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41

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EDITORIAL

As has been the practice of the Nigerian Journal of Social Work Education (NJSWE), the Editorial Board of the Journal under Dr. E.M. Ajala beckoned on me to provide editorial technical note on the 15th edition of the journal.

The articles selected for the fifteenth edition of the journal focus on a wide range of interesting topics that are not only stimulating to fertile minds, but that would also serve as resources to those who make knowledge search their vocation and passion. The sixteen articles in the edition also cut across scholars from different disciplines and institutions. The assembled articles are also multidisciplinary and very rich in contents and context. The papers represent diverse scholarly views on academic resilience, risk-taking behaviour, conduct disorder, digital storytelling, waste management, wellness, sustainable community development practice, organization citizenship behaviour, quality of life, literacy challenge; and leadership styles. From this array of body of knowledge conducted on different populations that include secondary school adolescents, university undergraduates; and adults, one can safely and inferentially conclude that the assembled papers would impact positively on policy and knowledge development.

Prior to my review of the individual papers, it would be helpful to make a few comments on the import of papers development and publication in journals generally. While my comments remain a personal opinion, the import therein is how scholars would make their works to rub up on the community and government policies. This should be the philosophy behind conceptualization and development of research articles. In other climes, policy makers in government and private organisations do source for journal articles for policy development. It is high time that scholarly works in academia be made to reflect contemporary national and global issues that would effectively impact on humanity and its wellness.

This edition begins with Umar Talatu Ibrahim, Atinuke Akinyemi and Rasheed Ibrahim's work on 'Componential Factors Determining Academic Resilience among Undergraduate Students'. In this work, Talatu, Atinuke and Rasheed report the influence of three psychological constructs (openness to experience, self-concept and life satisfaction) on academic resilience of undergraduate students of the University of Ibadan, Nigeria. The sampled population of 500 students was quite deep and ambitious. This, I conclude, reflected on the inferences drawn by the authors. Their concluding call on the significant others to provide assistance to undergraduate students in their quest for university life adjustment, although instructive, calls for another intellectual debate given the fact that university education is for mature people.

The second article in the current edition is Adetola Adeyemi and Temitope Komolafe's work on 'Predisposing Factors towards Risk-Taking Behaviour among in-school Adolescents in Ibadan Metropolis, Oyo State, Nigeria'. Adetola and Temitope report that family dynamics, school connectedness and self-esteem are predictors of risk-taking behaviour. As behaviourists with bias in Counselling Psychology, the authors make an intervention case for self-monitoring, peer pressure management self-regulation, value clarification, and thought stopping. They submit that school programmes should include counselling activities.

The third contribution by Samuel Adeniyi and Olubukola Olufemi-Adeniyi on predicting factors of HIV/AIDS knowledge among hearing impaired adolescents makes an interesting article, given the unusual population of the study. While I am aware of quite a retinue of articles on HIV/AIDS on conventional population, the contribution of Samuel Adeniyi and Olubukola Olufemi-Adeniyi to knowledge on HIV/AIDS using hearing impaired adolescents is quite interesting. The researchers, in the well-articulated article, submit that adolescents with hearing impairment should be helped to develop developmental skills that would enable them cope with life challenges. The import of this still leaves more to be desired in the field of special education in Nigeria. Similarly, Michael S. Eniola and Olubunmi Adesina argue in their paper that children with mild intellectual disability exhibit various forms of behavioural disorders. In the empirical paper that covers Lagos, Ekiti, Ogun, Osun, Ondo and Oyo states, they make use of the famous Slooson Intelligence Test and Conduct Disorder Rating Scale Teacher's Version. Their finding that conduct disorder is more prevalent among children with mild intellectual ability in Lagos State should trigger further studies.

In article five, Gloria Adedaja and Lukman Bello educate on the need for a more robust strategy on teaching and learning that would increase knowledge on digital literacy of teachers. According to them, the rapid increase in technologically driven knowledge calls for equal attention on teacher training to meet the challenges of technology, especially, among pre-service teachers. In this paper, Gloria and Lukman investigate seventy-three pre-service teachers' computer self-efficacy and attitude on the use of digital story telling as a mode of instruction. As expected and given the paucity of computer knowledge, they conclude that pre-service teachers' computer self-efficacy and attitude should be addressed. In relation to this paper, article number seven in the journal also addresses Information and Communication Technology (ICT) concern in education delivery. The work of Emmanuel Isah and Selesman Yakubu on 'Students' Perception of ICT and Support Services Delivery at the University of Ibadan, Nigeria' is equally a plus for ICT revolution in the field of education. In the empirical paper that is well reported, the authors make a strong case for the provision of ICT facilities in the University of Ibadan for the workforce.

The article I skipped to address ICT-related papers was that of Titilola Adebawale. She informs us on the need for peace-building among the youths. In the study, Titi Adebawale tests three hypotheses and reports that there is a relationship between perceived employment creation and peace-building and between perceived poverty reduction and peace-building. The author then recommends that social welfare counsellor should address these social concerns by encouraging parents and students in the choice of courses and by embracing entrepreneurial skills. This paper, further the mission I shared in paragraph three above.

In the eighth article entitled 'Knowledge, Attitude and Practice of E-waste Management among Electronic Technicians in Ondo-West Local Government Area, Ondo State', Famuyiwa and Akinbi discuss the danger wastes could pose to humanity. Arising from this concern, the authors examine the influence of knowledge, attitude and practice of E-waste management among the population they refer to as electronic technicians. In the paper, they report that electronic technicians do not have the right attitude and therefore, do not practice E-waste management. This paper brings up some implications in policy making and governance.

In Gender and Marital Status as Correlates of Psycho-social Well-being of Informal Caregivers of Children with Physical Disability, Isaac Oyeleke discusses the import of gender and marital status on the well-being of parents of children with physical disability. Using a quantitative method on 812 sampled informal caregivers, Oyeleke's study shows that gender is a positive determinant on psycho-social well-being of informal caregivers with men displaying better well-being. Similarly, his finding indicates that marital status is a good predictor. As interesting as the findings are (especially the one on male gender superiority), the study should engender further reactions. Following this paper is the article of Oluwakemi Amuwa in which she reports the influence of self-efficacy, locus of control, parental influence on academic resilience among underachieving Senior Secondary School Students. The study indicates positive contributions of the reported variables on the dependent measure, academic resilience.

Adekeye Abiona in his paper on 'Correlates of Sustainable Community Development Practice in Nigeria' vividly articulates citizenship participation in community development. According to Abiona, this participation is a function of some factors not peculiar to Nigeria. In his attempt, to empirically situate the objective of the paper, the author reports the findings obtained from 435 respondents that included community leaders, political class, religious leaders; and community members from two local governments (Afijio and Ikire) and from two respective states; Oyo and Osun. Abiona recommends the need to mobilise community members for community development. He again, recommends political and community education among other intervention to achieve this.

Incidentally, the twelfth article 'Influence of Big-Five Personality Factors and Gender on Organisational Citizenship Behaviour of Nurses in the University College Hospital, Ibadan, Oyo State' was co-written with me by Olukemi Akinyemi and Terry Dzever. I, therefore, find myself again in the task of a review of a paper I wrote with two other authors. Frankly, objectivity should prevail. The paper discusses the influence of big five factors (conscientiousness, extraversion, neuroticism, agreeableness, and openness dimension) and gender on nurses' organization citizenship behaviour (OCB). With the aid of three statistical tools, the paper reports that the predictors could influence nurses' OCB. However, conscientiousness and extraversion are most potent.

The next article in the 15th edition of the journal is written by the trio of Olusola Olosebikan, Ngozi Osarenren and Canice Okoli. The three authors' work on the intervention of rational emotive behaviour family therapy and cognitive behaviour family therapy on proneness to extramarital affairs among Christian groups was conducted in Abeokuta, Ogun State. The quasi-experimental study makes use of 120 married individuals. The authors report that the two interventions (rational emotive behaviour family therapy and cognitive behaviour therapy) are effective in counselling participants of the study on proneness to engage in extramarital affairs. They also report that rational emotive behaviour therapy is more effective. Arising from the findings, recommendations that can enhance marital effectiveness are made by the authors. The paper, being an experimental one, promotes the quality of the papers assembled in the current edition of the journal.

Chioma Asuzu and Christiana Igbeneghu's paper on quality of life among caregivers of cancer patients in the Radiotherapy Department of the University College of Medicine, Ibadan is well articulated and reported. The authors work on the prediction of influence of stress, anxiety, depression and social support. In their findings, they report negative relationship between quality of life and depression of caregivers of cancer patients. However, depression is found to predict quality of life of caregivers of cancer patients. Asuzu and Igbeneghu then note that attention should be given to psycho-social wellbeing of caregivers of cancer patients. This would enhance their quality of life while attending to cancer patients.

The next paper is from Omobola Adelere and Morakinyo Akintolu. And just like the paper of Adedaja and Lukuman which was on the use of digital storytelling, the current one discusses the influence of mobile technology on adult learners' achievement in literacy programmes. The mission of the authors of the paper is to promote literacy in Nigeria. While there has been several interventions on literacy, the current one seems to be novel given the fact that mobile technology is used to leverage on the measure of achievement in literacy programmes among twenty adult learners in Ibadan, Oyo State, Nigeria. The quasi-experimental study's finding shows that mobile technology (mobile phones) intervention is efficacious. The study should be replicated to further ascertain the import of mobile technology on adult literacy which could influence policy on mass literacy in Nigeria.

Lastly, in the 15th edition of NJSWE is the paper of Stanley Ndimele and Felix Ibode in which school type and leadership styles of school principals are correlated with job performance of teachers. The study which conducted in Rivers State, Nigeria, shows that the independent measures have relationships with teachers' job performance. The authors recommend the use of transformational and democratic leadership styles to enhance teachers' job performance.

From Ibadan home-base of the journal to Katsina to Oyo to Lagos, the articles contained in this edition are from thirty-two scholars and from twelve academic units that cut across three universities and one college of education. Similarly, the articles reported in the journal are mostly empirical with strings of experimentation. These articles with their robust statistics are engaging and informative and would, therefore, be a delight to read.

In conclusion, I should thank, very immensely, the Acting Head of Department of Social Work, Dr. E.M. Ajala for my continued engagement as the journal's guest editor. Although while this engagement preceded his advent as Head of the Department, I should place on record the stimulating relationship I have had with him. As he bows out as the Acting Head of the Department, I ask the good Lord to continue to be His compass in his future endeavours.

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**PSYCHO-SOCIAL PREDICTORS OF QUALITY OF LIFE AMONG
CAREGIVERS OF CANCER PATIENTS IN THE RADIOTHERAPY
DEPARTMENT, UCH, IBADAN, NIGERIA**

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ABSTRACT

The main objective of this research was to identify the psycho-social predictors (Stress, Anxiety, Depression and Social support) of Quality of Life among caregivers of cancer patients at the University College Hospital, Ibadan. Five instruments were adapted and re-validated for cultural suitability and used to assess social support, quality of life, depression, anxiety and caregivers' stress. Data were collected from one hundred and fifty one consecutive caregivers of cancer patients who accompanied the patients to the hospital to receive treatment at the radiotherapy department and who gave informed consent to participate in the study. The respondents' age was ranges between 14 - 72 years with the mean of 35.65 and standard deviation of 14.094. The data collected was analysed using regression analysis and Pearson Product Moment Correlation. A significant negative relationship was found between quality of life and depression in caregivers of cancer patients ($P < 0.05$). Regression analysis indicated that depression significantly predicted the caregivers quality of life ($P < 0.05$). It was recommended that some attention be given to the psycho-social wellbeing of caregivers of cancer patients to enable them have good quality of life and enhance their care-giving role.

Key words: Caregivers, quality of life, anxiety, social support, cancer patients

Introduction

Cancer diagnosis and treatment constitute major life stressors in developing countries for patients and their formal and informal caregivers (Girgis & Lambert, 2009). Some studies report that cancer diagnosis actually has a greater impact on family members than patients (Resendes & McCorkle, 2006; Couper, Bloch, Love, et al, 2006; Mitschke,

2008; Hagedoorn, Sanderma, Bolks, et al., 2008). Caregiving means care that is provided by family members. For majority of caregivers, the role of a caregiver is based on the assumption of family responsibility, as no one else is to provide care. For some, care-giving can extend for several years (Kim & Schulz, 2008) and be equivalent to a full-time job (Hayman, Langa, Kabeto, et al, 2001; Kim & Schulz, 2008). Research has

shown that providing care to a chronically-ill family member increases the risk of compromised health and well-being of caregivers (Bolckhir et al., 2007; Meltzer et al., 2001). Caregiving results in chronic stress experience by caregivers and creates physical and psychological strain over extended periods of time as a result of diminished rest, lack of exercise and neglect over personal self-care due to caring for a family member with cancer which may have negative impact on caregivers' health and quality of life (Williams, 2007). Moreover, caregiver's mental health and quality of life are significantly affected by a patient's stage of illness (Schumacher, 2000). The emotional and social burden of care giving contributes to significant mental health morbidity, with elevated rates of anxiety, depression and distress and poor quality of life being reported in caregivers of patients with cancer (Girgis, Johnson, Aoun, and Currow 2006).

Depression is deep sadness that lasts more than two weeks, and affects activities of daily living. It is characterised by feeling of sadness, hopelessness, guilt feeling and inability to sleep and increased appetite. Literature has identified depression about caregivers of chronic illness such as cancer. Anxiety is also the feeling of worry, nervousness, or unease, about cancer. Depression and anxiety have been reported among caregivers of cancer patients.

Psycho-social care is important not only to patients but also to those providing care. An important aspect of psycho-social care that can promote better quality of life is social support. This refers to the formal and informal relationships (Solak and Bayer 2003; Friedman et al 2006; Clarke et al 2006) that act as buffer for the caregivers whenever they feel stressed. Although many caregivers derive deep satisfaction and feel

positively about caring, feelings of sadness, anger, resentment, frustration and a sense of shame may also be experienced by them. Not only are caregivers confronted with the fear of a potentially life threatening illness, they also experienced exhaustion from caregiving which is limitless and may not afford them time to rest. This may result in poor quality of life. Though psychological support for family caregivers of cancer patients is highly desirable, this service is not being routinely delivered (Kruikver, Garsen, Visser, & Kuiper, 2006). This study thus investigates the psycho-social predictors of quality of life among caregivers of cancer patients in the University Teaching Hospital, Ibadan.

Purpose of the Study

The main purpose of this study is to critically examine the psycho-social predictors of quality of life among caregivers of cancer patients. The specific aims of this study however are to:

- (a) ascertain the relationship between caregivers' quality of life with age, marital status, educational qualification, experience of stress, anxiety, depression and social support; and
- (b) identify the composite and relative psycho-social predictors (social support, stress, anxiety, depression, age, marital status, educational qualification and family type) of quality of life among caregivers of cancer patients.

Methodology

Research design: This study adopted descriptive survey research design to investigate the psycho-social predictors of quality of life among caregivers of cancer patients at the University College Hospital (UCH) Ibadan, Oyo State.

One hundred and fifty One (151) consistent caregivers of cancer patients who

accompanied the patients to the hospital for treatment at the Radiotherapy Department and gave informed consent to participate in the study were randomly selected for the study. A demographic information sheet and five scales were utilised for gathering data in this study. The scales used were revalidated for cultural suitability. They include:

“Quality of Life Enjoyment and Satisfaction Questionnaire” (Q-LES-Q-SF) by Endicott, Nee, Harrison & Blue (1993) was used to assess the caregivers’ quality of life. The self-report scale is made up of 15 items measuring the degree of subjective enjoyment of life and satisfaction experienced by caregivers. The respondents were asked to respond to a 5 point scale of: 1- Very poor, 2- Poor, 3- Fair, 4- Good and 5- Very good. The higher the scores is the higher the quality of life. A high test-re-test reliability (interclass correlation coefficient = 0.86) and high internal consistency (Cronbach’s α = 0.90) has been reported for this scale (Rapaport, Clary, Fayyad, and Endicott, 2005). The scale showed reliability co-efficient of 0.88 in the current study indicating that it is culturally suitable.

Multidimensional scale of perceived social support, developed by Zimet, Dahlem, and Farley (1988) was used in assessing the level of social support enjoyed by the caregivers from family, friends and significant others. Each of the 12 items on this scale is rated between 1 (very strongly agree) and 7 (very strong disagree), high scores suggesting lower perceived social support. The psychometric properties of the MSPSS among a Chinese sample in Hong Kong were found to be adequate (Chou, 2000). In this current study, the instrument yielded a Cronbach Alpha of 0.87.

Patient Health Question (PHQ- 9) developed by Spitzer, Kroenke and Williams (1999), was used to assess the presence of

depressive symptoms in the caregivers. It contains ten items, structured on a 4 point scale of: 0- Not at all, 1- Several days, 2- More than half the days and 3- Nearly everyday. The instruments yield Cronbach Alpha 0.65 in the current study.

A brief measure for Assessing Generalised Anxiety disorder GAD-7 by Spitzer, Kroenke, Williams and Lowe (2006) was used for assessing anxiety level. The respondents were asked to respond to a 4 point rating scale ranging from: 1- Not at all sure, 2- Several days, 3- Over half the days and 4- Nearly every day. The author reported reliability co-efficient of 0.55.

Caregivers stress test developed by Stall (2011) was used to assess the stress of caregiving. It contains eleven items with a 5 point response format of: 0- Seldom, 1- Sometimes, 2- Often usually, 3- True and 4- Always true. The scale yielded a Cronbach Alpha co-efficient of 0.78 in the current study.

Procedure for Data Collection

Permission was obtained to administer the instruments to the caregivers of cancer patients from the management of Radiotherapy Department. Caregivers of cancer patients were approached in the waiting hall to fill the questionnaires. Some of the caregivers declined the request to fill the questionnaires while others obliged the researchers. The respondents were made to know that filling the questionnaire was voluntary and they have the right to refuse to fill the questionnaire. Before filling the questionnaire, the purpose of the study was explained to the respondents as well as how they were supposed to fill the questionnaires. The instruments were collected from the respondents immediately after completion.

Data Analysis

The data collected for this study were analysed using multiple regression analysis and Pearson product moment correlation analysis at 0.05 level of significance.

Result

The respondents in this study have an age range of 14-42 with a mean of 35.65 and a standard deviation of 14.09. 76 (50.3%) were male, 75 (49.7%) were female. While 71 (47.0%) were married, 64 (42.4%) were single and 9 (5.9%) were either divorced or widowed. 103 (68.2%) were from monogamous families while 43 (28.5%) were from polygamous families. Educationally, 9 (6.0%) had primary

education, 29 (19.2%) had secondary education, 45 (29.8%) had OND/NCE while 68 (45.0%) had first degree and beyond. With regards to religion, 90 (59.6%) were Christians, 57 (37.7) were Moslems. In terms of relationship with the patient, 46 (30.55) were siblings, 44 (29.1%) were children, 27 (17.8%) were spouses, 6 (4%) were parents and other relatives were 28 (18.54%)

Research Question 1: What type of relationship exists between caregivers' quality of life with age, marital status, educational qualification, experience of stress, anxiety, depression and social support?

Table 1: Correlations matrix of the relationship between caregivers' quality of life and their experience of stress, anxiety, depression and social support

Variables		1	2	3	4	5	6	7	8
Age (1)	Pearson Correlation	1	.695**	-.364**	.010	.214**	-.090	.077	-.066
	Sig. (2-tailed)		.000	.000	.900	.009	.275	.349	.422
Marital Status (2)	Pearson Correlation	.636**	1	.204*	.096	.201*	-.118	.013	-.091
	Sig. (2-tailed)	.000		.015	.252	.016	.163	.882	.284
Educational qualification (3)	Pearson Correlation	.364**	.259**	1	-.054	.020	.034	.021	-.037
	Sig. (2-tailed)	.000	.002		.514	.813	.686	.798	.656
Stress (4)	Pearson Correlation	.010	.098	-.054	1	.439**	.309**	-.079	-.166*
	Sig. (2-tailed)	.900	.244	.514		.000	.000	.335	.043
Anxiety (5)	Pearson Correlation	.214**	.195*	.020	.439**	1	.195*	.045	-.084
	Sig. (2-tailed)	.009	.020	.813	.000		.017	.589	.310
Depression (6)	Pearson Correlation	-.090	-.055	.034	.309**	.195*	1	-.266**	-.294**
	Sig. (2-tailed)	.275	.513	.686	.000	.017		.001	.000
Social support (7)	Pearson Correlation	.077	.087	.021	-.079	.045	-.266**	1	.156
	Sig. (2-tailed)	.349	.302	.798	.335	.589	.001		.058
Quality of Life (8)	Pearson Correlation	-.066	-.168*	-.037	-.166*	-.084	-.294**	.156	1
	Sig. (2-tailed)	.422	.046	.656	.043	.310	.000	.058	
N		151	151	151	151	151	151	151	151
Mean		35.65	2.58	3.44	15.01	8.63	5.17	56.42	56.32
SD		14.094	1.465	1.504	6.237	4.197	4.131	11.423	8.386

** . Correlation is significant at the 0.01 level (2-tailed).

The above table shows that a significant inverse relationship exists

between caregivers' quality of life, experience of stress ($p < 0.05$), and depression ($p < 0.01$). This implies that as caregivers'

quality of life increases, their experience of stress and depression decreases and as stress and depression increase in the caregivers, their quality of life decreases. There is, however, no significant relationship between caregivers quality of life and their age, marital status, educational qualification,

experience of anxiety and perceived social support ($p > 0.05$).

Research Question 2: What is the composite effect of caregivers' stress, anxiety, depression, perceived social support, age, marital status and educational qualification on the prediction of caregiver's quality of life?

Table 2: Summary of Regression Analysis

R	= .343				
R ²	= .118				
Adjusted R ²	= .071				
Std. Error of the Estimate (SEE) = 8.200					
Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	1177.122	7	168.160	2.501	.019
Residual	8807.526	131	67.233		
Total	9984.647	138			

The above table shows that the independent variables jointly significantly predict cancer patients' caregivers' quality of life ($F_{(7,131)} = 2.501$; $p < 0.05$). The standard error of the estimate (SEE) is 8.200. Also, it could be observed that $R = .343$ and R^2 (Adjusted) = 0.71 indicates that 7.1% of the variance in caregivers' quality of life was accounted for by all the independent variables (stress, anxiety, depression,

perceived social support, age, marital status and educational qualification).

Research question 3: What is the relative effect of caregivers' stress, anxiety, depression, perceived social support, age, marital status and educational qualification on the prediction of caregivers' quality of life?

Table 3: Relative contribution of each independent variable to the prediction of caregivers' quality of life.

Model	Unstandardised Coefficients		Standardised Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	58.817	4.714		12.478	.000
Age	-.012	.067	-.020	-.174	.862
Marital status	-.803	.635	-.138	-1.266	.208
Educational qualification	.119	.496	.021	.240	.810
Stress	-.132	.128	-.098	-1.031	.304
Anxiety	.169	.196	.083	.862	.390
Depression	-.565	.188	-.277	-3.002	.003
Social support	.051	.065	.068	.782	.436

From Table 3 above, only depression has a significant contribution to the prediction of caregivers' quality of life (Beta = .277, $t=3.002$, $df = 128$, $P<0.05$). The other independent variables did not make significant contributions to the prediction of caregivers' quality of life.

Discussion

Family caregivers are significant part of health care delivery system for cancer patients. Hence issues related to their quality of life ought to be regarded as important. In this study, a significant inverse relationship was found between caregivers' quality of life with caregivers' experience of depression and stress. A similar result was reported by Heidari et al., (2012) in their study among breast cancer patients in Iran in which depression was found to have a strong negative correlation with QOL and participants with depression are more likely to have a poorer overall QOL. Among caregivers of children with cystic fibrosis, as depressive and anxious symptoms increased, caregivers' QOL decreased (Driscoll et al., 2009). Depression is an important and common adverse consequence of the burden of caregiving that is associated with a poor quality of life (QOL) and increased risk factor for other disorders (Carter & Chang, 2000; Kurtz et al., 2004). Caregiver wives' are reported to have higher levels of depression and poorer health than caregivers' husbands (Haley et al, 2003). However, lower levels of depressive symptoms are reported by caregivers if they perceive that doctors listen to them and consider their opinions regarding the patient's illness, needs and medical treatment (Emanuel, Fairclough, Slutsman & Emanuel, 2000).

On the other hand, Fujinami et al (2014) report a negative correlation between subjective stress burden and all the quality of life domains in their study among caregivers of patients with non-small cell lung cancer (NSCLC). Caregivers experience multiple, as they share/bear the burden of caring (often exclusively) for their sick loved ones. They are separated from their own support systems, while balancing others' life responsibilities which threaten to overwhelm them (Beattie & Lebel, 2011). Caregivers of patients with cancer report to have modified their lifestyles to accommodate the care recipient's needs including restricting leisure activity and contact with friends and family (Stenberg, Ruland & Miaskowski, 2010). Thus, at a time when caregivers are most in need of the restorative benefits of relaxation, they have the least amount of time and resources available. Further complicating matters, caregivers of cancer patients prioritise the needs of the patient over their own (Williams, 2007), leaving little time for maintaining good nutrition, exercising, and undertaking health evaluations. As a result, caregivers have numerous health related problems, such as sleep disturbances and fatigue, (Palos et al., 2011) which can negatively impact their quality of life.

The findings of the study reveal that while the independent variables of stress, anxiety, depression, perceived social support, age, marital status, educational qualification and family type jointly significantly predict the caregivers' quality of life, only depression was, however, individual significant predictors. Weitzner et al, (1999) observe that the presence of increased depressive symptoms is significant in caregivers. It has also been observed that untreated depression in cancer patients may

cause higher rate of depression in their caregivers. This can lead to cognitive and behavioral impairment (McCorkle, 2000). Some caregivers report difficulty expressing their own needs, unless asked specifically away from the hearing of the patients (Payne, Smith & Dean, 1999).

While stressful events are inevitable, it is possible to identify those at increased risk for negative outcomes, assess the degree to which the caregiver's life and health may be negatively affected, and recommend interventions that could attenuate the negative repercussions of the caregiving experience. As a component of preventative care, recognising the challenges and possible effects of caregiving will enhance the plan of care for caregivers that begin with an expanded history and physical on the patient that includes the caregiver's assessment.

The assessment of stress and how it affects the health of family caregivers should be followed by guidance and individualised interventions to attenuate the health consequences and enhance quality of life. The mere act of assessing and listening to the caregivers' needs communicates empathy which may in itself improve outcomes (Emanuel *et al.*, 2000; Rabow, 2004). Offering the patient and caregiver how to access information regarding patient care, maintenance of family and marital relationships, and the importance of self-care may help caregivers be more prepared and less distressed (Northouse *et al.*, 2010). A growing body of evidence also supports simple stress management practices such as walking, meditating and adopting nutritional changes to those that may help reduce fatigue, improve sleep and reduce the risk of some stress-related illnesses (Sofi *et al.*, 2010; Jacobs *et al.*, 2011). Clinicians should remain alert to stress-related symptoms such as elevated blood pressure and heart rate, as

well as delayed wound healing or increased frequency of infections. Providing this level of care will no doubt be rewarding, as improving the experiences of caregivers may in itself enhance caregivers quality of life, improve their ability to provide care and even provide "greater sustenance and meaning" for the physician (Rabow, 2004) in terms of improving patients' health outcomes.

Conclusion and Recommendations

This study examined the psychosocial predictors of quality life of caregivers of cancer patients in the Radiotherapy Department, UCH, Ibadan. While all the independent variables predict quality of life, depression is significantly predicted on quality of life of care givers of cancer patients. The findings of this study enhance the understanding of the perception of the challenges faced by caregivers of cancer patients with regard to the effect of stress, anxiety, depression and social support on the prediction of their quality of life (QOL)

The contributive effects of the independent variables on the prediction of the dependent variable of caregivers (QOL) were examined. Also, the predictive effect of the independent variables on the dependent was well considered. The independent variable has relative contributive effect on the prediction of the dependent variable with depression contributing the most while marital status contributed less.

It was recommended that caregivers should be exposed to the knowledge, skills, income security, job protection and other supports adequate to provide care for cancer patient in order to reduce unnecessary burden on their health and quality of life.

There should be creation of awareness on the psychological burden of cancer through workshop and seminar.

Furthermore, clinical and counselling psychologists should design psychological interventions to the management of depression among the caregivers of cancer patients.

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