Racial Differences in Religious Coping and Depressive Symptoms Among Caregivers of Terminally Ill Patients

Patricia G. Buzelli, BA, BSN(c); Grace W.K. Ho, PhD(c), RN; Marie T. Nolan, PhD, RN; Anela Kellogg, MSN, RN; Mark Hughes, MD, MA; Daniel P. Sulmasy, MD, PhD; Julie Johnson, MPH, RN; Joan Kub, PhD, MA, RN
JOHNS HOPKINS UNIVERSITY SCHOOL OF NURSING, BALTIMORE, MD

1 Background

- Caregiving for a loved one at end of life has been associated with anxiety, depression, feeling of powerlessness and increased burden (Braun et. al. ,2007; Oechsle et.al., 2013; Rivera, 2008)
- African American caregivers have been shown to report more hours per week of caregiving and worse physical health compared to Caucasian caregivers (Martin et. al., 2012)
- Positive religious coping in caregivers is associated with positive mental health outcomes (Herrera et.al., 2009).
- Racial differences in beliefs of caring for a loved one and increased social support may attribute to resiliency in African American caregivers though few studies have explored this concept (IOM, 2014; Martin et.al., 2012).

2 Aims

Aim 1: Describe the frequency of religious coping in caregivers of patients with cancer and amyotrophic lateral sclerosis (ALS)

Aim 2: Describe the difference in religious coping between African American and Caucasian caregivers for patients with cancer and ALS

Aim 3: Describe the difference in the level of importance of religion and church attendance between African American and Caucasian caregivers.

Aim 4: Explore the difference in the severity of depressive symptoms between African American and Caucasian caregivers.

3 Methods

This study was based on a larger study of a brief, nurse-led intervention to promote patient and caregiver healthcare decision-making at the end of life. Caregiver was defined as a family member or friend with whom the patient makes his/her healthcare decisions.

Sample (n=155): Patients and their identified caregivers from two teaching hospitals with the diagnosis of GI cancer or ALS in the terminal phase of illness.

Religiosity: Operationalized with 3 items: (1) Denomination, (2) Religious Attendance (High = weekly or more; Low = less than weekly), and (3) Importance.

Religious coping: Operationalized using five items from the Religious/Coping Short Form (1999). Range: 5-20 (lower scores indicate higher levels of religious coping). Items were further divided into 3 aspects of religious coping:

- General religious coping: 1 item: Viewing life as spiritual force. Item was dichotomized into 1 = “High” (a great deal, quite a bit) and 2 = “Low” (somewhat, not at all).
- Positive religious coping: 3 items: Use of religion in stress, Seeing God as partner, and Seeking support from God. Items were dichotomized into 1 = “High” (a great deal, quite a bit) and 2 = “Low” (somewhat, not at all). Subscale range: 3-12 (Lower scores indicate higher levels of religious coping).
- Negative religious coping: 1 item: Feeling abandoned by God. Item was dichotomized into 1 = “Yes” (a great deal, quite a bit, somewhat) and 2 = “No” (not at all).

Total religious coping: Sum score of five items, maximum score = 20

Depressive symptoms: measured with the Center for Epidemiologic Studies Depression Scale (CES-D10; Radloff, 1997). Range: 0-30 (higher score indicates more depressive symptoms). Positive depressive screen defined as a score of ≥10

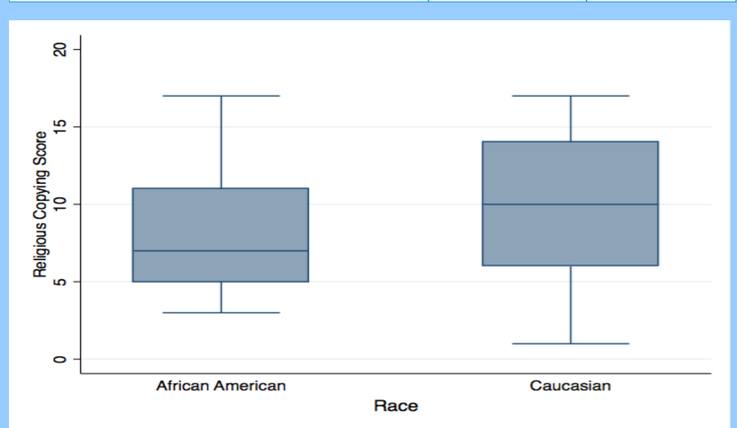
4 Analysis

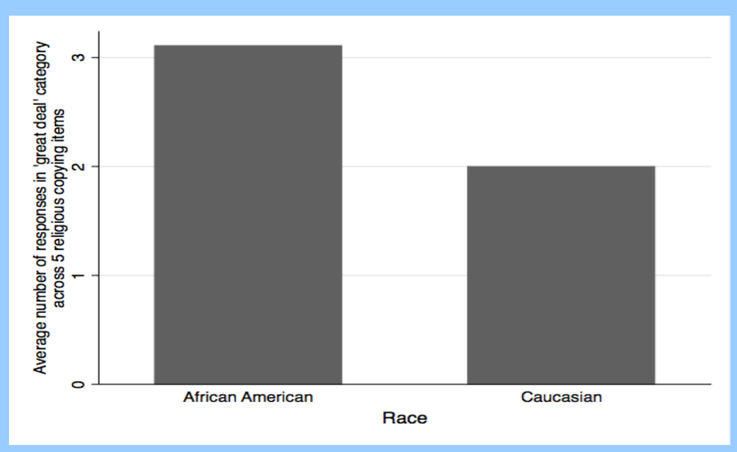
- Statistical Analysis was performed using STATA IC 13.
- Descriptive statistics were used to determine patient and caregiver characteristics, caregiver religiosity, religious coping and depressive symptoms

5 Results

- 155 patient-caregiver dyads were included in this study. Participant characteristics are described in Table 1.
- African Americans used a higher level of religious coping (p = 0.014) See Figure 1.
- African Americans were more likely to answer use of coping strategies at the highest level for 3 positive and 1 general religious coping strategies See Figure 2.
- No difference in severity of depressive symptoms (p = 0.33)

Table 1 . Participant Characteristics (N=155)	Caregiver N (%)	Patient N (%)
Sex (N, %)		
Female	114 (73%)	66 (42.60%)
Male	42 (27%)	89 (57.40%)
Race (N, %)		
White (Non-Hispanic)	113 (72%)	111(71.60%)
Black (Non-Hispanic)	34 (22%)	33 (21.30%)
Patient Group		
ALS	-------	65 (41.90%)
Cancer	-------	90 (58.1%)
Patient Income		
$0-20,000	-------	16 (10.30%)
$20,0001-$40,000	-------	10 (6.50%)
$40,001-$60,000	-------	27 (17.40%)
$60,001-$80,000	-------	19 (12.30%)
$80,001-$100,000	-------	17 (11.00%)
Over $100,000	-------	38 (24.50%)
Dont know	-------	4 (2.60%)
Decline to answer	-------	21 (13.50%)





*26% of African American participants and only 16% of Caucasian participants answered “great deal” to all religious coping questions.

6 Conclusion

- African Americans use religious coping more frequently than Caucasians.
- Greater religious coping may be a protective factor for caregivers, further research is needed.
- Healthcare providers should ask about religious beliefs and provide appropriate resources throughout care.

References

Braun, U. K., Beyth, R. J., Ford, M. E., & McCullough, L. B. (2008). Voices of African American, Caucasian, and Hispanic surrogates on the burdens of end-of-life decision making. *Journal of general internal medicine*, *23*(3) 267-274.

Herrera, A.P., Lee, J.W., Nanyonjo, R.D., Laufman, L.E., Torres-Vigil, I. (2009). Religious coping and caregiver well-being in Mexican-American families. *Aging & Mental Health, 13*(1), 84-91.

IOM (Institute of Medicine). 2014. Dying in America: Improving quality and honoring individual preferences near the end of life. Washington, DC: The National Academies Press.

Martin, M. Y., Sanders, S., Griffin, J. M., Oster, R. A., Ritchie, C., Phelan, M. S., ... & van Ryn, M. (2012). Racial Variation I the Cancer Caregiving Experience: A Multi-Site Study of Colorectal and Lung Cancer Caregivers. *Cancer nursing*, *35*(4), 249.

Oechsle, K., Goerth, K., Bokemeyer, C., & Mehnert, A. (2013). Anxiety and Depression in Caregivers of Terminally Ill Cancer Patients: Impact on Their Perspective of the Patients's Symptom Burden. *Journal of palliative medicine*, *16*(9), 1095-1101.

Radloff, L. S. (1997). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychology Measure, 1*, 385-401.

Rivera, H. R. (2009). Depression symptoms in cancer caregivers. *Clinical journal of oncology nursing*, *13*(2), 195-202.

Funding Source:
The Helene Fuld Leadership Program for the Advancement of Patient Care Quality and Safety