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AUTHORS

Duggleby, W. D.

Williams, A.

Holstlander, L.

Thomas, R.

Cooper, D.

Hallstrom, Lars

Ghosh, S.

O-Rourke, H.

HOPE OF RURAL WOMEN CAREGIVERS OF PERSONS WITH ADVANCED CANCER: GUILT, SELF-EFFICACY AND MENTAL HEALTH

ABSTRACT

Introduction: Caring for a person with advanced disease can have a detrimental impact on the quality of life of family caregivers. This is further compounded in rural areas that have few or no palliative care services. Hope has a positive influence on the quality of life of family caregivers of persons with advanced cancer but factors influencing hope specifically in rural women caregivers of persons with advanced cancer have not been examined.

Purpose: The purpose of this study was to determine factors influencing the hope of rural women caring for persons with advanced cancer, by examining the relationship of hope with demographic variables, self-efficacy, guilt, and caregiver physical and mental health.

Methods: A cross-sectional prospective correlational design was used. Inclusion criteria for the study were: (a) female, (b) 18 years of age or older, (c) caring for a person diagnosed with advanced cancer, (d) home address with a rural postal code, and (e) English-speaking. Using a modified Dillman technique, surveys and an invitation to participate were mailed to 780 persons with advanced cancer living in rural areas using two western Canadian provincial cancer registries. A reminder card was sent 4 weeks later. The persons with advanced cancer were asked to give the survey to their primary caregiver to complete. Surveys included

measures of hope (Herth Hope Index (HHI)), general self-efficacy (General Self-Efficacy Scale (GSES)), grief (Non Death Version Revised Grief Experience Inventory (NDRGEI)), mental and physical health (Short Form Health Survey Version 2 (SF-12v2)), and demographic data such as their relationship to the person for whom the caregiver was caring. Data were entered into the Statistical Package for the Social Sciences v19 (SPSS) and analyzed using generalized linear modeling.

Results: Significant factors ($p = 0.05$) influencing HHI scores were GSES ($p = 0.0001$), NDRGEI subscale ($p=0.001$), and SF-12v2 mental health summary scores ($p=0.002$). Participants with higher GSES, lower NDRGEI, and higher SF-12v2 mental health summary scores had higher HHI scores. The SF-12v2 physical health summary mean score of 43.30 (standard deviation (SD)=4.63) was below the 25th percentile (46.53) of US population norms. The SF-12v2 mental health summary mean score of 45.24 (SD=5.98) was just above the 25th percentile of US population norms (45.13).

Conclusion: Participants with higher hope scores had higher mental health scores, lower perceptions of loss and grief scores, and higher scores in their confidence in their ability to deal with difficult situations (self-efficacy). The significant relationships found between hope and mental health, general self-efficacy, and perceptions of guilt provide a foundation for future research and underscore the importance of hope to rural women caregivers. The low physical and mental health scores of rural women caregivers are of concern and highlight the need to support this population.

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