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Determining Factors of Quality of Life of Care Givers of Palliative Care Cancer Patients

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Abstract:- The patient's sickness stage affects caregiver stress and well-being. This study's primary goal is to analyze the factors that influence the overall quality of life and explain each variation associated with the caregiver quality of life index cancer domain, although this is not the only focus. Additionally, the research looked at the emotional distress of family carers, which was previously thought to be a key element in determining the overall negative and positive aspects of caregivers' quality of life. The study also examines different environmental factors and also suggested appropriate supportive programs that are required to maintain and improve family care quality of life. Chronic disorders such as cancer need long-term treatment. Families play a crucial part in cancer care since they are the ones who are closest to the cancer patient and can best provide support. As a result, the family caregivers (FCs) may experience a sense of responsibility and decrease their quality of life (QoL). Quality of life is typically prioritized above extending life in cancer patients who have exhausted all curative therapy options (QOL). It was the primary goal of this research to discover the variables most strongly associated with a person's quality of life (QOL) in their last years (EOL). Cancer and its treatment have a significant influence on the quality of life for sufferers and their loved ones (HRQOL). Specifically, I want to look at three things: how advanced cancer patients and their spousal caregivers feel about their health-related quality of life (HRQOL); and, (ii) what factors influence their HRQOL. I also want to look at how couples' feelings of anxiety and depression affect their HRQOL.

Keywords:- *family caregiver, cancer, quality of life, patient, emotion, society.*

I. INTRODUCTION

Cancer has a profound effect on patients and their families, but it also has a significant influence on caregivers (FCs). Cancer caregivers' emotional, social, and physical well-being might be impacted in ways that caregivers of other chronic diseases are not. As a consequence, caregivers' quality of life (QOL) can frequently be negatively impacted as well. The quality of life (QoL) of FCs is critical to their capacity to offer high-quality care.

The severity of a patient's disease has a substantial impact on the emotional and physical well-being of caregivers. A loved one's approaching death and the patient's rapidly deteriorating health may put a strain on family caregivers (FCs) caring for terminally-ill cancer patients. Patients receiving palliative care often have a poorer quality of life (QOL) than patients in the curative phase, according to FCs. The QOL of cancer patients' family members has been the subject of several research, most of which have concentrated on the early stages of the disease or failed to take any particular stage into account. Clinicians will be able to better identify FCs at risk of negative outcomes using phase-specific studies (Perpiñá-Galvañ, 2019).

Only a few studies have focused on the quality of life (QOL) of cancer patients in the last stages. A little amount of study has been done in Western nations, but it did not involve people from different cultures. The cancer experience is woven into the fabric of a person's culture. To satisfy cultural expectations of delivering focused care, FCs aim to match the Confucian cultural norm of "filial piety". Several researchers who conducted studies in Asian cultures failed to take into account major potential confounders like depression or anxiety. Individual QOL domains have also been overlooked, despite data that suggests various parts of QOL have diverse causes. Identifying the characteristics that contribute to the quality of life (QoL) of FCs is essential since some therapies exist. QoL was measured using an established method and a large sample size, which allowed the people to investigate previously, identified determinants of QOL. People grouped these variables into the patient, caregiver, and environmental components and studied the relationships between these factors and FCs' quality of life (QOL), both overall and for each of the domains (Breen, 2020).

In the last stages of a patient's sickness, lay caregivers may make a huge difference in their care.There may be benefits to being a caretaker, but there may also be drawbacks, such as harm to one's mental and physical health, weakened immune system, or diminished financial security. Patients and their loved ones, as well as those who are caring for them, benefit from palliative care, which is a kind of interdisciplinary therapy that tries to improve their quality of life (QOL). Advanced cancer patients' Quality of Life (QoL) indicators have been created by researchers in this area. Caregiver QOL has received less research attention than patient QOL, and as a consequence, it is often evaluated via the use of questionnaires developed for general populations.

There have been three previous studies on the QOL of caregivers. Using data from a single study, the Caregiver Quality of Life Index–Cancer (CQOLC) was created to measure how therapy for cancer affects family carers in four different functional areas. As part of the second research, qualitative interviews were performed with the carers of patients who were already receiving palliative care at a late stage of their illness. The well-being of patients, the standard of care provided, the caregiver's well-being, the physical and emotional well-being of the caregiver, and the caregiver's financial and interpersonal connections are all included in the seven QOL categories for caregivers. The third research was carried out in Singapore and focused on the quality of life (QoL) of Chinese carers in that nation, in terms of physical, mental, social, spiritual, financial, and everyday living (Kocak, 2021).

II. OBJECTIVES OF THE STUDY

The primary goal of this research is to identify characteristics that contribute to the well-being of carers for cancer patients receiving palliative care. In addition, the following are the additional goals:

- To analyze families of palliative care patients, have their quality of life and load on caregivers assessed.
- To explore Caregiver burden and quality-of-life outcomes in palliative care patients will be studied.
- To investigate several aspects that affect the quality of life of cancer patient caregivers.

III. LITERATURE REVIEW

A. *Care Burden and Quality of Life in Family Caregivers of Palliative Care Patients*

Regardless of the prognosis, palliative care is a multidisciplinary specialty dedicated to reducing suffering and enhancing the lives of patients and the people who care about them. Palliative care frees up the healthcare system to serve more people at a cheaper cost without sacrificing quality.

The World Health Organization (WHO) defines palliative care as the prevention and alleviation of suffering for patients and their loved ones who are facing life-threatening illnesses. By definition, these issues involve the patient's suffering as well as those of his or her family members in terms of mental, emotional, and spiritual pain. According to this definition, palliative care aims to keep patients' quality of life as high as possible while also supporting their families. As a result, anybody who offers physical or emotional care for the patient as a family caregiver may be regarded an extension of the health care team. This includes parents, children, and spouses.

According to Valero-Cantero, (2022) patients benefit greatly from the assistance of family caregivers. Families that provide care for a loved one confront several additional obstacles, including those connected to their health, their own families, and even their employment position.

Ba, (2022) stated that family caregivers support patients by providing practical help, personal care, psychological support, and often paying attention to medication management. The carers' physical, emotional, and social well-being are all affected by these caregiving duties. Many people find themselves exhausted because of their responsibilities as family caregivers, for example. They may experience anxiety and sadness due to the constant worry that they may lose a loved one. Patient caretakers' relationships suffer as a result of the added physical and mental strain of caring for their family members and loved ones.

The stress and quality of life of family carers must be taken into account in palliative care. Only a few research have examined the link between the quality of life and caregiver load in a palliative care context.

B. *Hospice family caregivers' quality of life*

According to Demiris, (2019) Caregivers' quality of life (QOL) may be severely impacted by the demands of caring for a terminally ill family member. There has been very little study done on the quality of life (QoL) of caregivers of patients with terminal diseases, even though it has been recognized as an important outcome variable in studies of dying patients and their families. While receiving hospice care, family caregivers are regarded both as members of the medical team and as patients themselves. High-quality palliative care must take into consideration the well-being of caregivers.

Some studies have evaluated the quality of life (QoL) of carers for terminally ill patients. Patients getting hospice care were shown to have worse quality of life than those receiving curative therapy. In addition, the hospice staff properly assessed the caregivers' QOL and found a link between it and the patients' QOL. However, just one long-term research looked at how carers' QOL changed over time and found that caregivers' psychological resources and perspectives on their caring obligations were the most important predictors. No conceptual model has been used to investigate the QoL of hospice carers. End-of-life care for hospice patients and their carers requires a solid theoretical foundation and an in-depth investigation of the elements that influence the quality of life (QOL).

Wittenberg employed the Stewart et almodel.'s of variables that impact the quality and duration of life of dying patients and their relatives (2021). In the latter months of a patient's life, this conceptual framework is used to analyze the patient's results. The framework focuses on the structure and technique of treatment, patient variables that influence health outcomes, and patient outcomes.

Five sub-domains fall under these three primary categories: the patient's personal and social surroundings, the treatment process, the patient's pleasure, and the patient's quality of life and lifespan.

Duimering, (2020) pointed out that All aspects of a patient's and family's personal and social environment (such as spirituality, religious beliefs, financial resources, awareness of impending death, and expectations of care) fall under the umbrella of the patient's and family's unique personal and social context (PSEU). Access to care, care organization, formal support services, and physical care surroundings all fall under the umbrella term "care structure." Technical abilities, decision-making, information-sharing, counseling, and interpersonal and communication styles all play a role in the care process. Patients' and families' satisfaction with treatment, QOL, quality of death for the patient, and life expectancy are all part of this framework. Despite the lack of a direct causal relationship, the depiction of the above elements reveals a chronology. This is a valid statement since the treatment outcomes are likely to be affected by the characteristics of both the patient and the healthcare system. Because the original framework did not incorporate this information in the personal and social context, we changed the model to add the clinical statuses of carers (e.g. pain, performance status). This choice was made since the majority of carers are middle-aged women or older individuals who may be dealing with health issues that have the potential to significantly impair their quality of life.

According to McFarlane, (2010) the United States' population is aging. Around 87 million Americans will be 65 or older by the year 2050. Deinstitutionalization as a result of managed care and an aging population will have far-reaching effects on both the official and informal systems of caring. In a recent nationwide poll, 75% of the elderly were cared for by family members in their last year of life. Caregivers' quality of life (QOL) may be adversely affected in a variety of ways when they are providing care for a loved one who is nearing the end of his or her life. Although caregiver quality of life (QOL) has been recognized as a fundamental outcome variable in the studies of dying patients and their families, little research has explored QOL among carers of terminally ill patients, especially those in hospice care. As a patient and a member of the healthcare team, the family caregiver plays an important role in hospice care. As a result, family caregivers' quality of life (QOL) must be taken into account while providing end-of-life care.

Wallace, (2018) stated that there have been a few studies on the quality of life (QOL) of carers for terminally ill patients. The quality of life (QOL) of hospice carers was shown to be poorer than that of norm samples or patients undergoing curative therapy. Even more importantly, caregiving quality of life (QOL) was closely linked to patient well-being by hospice workers, who appropriately rated it. It was shown that carers' subjective well-being was more strongly influenced by their psychological resources and views on caring than it was by the specific features of the patients or caregivers themselves in the sole longitudinal research that looked at these issues. However, there has been no study on the quality of life of hospice carers based on a theoretical framework. End-of-life care research must be founded on a robust theoretical framework and analyze variables that impact the QOL of both terminally ill hospice patients and their carers to meet the standard for appropriate end-of-life care, such as hospice care. For this reason, the current investigation was launched.

C. Level of Burden and Health-Related Quality of Life in Caregivers of Palliative Care Patients

According to Rico-Blázquez (2022),Population-level aging and reliance are producing new issues that are connected to these new concerns in socioeconomic and cultural contexts, as well as healthcare. The need for 'primary family caregiver' (PFC) assistance has expanded as more elderly people with multiple pathologies, dementia, or severe chronic illnesses require long-term care. Most of the time, these unpaid carers, who are mostly family members, bear the brunt of the patient's physical and emotional needs. To put it another way, their relevance resides in the fact that they become the primary health care providers and enable the recipients of care to stay in their social context, hence minimizing the need for official resources and delaying or preventing their admission into care facilities.

Fletcher, (2022) pointed out that it is important to note that taking on the responsibilities of caring for a loved one is a major cause of stress for carers, who may take huge loads that severely affect their health. Health care providers face a wide range of physical, psychological, and financial challenges as they attempt to assist the ill. This may lead to a variety of health issues, including psychiatric diagnoses, physical ailments, and a general decline in quality of life. Since most research concentrate on caregiver burden's negative consequences on health, such as anxiety, sadness, and poor health-related quality of life for the caregivers (HRQoL). When it comes to the quality of life of the carer, the burden might be seen as a key factor.

Clarijs,(2022) pointed out that HRQoL may increase even when carers report high levels of load, according to other authors, confirming the distinction between burden and quality of life. One possible explanation is the caregiver's subjective perception of the chores of caregiving, which might make them feel burdened yet still consider the experience of caregiving as something positive in their lives. Study after study has shown that providing care to cancer and dementia patients is beneficial in terms of family resilience and post-traumatic development. An increased ability to acquire new strengths and social resources, as well as a lower sense of load or burdenedness, have been associated with family resilience. Increased health and decreased stress have been connected to the development of post-traumatic growth.

For this reason, it is necessary to further investigate the HRQoL factors related to caregiver burden in diverse circumstances and to examine the impact of this stress on the health of people who are giving care as a holistic and complete approach to end-of-life care.

Rico-Blázquez, (2022) states that growing old and being dependent on others is creating new difficulties and demands in the spheres of economics, culture, and health care as a result of an aging population. Primary family caregiver (PFC) assistance has risen in significance as a result of the growing demand for long-term care by older persons with various pathologies, dementia, or severe chronic illnesses. Most of the time, these unpaid carers, who are almost often family members, bear the physical and emotional costs of providing care. Not only do they play a crucial role in providing health care, but they also enable patients to stay in their communities, which reduces the demand for formal services and delays or avoids the need for institutionalization. It is important to note that taking on the responsibilities of caring for a loved one is a major cause of stress for carers, who may take huge loads that badly affect their health. Psychiatric illnesses, physical ailments, and a poor quality of life may all result from the stress of caring for someone who is ill, and the burden of the caregiver has been characterized as a multifaceted reaction to this combination of difficulties. Because of this, most research focuses on the detrimental impacts of caregiver stress on their health, including the emergence of anxiety and depression as well as deterioration in their overall well-being (HRQoL). As a result, the load might be seen as a substantial predictor of the quality of life of the carer.

Reina-Gamba, (2022) pointed out that HRQoL may increase even when carers report high levels of load, according to other authors, confirming the distinction between burden and quality of life. According to the subjective component of load, this phenomenon may be explained by how caregivers interpret their duties of caregiving, such that they may feel burdened but yet enjoy the care as an experience that improves their lives. It has been shown that providing care to cancer and dementia patients may help build family resilience and promote post-traumatic development. Post-traumatic development has been associated with less stress, better family functioning, and better health.

D. Factors associated with quality of life of caregivers of cancer patients

According to Cochrane, (2022) Since the 1980s, cancer has been the top cause of death in Korea, yet the survival rate of cancer patients has greatly improved. There is a global trend toward an increase in the survival rate, particularly in developed nations. Due to a rise in the prevalence of cancer, longer lifetimes, and a growing tendency toward outpatient treatment, family members have acquired a significant role as informal main carers for patients with cancer. When a family member is ill, the spouse is usually the main caretaker.

Patients and their loved ones are well aware of the devastating impact cancer has on those who suffer from it. Patients' quality of life (QOL) declines as their disease progresses, and this is particularly true for spouses and other family members who provide care. To better understand how carers' quality of life affects their health, further study on the subject is required. However, there has been little research on caring among the Asian community. More than half of these studies focused on dementia or stroke caring, whereas just a handful focused on cancer patients.

Pop, (2022) pointed out that cancer has a severe effect on the family caregivers (FCs). For cancer patients, the quality of life (QOL) is generally poorer than that of FCs caring for other chronic diseases. Cancer-caring family members have been reported to be more likely to suffer from symptoms of stress and sadness than their non-cancer-caring counterparts. These symptoms may not be present in individuals who care for people without cancer. FCS has a significant impact on a patient's ability to control their condition. It is common for them to be the patient's major source of social and emotional support. Caregivers' capacity to offer care may be jeopardized as well as their personal quality of life (QOL). There is a direct correlation between the stress of FCs and physical health, immune function, and financial stability for cancer patients. People's mental health and sleep habits are also negatively affected by this stress. Patients and caregivers alike have a significant impact on the quality of life of FCs. Some studies have shown a relationship between the kind of cancer a person has and their quality of life after diagnosis, however, the bulk of these investigations have relied on a population with an extremely wide variety of cancer types. A greater sample size is beneficial, but it may hide differences in the treatment provided to people with different types of cancer. In cancer patients, there is a lack of study on the quality of life (QoL) of FCs. Limited research has focused on breast, prostate, and brain tumors, among other diseases.

Jansen, (2022) stated that Several factors led to the emphasis on leukemia. To begin, the death rate for those with leukemia is quite high. Among the 352,000 persons diagnosed with leukemia worldwide each year, it is predicted that 265,000 (75.3 percent) die. In China, around 75,300 new cases of leukemia were discovered in 2015, and 53,400 people succumbed to the disease. Myeloid leukemia, the second most frequent kind of leukemia in China, has a far greater incidence and fatality rate than lymphoid leukemia, the other most common variety. The quality of life (QOL) of FCs may be accurately predicted by their stage of cancer and the intensity of their symptoms. According to Japanese research, moms who care for children with leukemia had poorer quality of life (QOL) scores than those who care for children without the disease. Second, the level of dedication shown by FCs depends greatly on the sort of connection they have with the cancer patients they serve. Even though leukemia is more often seen in the elderly, it is also one of the most prevalent cancers among children. This offers us an opportunity to look at the function that connections between patients and FCs play in the QOL of FCs. Previous studies, like the one done in China, have only used samples from children with leukemia, neglecting the reality that the majority of people with leukemia are above the age of 50. Adult patients' QOL has not been studied by FCS, even though those caring for children with leukemia have reported low QOL. FCShas not been shown to improve the quality of life for leukemia patients (QoL). According to Xu, a few studies conducted outside China evaluated the QoL of leukemia patients (2022). Researchers in Brazil discovered that moms caring for children with leukemia and non-Hodgkin lymphomas (n = 18) had a decline in quality of life. It was revealed that more than half of the FCs with leukemia in Sri Lanka reported low quality of life (QOL) in the categories of psychological well-being, social support, and physical surroundings.

According to Awadalla,(2007) one of the major causes of death for both men and women in the United States is cancer. In addition, it is the leading cause of mortality for women 40 to 79 and males 60 to 79 years old. There has been an increase in interest in the quality of life of cancer patients because there has been a significant increase in the relative 5-year survival rates for several cancer types and all malignancies combined. This significant illness impacts not only the sufferers but their families and loved ones as well. Taking care of a cancer patient has been shown to have a significant influence on the caregiver in previous studies. Caring for a cancer patient has been linked to a variety of negative side effects, including stress, sadness, difficulty sleeping, drowsiness, and an overall decrease in quality of life. Both general and disease-specific questionnaires have been used to gauge cancer patients' health-related quality of life (HRQoL). The EORTC QLQ C-30 and the disease-specific EQ-5D questionnaire both seem to be sensitive, while the generic EQ-5D appears to be more responsive than the generic instruments. generic questionnaires, by contrast, may be used for a variety of purposes. Cancer patients and the general community or other varied populations may also be compared using these tools. Many people utilize the EQ-5D because it is a short, five-item HRQoL assessment that is simple to administer and complete.

IV. METHOD AND MATERIALS

Research methodology is a major part of the study that may be quantitative or qualitative in nature. In the current study, to examine and determining the factor of quality of life of caregivers of palliative care cancer patient, the study is qualitative in nature in which it mainly focus on reviewing various past articles, empirical studies that define the care burden and quality of life in family caregiver of palliative care patient. The study also examines the different books, journals and articles that are related to the level of burden and health-related quality of life and caregiver of palliative care patient. The study also examine the factors related with the quality of life of caregiver of cancer patient so that the study mainly examine the reviews papers and articles that provide a secondary source of data to collect the valuable information.

V. RESULTS

The majority of cancer patients' family carers are women who are married or in a relationship with the patient. Researchers in Sweden discovered that 72 percent of FCs in cancer patients were female and the spouses of the patients in a research published in 2012. Researchers in Korea have shown that 74.6 percent of FCs in cancer patients are female and 41.1 percent are the spouses of the patients. This is supported by their findings. More than 65% of the FCs in cancer patients were female and more than 45% of them were wives. The quality of life (QoL) of cancer patients' family caregivers (FCs) decreased, as did the burden of patient care, sadness, and psychological distress for FCs. The quality of life (QoL) of cancer patients whose treatment has reached its end has declined with time. Terminal cancer patients' Health-related Quality of Life (HRQoL) FCs were significantly lower than those of non-cancer patients. A study conducted by Song et al. found that patients with terminal cancer had higher rates of FCs suffering from depression than patients without cancer. The quality of life of cancer patients' caregiver families declines in practically every area. The results of several research projects have shown this. According to the four areas of enjoying life, FCs treating cancer sufferers have reduced (Physical, psychological, social, and environmental). Physical, psychological, and social welfare elements are the most heavily influenced by cancer patients' perceptions of their quality of life. Psychological and social well-being, on the other hand, have declined as the most important quality of life. There is a modest balance between quality of life and care burden for most cancer patients' FCs, with just one-fourth having both poor QOL and high maintenance BOL. Cancer patients' family caregivers (FCs) sometimes struggle to provide care and are sad as a result (Geng, 2018).

Age and medical condition are two elements that affect the quality of life for patients. The quality of life of FCs decreases as patients become older. QoL FCs diminish in younger patients because of the growing load of caring for them. As a patient's health worsens, so does their ability to care for themselves, their degree of independence, and their level of stress. As a result of the stress that cancer patients and their families undergo, the caregivers' quality of life suffers. the more autonomous the patient was, the better their quality of life (QoL) was connected with that patient's everyday activities. Factors that affect the quality of life of family caregivers include age, education, religious affiliation, marital status, and emotional discomfort. As a spouse, your quality of life as a caregiver is strongly influenced by your connections. People who care for a cancer patient's family tend to be more religious and educated than those who do not. that a lack of knowledge is to blame for the deteriorating standard of living among family carers. Quality of life for family carers declines as a result of family caregivers with older age, better education, no religious convictions, and emotional suffering (Ullrich, 2017).

Families who are caring for cancer patients are affected by issues such as the difficulty of care, the absence or lack of social support, and satisfaction with health treatment. Caregivers' HR-QoL is negatively impacted by the difficulty of caring for cancer patients, which is exacerbated by factors like poor health, tight budgets, and lack of family support. Caregivers' and their families' well-being suffers as a result of the toll that caregiving takes on them and their loved ones. The burden of care, the quantity of social support, and the monthly income of cancer patient caregivers all affect the quality of life of their families. As a consequence of providing palliative care to patients, family caregivers' health might be negatively impacted. To better understand the level of care burden and quality of life experienced by family caregivers who provide palliative care, researchers conducted this study. Katja Krug showed that the care load of family caregivers delivering palliative care was modest when examining illness categories needing palliative care. Caregivers have a tremendous workload. Caregivers have been shown to endure moderate to severe care load in previous research. In our research, the care burden grew along with the aging population. Researchers' conclusions regarding the average age of carers vary widely. According to some research, there is no correlation between caregiver load and caregiver age, whereas another study found that younger carers were more likely to report a high degree of caregiver burden. Caregivers' mental and physical health is linked to the amount of time they spend caring for their loved ones, and studies have shown that around 50 percent of caregivers are below the physical health-related demographic norms. Caregivers' physical and emotional states were projected to decrease with age, as indicated by the 61-year-old group's impacted care burden. Families providing palliative care had intermediate WHOQOL-8 ratings. According to Gotze et al., the quality of life of palliative care caregivers decreased. In a study of cancer patients, DeborahWitt Sherman et al. observed a decent quality of life. The quality of life of family carers has deteriorated as a result of caring. Other research has indicated that family carers are at risk of sadness, anxiety, and health issues connected to their work and their responsibilities. Caregivers' lives may be harmed if their physical or mental health is compromised while giving care (Weitzner, 1999).

VI. FINDINGS AND DISCUSSION

Quality of life was shown to be poorer among caregivers who were women and the husband or wives of patients in this research. In the position of being both a lady and an elderly person Caregivers who are the spouses of the patients, they care for have a worse quality of life, which is in line with our findings. When a palliative care patient's spouse was a caregiver, they were particularly depressed. The surviving spouse may experience a variety of psychological and social difficulties as a consequence of the loss of their spouse, including feelings of exhaustion, loneliness, and financial anxiety. Compared to other carers, spouses with these worries have a worse quality of life (Duggleby, 2011).

The non-working carers had a worse quality of life than the working caregivers. Carers with a low degree of education had poorer quality of life than caregivers with a high level of education, according to a new study. According to recent studies, carers with greater levels of education also report higher levels of satisfaction with their work and personal lives. According to our results, those with low levels of education have a worse quality of life than those with higher levels of education. Caretakers in higher socioeconomic classes may be able to afford outside help because of the significant financial strain they bear (i.e. a housekeeper, breaks, etc.). As a consequence, carers' health is less affected, resulting in a lower drop in quality of life. A greater degree of education may provide family caregivers better access to health-related knowledge and make them more conscientious about their health. Those with less education, on the other hand, have less access to health-related data. This serves as a timely reminder to pay particular attention to low-income and under-educated families, including by providing them with information and emotional and financial assistance (Kim, 2014).

The VAS ratings of male and more educated carers were higher in our research, which looked at the participants' subjective health conditions. In contrast to the overall population's findings, married carers had lower VAS ratings than single caregivers. Having said that, this may be because caregivers in the present research were more likely to be spouses of the patients they were caring for. Although these variables were taken into consideration (gender, marital status, and educational attainment), they did not affect the patients' subjective health state as measured by the EQ-VAS scores in this research. The EQ-5D VAS in patients who have received hematopoietic stem cell transplantation was not shown to be affected by these parameters, EQ-5D VAS and marital status were shown to have no significant relationship in another investigation of prostate cancer patients. The EQ-5D item answers show that female patients are more likely than male patients to feel anxiety or sadness. Cancer patients have been shown to suffer from significant levels of despair and anxiety. Studies have shown no variations in the prevalence of anxiety or depression between men and women, nor have they found a greater prevalence of anxiety or depression in males or a lower prevalence of depression in women. On the other hand, the HRQoL of female carers was shown to be significantly worse than that of male caregivers in all five dimensions of the EQ-5D descriptive system. Caregiving is a physically and emotionally taxing job, and research has shown that carers of different sexes report varying levels of physical and mental health (Almutairi, 2017).

VII. RECOMMENDATION ANDCONCLUSION

As a caretaker for a family member or a loved one "family caregiver" refers to someone vulnerable to a worse quality of life. It has been studied in nations such as Korea, Japan, China, Sweden, Greece, and Italy as well as the United States, Canada, Colombia, and Taiwan. Researchers found that cancer patients' major caregivers were their spouses and that they had a bad quality of life (QoL). QoL factors for FCs include their age and health status about patients, their marital status, their level of religiosity, how much stress they feel as caregivers, how much social support they have, and how satisfied they are with their care. Those elements may be broken down into three categories: those of the patient, those of the family, and those of the environment. The low QOL of family carers of adult cancer patients was shown to be connected with variables such as not working in the private sector, having a lower monthly income, being married to the cancer patient, and living in rural regions, according to this research. As a result, family carers' quality of life may be enhanced by a larger salary. Consequently, future interventions need to concentrate on the establishment of social safety net programs that may offer financial assistance to low-income family caregivers and social assistance to those in married partnerships (Leroy, 2016).

In terms of palliative care, the research adds to the literature on the features of care load and quality of life for family carers. The study's findings demonstrated the impact caring has on one's overall quality of life. According to the findings of this research, the quality of life for family caregivers who are under a lot of care is suffering. In addition, carers' quality of life seems to be influenced by their traits, particularly their age and gender. Health policies for family caregivers delivering palliative care in Turkey are one of the study's implications. Family caregivers' quality of life and care load should be taken into consideration in palliative care scenarios since they are connected. Palliative care professionals, such as social workers, nurses, and doctors, must have the training and experience necessary to offer expert and compassionate care to patients and their families as they approach the end of their lives. As a consequence of these findings, social workers, nurses, and doctors caring for palliative patients may want to consider including family caregivers in their assessments of care load and quality of life (Strömberg, 2015).

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