing studies to address the experiences of stressed caregivers.

Caregivers of patients with brain tumors are called upon to help provide physical and emotional support to patients with cancer, who have a disease trajectory that may include functional, cognitive, and neuropsychological sequelae. Most often, caregivers are family members who help loved ones with activities of daily living, such as managing finances, accompanying patients to appointments, administering medications, and providing emotional support. Providing care for a family member with cancer places a caregiver at risk for experiencing caregiver burden (Goodfellow, 2003). In addition, meeting the multifaceted needs of patients with brain tumors, a particularly vulnerable cancer population, places caregivers at increased risk for elevated levels of psychological stress (Keir et al., 2006). This article describes stress-reduction programs of interest for caregivers. The authors hope that the information will help healthcare researchers and professionals to design effective stress-reduction intervention programs for caregivers of patients with brain tumors. To better address the issue, the article links data concerning caregiver stress with caregiver preferences for programs to reduce stress using Sherwood et al.'s (2004) conceptual model regarding caregiver stress.

Stress and Caregiving

Looking at the factors associated with stress in the cancer caregiver population is not a new field of research. Studies have documented that age, educational level, and ability to participate in valued activities play a role in caregivers' levels of emotional stress (Burns, Tanner, Preece, & Cameron, 1981; Goldstein et al., 2004; Sansoni, Vellone, & Piras, 2004). In addition, caring for patients with dementia and problems with cognition also has been reported to increase stress (Covinsky et al., 2003).

The stress associated with caregiving has been shown to negatively affect caregiver health. Previous studies have indi-

At a Glance

- ◆ In the study, most participants reported experiencing elevated levels of stress because of caregiver responsibilities.
- ◆ Overall, caregivers were most interested in programs such as exercise, massage, and coping skills training to reduce stress.
- ◆ Reducing stress associated with caregiving stands to improve the physical health and emotional well-being of caregivers.

cated that being a caregiver is linked to negative psychological and physiologic health consequences. Psychological disorders reported include panic disorder, major depressive disorder, post-traumatic stress disorder, and generalized anxiety disorder (Sansoni et al., 2004; Vanderwerker, Laff, Kadan-Lottick, McColl, & Prigerson, 2005; Winslow, 2003). Physiologically, caregivers have been reported to experience high incidences of respiratory infections, hypertension, eating disorders, and poor health habits, as well as reduction in immune function (Baron, Cutrona, Hicklin, Russell, & Lubaroff, 1990; Carter & Chang, 2000; Chentsova-Dutton et al., 2000; Mittelman, Roth, Haley, & Zarit, 2004).

Brain tumors, regardless of grade, can be responsible for physical and psychological changes in patients. The changes result from the disease and treatment and depend on the

Jonas J. Swartz, BA, is a research assistant and Stephen T. Keir, DrPH, MPH, is an assistant professor in the surgery department, both in the Tug McGraw Research Center in the Preston Robert Tisch Brain Tumor Center at Duke University in Durham, NC. No financial relationships to disclose. (Submitted May 2006. Accepted for publication September 28, 2006.)

Digital Object Identifier: 10.1188/07.CJON.723-727