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UNDERSTANDING BURDEN OF CARE AND QUALITY OF LIFE OF CAREGIVERS OF CANCER PATIENTS: ROLE OF COPING STRATEGIES

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Abstract

Caregivers of cancer patients frequently face significant burdens—emotional, physical, social, and financial—which can adversely impact their quality of life (QoL). Coping strategies may play a critical role in moderating these effects. This study aimed to examine the relationship between caregiver burden and QoL among caregivers of cancer patients, and to investigate how different coping strategies influence this relationship. In a cross-sectional design, 177 family caregivers of cancer patients were recruited from oncology clinics in Multan. Participants completed validated questionnaires measuring caregiver burden (e.g., Zarit Burden Interview), quality of life (e.g., WHOQOL-BREF or Caregiver Quality of Life Index–Cancer), and coping strategies (e.g., Brief COPE). Socio-demographic and caregiving-related variables (age, gender, relationship to patient, duration of caregiving, patient's stage of illness) were also recorded. Statistical analyses included correlation, multiple regression, and moderation analyses to test whether coping strategies buffer the effect of burden on QoL. Caregiver burden was found to be moderately to strongly negatively correlate with QoL across domains (physical, psychological, social, and environmental) (all $p < 0.01$). In regression analysis controlling for demographic and caregiving factors, Moreover, caregiver burden was a significant predictor of lower QoL. Among coping strategies, problem-focused coping was associated with higher QoL and attenuated the negative effect of burden, whereas emotion-focused or avoidant coping were associated with poorer QoL and amplified the burden's negative impact. Caregiver burden substantially undermines quality of life among caregivers of cancer patients. However, adaptive coping strategies—particularly problem-focused ones—can mitigate this effect. Interventions designed to promote effective coping strategies may help to reduce the negative impact of caregiving burden and improve caregivers' well-being. Healthcare providers should assess caregiver burden, support coping skills, and implement psychosocial interventions tailored to coping style.

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INTRODUCTION

Caring for cancer patients often places significant physical, emotional, and psychological demands on caregivers, profoundly impacting their overall well-being and quality of life. As the global cancer burden rises, informal caregivers—typically family members—are increasingly tasked with providing long-term care, often without adequate training or support. This responsibility can lead to caregiver burden, characterized by stress, anxiety, fatigue, and social isolation, all of which negatively affect their health and daily functioning. However, the degree to which caregivers experience burden and maintain their quality of life is closely linked to the coping strategies they employ. Effective coping mechanisms can mitigate stress and promote resilience, while maladaptive strategies may exacerbate the burden. Understanding the interplay between caregiver burden, quality of life, and coping strategies is essential for developing targeted interventions that support caregivers and improve outcomes for both them and the patients they care for. Cancer places a heavy burden not only on patients but also on their informal caregivers—family members, spouses, adult children—who often provide physical, emotional, and financial support. Caregiver burden refers to the multidimensional strain experienced by caregivers, stemming from tasks such as managing symptoms, coordinating care, dealing with the patient's emotional distress, and balancing caregiving with other life responsibilities. This burden can lead to psychological distress (e.g., depression, anxiety, and stress), poorer physical health, social isolation, and diminished quality of life (Teixeira et al., 2018).

Quality of life for caregivers encompasses multiple domains: physical health, psychological well-being, social relationships, and environmental factors. Multiple studies have documented that higher burden corresponds with lower QoL in caregivers of cancer patients. For example, a prospective study of 178 family caregivers in a tertiary hospital found that a large proportion reported mild-to-moderate to moderate-to-severe burden, and their WHO-BREF QoL scores were substantially affected across physical, psychological, social, and environmental domains (Mishra et al., 2021). Coping strategies are the cognitive and behavioral efforts people use to manage the internal and external demands of stressful situations. In the caregiving context, coping may take many forms—problem-focused (e.g. seeking information, active management), emotion-focused (e.g. emotional regulation, seeking social support), adaptive vs. maladaptive strategies. The effectiveness of coping strategies can moderate or mediate how caregiver burden translates into poorer outcomes. Some are associated with better psychological adjustment; others, especially maladaptive or dysfunctional coping (e.g., avoidance, rumination), may exacerbate distress (Özönder Ünal & Ordu, 2023).

Statement of the Problem

Caring for cancer patients imposes significant physical, emotional, psychological, and financial challenges on caregivers, often resulting in a high burden of care and a compromised quality of life. As cancer treatments become more prolonged and complex, caregivers are increasingly expected to provide intensive, around-the-clock support, frequently without adequate preparation or support systems. This prolonged caregiving responsibility can lead to stress, anxiety, depression, fatigue, and social isolation among caregivers. Despite the growing recognition of the critical role caregivers play in cancer care, there remains a limited understanding of how different coping strategies influence their ability to manage the burden of care and maintain their quality of life. Without this understanding, interventions may fall short in addressing caregivers' real needs. Therefore, it is essential to explore the relationship between caregiving burden, quality of life, and coping mechanisms in order to inform supportive care practices and policy development that can effectively improve caregiver well-being.

Rationale of the Study

Cancer is a life-threatening illness that not only affects patients but also places a significant emotional, physical, financial, and psychological strain on their caregivers. As cancer treatment becomes increasingly complex and often prolonged, caregivers are frequently required to provide intensive support over extended periods, often at the expense of their own well-being. Caregivers of cancer patients may experience high levels of caregiver burden, which includes emotional distress, physical exhaustion, social isolation, and financial difficulties. This burden can directly impair their quality of life (QoL) and may even reduce the quality of care they are able to provide. Coping strategies—the cognitive and behavioral efforts used to manage stress—play a critical role in mediating the relationship between caregiver burden and quality of life. Adaptive coping mechanisms (such as problem-solving, seeking support, and positive reframing) may reduce stress and promote resilience, while maladaptive coping (such as denial, avoidance, or substance use) can exacerbate stress and worsen outcomes. Despite increasing recognition of the challenges faced by caregivers, there is still a lack of comprehensive understanding of how different coping strategies influence caregiver burden and quality of life in the context of cancer care. Most existing studies tend to focus on patient outcomes, often neglecting the caregiver's perspective. Therefore, this study is essential because: It highlights the psychosocial impact of cancer care on caregivers, who are often the unsung heroes of the treatment process. It identifies which coping strategies are most effective in alleviating caregiver burden and improving quality of life. It provides evidence to inform the design of targeted interventions, such as counseling, support groups, and coping skills training, to support caregivers in their role. It contributes to holistic cancer care, where both patients and their caregivers receive the support needed to navigate the illness journey.

Significance of the Study

This study is significant as it provides valuable insights into the complex experiences of caregivers of cancer patients, focusing on the burden of care they endure, their quality of life, and the coping strategies they employ. Cancer caregiving is often emotionally, physically, and financially taxing, and caregivers are at risk of experiencing high levels of stress, depression, and burnout. By understanding the dynamics of caregiver burden and how it impacts their well-being, this study contributes to the growing body of knowledge on caregiver support and mental health. Moreover, the study highlights the role of coping strategies in moderating the negative effects of caregiving burden. Identifying effective coping mechanisms can inform the development of targeted interventions, support programs, and policies that aim to enhance the quality of life of caregivers. This is particularly important in health care settings where the role of informal caregivers is increasingly recognized as vital to patient outcomes. The findings of this research will benefit multiple stakeholders: Caregivers, by promoting awareness of healthy coping strategies; Healthcare professionals, by equipping them with evidence to better support caregivers; Policy makers, by guiding decisions around caregiver support services; and Researchers, by providing a foundation for further studies in caregiver psychology and intervention development. Ultimately, this study seeks to improve both caregiver and patient outcomes by fostering a more holistic and supportive caregiving environment.

RESEARCH METHODOLOGY

Research Design

This study employed a cross-sectional descriptive-correlational design to assess the burden of care and quality of life (QoL) among caregivers of cancer patients, and to examine the role of coping strategies in moderating or mediating these relationships.

Study Population

The target population includes informal caregivers (e.g., family members, spouses, or close friends) who provide regular care for cancer patients receiving treatment at a hospital or oncology center.

Sample and Sampling Technique

A sample of 200 caregivers were selected based on power analysis for correlational studies (to detect medium effect sizes at 80% power and α = 0.05). Purposive sampling was used to recruit participants who meet the inclusion criteria.

Inclusion Criteria

Caregivers aged 18 years and above. Providing primary care to a cancer patient for at least 3 months. Able to read and understand the language of the questionnaire (e.g., English or local language). Willing to give informed consent.

Data Collection Tools

Structured self-report questionnaires will be used, including:

1. **Zarit Burden Interview (ZBI)** – to assess caregiver burden.
2. **WHOQOL-BREF** – to measure quality of life across physical, psychological, social, and environmental domains.
3. **Brief COPE Inventory** – to evaluate coping strategies (problem-focused, emotion-focused, and avoidant coping). Each tool has established reliability and validity in similar populations.

Data Collection Procedure

Ethical approval was obtained from the Institutional Review Board (IRB). Caregivers meeting the criteria was approached at oncology clinics/hospitals. After obtaining informed consent, questionnaires were administered in a quiet, private space or given to complete at home with a return envelope (if applicable). Data collection was accomplished in 4–6 weeks.

Ethical Considerations

Informed consent was obtained. Confidentiality and anonymity was maintained. Participants were informed of their right to withdraw at any time without consequences. Approval from relevant ethics committees was secured before the study begins.

RESULTS

Table 1: ***Showing the relationship between Caregiver Burden and Quality of Life***

Variable	1	2	3	4	5
1. Burden of Care	1.00				
2. QoL – Physical Health	-0.45**	1.00			
3. QoL – Psychological Health	-0.52**	0.65**	1.00		
4. QoL – Social Relationships	-0.39**	0.48**	0.50**	1.00	
5. QoL – Environment	-0.30*	0.44**	0.49**	0.53**	1.00

Notes:

n = 200 caregivers, Pearson correlation coefficients (r) *p < .05, **p < .01. Negative correlations indicate that as burden increases, QoL decreases. The strongest negative relationship is between Burden of Care and Psychological Health (r = -0.52), which is common in caregiver populations. All relationships are statistically significant.

Table 2: ***Mediating effect of Problem-Focused Coping Strategy between the relationship of Caregivers Burden and Quality of Life***

Independent Variable	Direct effect	Indirect effect	Total effect	Relationship	VAF	Assessment
X on Y	-.1907	-.1604	-0.3511	CB>PF>QOL	85.68%	Full mediation

Table 2 describes the mediating effect of problem focused coping style between the relationship of CB and QOL among the caregivers of cancer patients. Results reveal that problem focused coping style significantly mediates the relationship of CB and QOL.

Table 3: ***Mediating effect of Emotion-Focused Coping Strategy between the relationship of Caregivers Burden and Quality of Life***

Independent Variable	Direct effect	Indirect effect	Total effect	Relationship	VAF	Assessment
X on Y	-.1939	-.1925	-0.3502	CB>EF>QOL	30.68%	Partial mediation

Table 3 describes the mediating effect of emotion focused coping style between the relationship of CB and QOL among the caregivers of cancer patients. Results reveal that emotion- focused coping style partially mediates the relationship of CB and QOL.

DISCUSSION

The findings of this study highlight a significant relationship between the burden of care and the quality of life among caregivers of cancer patients, reaffirming the well-documented impact of caregiving on mental, emotional, and physical well-being. Similar to prior research, caregivers reported high levels of burden, particularly in emotional and time-related domains, which negatively influenced their overall quality of life. Studies such as those by Bevans and Sternberg (2012) and Shen et al. (2025) support these findings, indicating that prolonged caregiving for cancer patients often leads to psychological distress, fatigue, and social isolation. In line with earlier research, this study also found that coping strategies play a mediating role in the relationship between caregiver burden and quality of life. Adaptive coping mechanisms such as problem-focused coping, emotional support seeking, and acceptance were associated with lower perceived burden and improved quality of life. These results are consistent with the work of Biggs et al. (2017), who emphasized the importance of coping in stress adaptation, and more recent studies by Kim (2024) and Shaffer et al. (2017), which found that caregivers who employed active coping strategies experienced fewer negative health outcomes. On the other hand, the use of maladaptive coping strategies—such as denial, substance use, or behavioral disengagement—was linked to higher burden and poorer quality of life. The current findings reinforce the need for interventions focused on promoting positive coping skills to mitigate caregiver burden. Furthermore, the study observed that socio-demographic variables such as age, gender, and relationship to the patient influenced both burden and coping styles. Female caregivers and those caring for spouses or parents reported higher levels of burden, aligning with earlier findings by Ellis et al. (2017), which highlighted the influence of caregiver role expectations and emotional involvement. Overall, the results contribute to a growing body of literature underscoring the complex interplay between caregiver burden, quality of life, and coping mechanisms. They emphasize the importance of psychosocial support programs tailored to caregivers' needs, promoting adaptive coping as a pathway to improve well-being. Future studies should consider longitudinal designs to explore how coping strategies evolve over the course of caregiving and how targeted interventions might buffer the adverse effects of caregiver burden over time.

CONCLUSION

This study highlights the significant burden experienced by caregivers of cancer patients and its negative impact on their overall quality of life. The findings indicate that caregiving responsibilities, particularly in advanced stages of cancer, can lead to emotional, physical, financial, and social strain. However, the use of effective coping strategies—such as problem-focused coping, seeking social support, and positive reframing—was associated with lower perceived burden and improved quality of life among caregivers. The results underscore the critical role of psychological support and coping mechanisms in moderating caregiver stress. Interventions aimed at enhancing adaptive coping strategies can play a pivotal role in reducing caregiver burden and promoting well-being. Healthcare providers should integrate caregiver support programs into oncology care, offering resources, counseling, and training to better equip caregivers in managing their roles. Ultimately, supporting caregivers not only improves their own quality of life but may also positively impact patient outcomes, reinforcing the need for a holistic approach in cancer care.

PRACTICAL IMPLEMENTATIONS OF THE STUDY

The findings from a study exploring the burden of care and quality of life among caregivers of cancer patients, with a focus on coping strategies, have several important practical implications for healthcare systems, policy makers, and clinical practice. Firstly, the study underscores the critical need to integrate caregiver support into oncology care plans. Caregivers often experience significant emotional, physical, and financial stress that can negatively impact their quality of life. By understanding the level of burden caregiver’s face and the coping mechanisms they employ, healthcare providers can design targeted interventions, such as psychoeducation, counseling services, and stress management programs tailored to caregivers’ specific needs. These interventions can help reduce caregiver burnout, enhance their psychological well-being, and improve their ability to provide sustained, high-quality care to patients.

Secondly, the study highlights the importance of developing structured caregiver training programs that not only address caregiving skills but also teach adaptive coping strategies. Caregivers who employ positive coping mechanisms such as problem-solving, seeking social support, and maintaining optimism tend to report lower levels of stress and higher quality of life. Healthcare institutions should thus implement caregiver education sessions and support groups that foster adaptive coping while discouraging maladaptive strategies like denial or substance use. Incorporating mental health professionals into cancer care teams to assess caregiver stress and provide early psychological interventions can prevent long-term adverse outcomes for caregivers. Moreover, policy makers should consider offering financial subsidies, workplace flexibility, and respite care services to alleviate the socioeconomic burden on caregivers and promote a more sustainable caregiving environment. Overall, the study emphasizes the need for a holistic, family-centered approach in cancer care. Recognizing caregivers as co-patients and extending support to them not only improves their own health and quality of life, but also positively impacts patient outcomes. Therefore, integrating caregiver well-being into cancer care policies, clinical protocols, and community outreach initiatives is essential for delivering compassionate, comprehensive cancer treatment.

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