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Depressive Symptoms, Grief, and Complicated Grief Among Family Caregivers of Patients With Advanced Cancer Three Months Into Bereavement

Lorraine F. Holtslander, RN, PhD, CHPCN(c), and Susan C. McMillan, PhD, ARNP, FAAN

Bereaved family caregivers remain a neglected and marginalized group in clinical practice and research, and very little is known about how best to identify caregivers most at risk during bereavement (Holtslander, 2008). Family caregivers of patients with cancer are known to have high levels of burden, including physical strain and emotional distress (Kim & Schulz, 2008). Often older themselves, caregivers of patients with advanced cancer commonly experience an intense trajectory of events, including an increased need for symptom management and steep declines in functional status at the end of the patient's life (Lunney, Lynn, Foley, Lipson, & Guralnik, 2003). The caregiving experience is known to have consequences that will affect bereavement outcomes (Brazil, Bedard, & Willison, 2003). Bereavement itself has a significant negative effect on mortality and morbidity, particularly for older spousal caregivers (Kowalski & Bondmass, 2008; Stroebe, Schut, & Stroebe, 2007), including increased risk of suicide, distress, loneliness, substance abuse, physical and emotional disability, pain, gastrointestinal issues, and sleep disturbance.

International guidelines for palliative care emphasize the importance of supporting families through the illness and into bereavement (World Health Organization, 2010). The National Comprehensive Cancer Network ([NCCN], 2009) clinical practice guidelines for palliative care include bereavement support for family and caregivers as an essential aspect of a continuum of care and services. Exploring key indicators of grief and depression surrounding the unique situation of bereaved caregivers of patients with advanced cancer is an important step in determining their needs and developing effective interventions, policies, and programs of support that would promote positive outcomes for this at-risk population.

Purpose/Objectives: To describe depressive symptoms, grief, and complicated grief for bereaved family caregivers of patients who died from cancer-related causes and to explore relationships among these variables.

Design: A nonexperimental, secondary analysis of cross-sectional descriptive data from a longitudinal intervention study evaluating the effect of providing feedback from standardized assessment tools.

Setting: Two large, private, not-for-profit hospices in Florida.

Sample: Convenience sample of 280 family caregivers, bereaved three months.

Methods: Secondary analysis of self-report, survey data three months following death.

Main Research Variables: Depressive symptoms, grief, and complicated grief.

Findings: Three months after the loss of a loved one, 34% of the caregivers had clinically meaningful scores for depressive symptoms. A significant number of bereaved caregivers were experiencing grief and depression.

Conclusions: Bereaved caregivers were experiencing significant levels of depressive symptoms and complicated grief. Caregivers with higher levels of grief had more depressive symptoms.

Implications for Nursing: Tools are available to identify bereaved caregivers most in need of intervention.

Background

Although being able to provide care for a dying family member is considered by family caregivers to be a valuable and meaningful opportunity, many will face intense and difficult emotions during bereavement (Grbich, Parker, & Maddocks, 2001), higher than average depressive symptoms (Wyatt, Friedman, Given, & Given, 1999), and difficulty finding adequate support (Ingleton et al., 2004; Jansma, Schure, & de Jong, 2005;