Experiences of Caregivers of Spouses With Head and Neck Cancer Undergoing Radiation Therapy

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Abstract: Spousal caregiving is an important aspect of traditional Thai caregiving ideology. Evidence suggests that such continuous caregiving may affect the caregivers' well-being. Presently, the knowledge of experiences of Thai spouses who are caregivers of persons with head and neck cancer undergoing radiation therapy is limited. The purpose of this study was to describe the experiences of spouses who care for persons with head and neck cancer undergoing radiation therapy. Fifteen spousal caregivers, consisting of 12 wife caregivers and 3 husband caregivers, were recruited from the Radiation Therapy Unit at the University Hospital in Songkhla province from May 2005 to December 2005. In-depth interviews were conducted, and data were analyzed using the hermeneutic phenomenological research approach described by Cohen, Kahn and Steeves. Six major themes emerged: (1) "Being committed for life to spouses" was rooted in the powers of love, intimacy, and trust, and led to repayment with gratitude, (2) "Enhancing the spouses' comfort" was accomplished by strengthening their physical health and relieving symptoms and by giving them encouragement, intimacy and compassionate love , (3) "Being a co-sufferer" was due to the uncertainty of their future lives, the caregiving strain, and the difficulties with new living arrangements, (4) "Readjusting themselves" was through rearranging the caregivers' life and holding onto hope for a cure and a longer life for their ill spouse, (5) "Appreciating peoples' support", and (6) "Being gratified with self-development and marital life growth" was derived from being successful caregivers, gaining a better marital relationship and developing insight into the truth of life. These findings can both help health professionals recognize spousal caregivers as a vulnerable group and care for them, and also pave the way for future Thai spousal caregiving research.

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Introduction

Despite its numerous advantages, radiation therapy (RT) has complications that can considerably alter the physical and psychosocial health of patients with head and neck cancer (HNC) and can necessitate their continuous care.[1,2] Because most patients with HNC now undergo RT as outpatients, family caregivers are expected to care

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for them. In particular, because spouses have the most intimate relationship with married patients, they are most often these patients' primary caregivers.[3] While spouses with HNC are undergoing RT, caregivers provide them with routine care, including assisting them with daily activities and symptom management, giving them emotional support, and helping them manage the household finances.[4,5] Providing this level of care for 24 hours every day, however, is likely to negatively affect the caregivers' own well-being.

Much research in Western countries has examined the impact of cancer, its treatment, and caregiving on caregivers of spouses with HNC.[6-9] Caregivers have been found to suffer physical fatigue, emotional distress, and caregiving strain.[6,8] Furthermore, caregivers report that their family interactions and social activities are limited and that their family's finances are depleted.[7,9]

In Thailand, only a few studies about the experiences of cancer spousal caregivers have been published. Specifically, two quantitative studies have been published that focused on spousal caregivers' stress and coping strategies based on Lazarus and Folkman's Theory of stress and coping.[10,11] Both studies found that caregivers experienced little stress due to their spouses' sickness and often coped by planning and problem-solving strategies and seeking social support.

Although Western and Thai studies have contributed information about various aspects of the cancer spousal caregiving experience, not much is known about the experiences of spousal caregiving in terms of its meaning to the caregivers themselves. First, findings from research conducted in Western countries may not be applicable to Asian countries, such as Thailand, because personal experiences in Western countries are constructed in a socio-cultural and religious context that is different from that in Asian countries.[12,13] Such contextual differences may make caregivers in these two regions perceive and think about their lives differently. Second, existing studies of Thai cancer spousal caregiving have examined only specific events and relied on the use of questionnaires based on theoretical knowledge, which may limit the understanding of caregivers' perspectives and may not reflect their whole experiences.

The lack of knowledge about the comprehensive experiences of Thai caregivers of spouses with HNC undergoing RT may prevent health professionals from delivering holistic care. The aim of this study was to describe the experiences of caregivers of spouses with HNC undergoing RT. The knowledge gained thereby can be helpful for health professionals interested in developing a greater understanding of caregivers' experiences and in helping them improve their well-being while caring for spouses with HNC undergoing RT.

Methods

Informants and patients with HNC undergoing RT

Approval for this study was obtained from the human research ethical committee in the University Hospital in Songkhla, Thailand. Fifteen spousal caregivers were recruited at the RT unit between May and December 2005. Inclusion criteria were being the spouse and primary caregiver of a patient with HNC receiving outpatient RT, sharing living arrangements with the patient, and being Thai Buddhist. All informants were provided with comprehensive information about the study and were assured that confidentiality would be preserved during all phases of the study. Written consent was obtained from each informant.

Of the 15 caregivers, 12 were women and 3 were men; their ages ranged from 37 to 64 years. Eleven caregivers had received both a primary and a secondary education. The majority of caregivers (n = 9) had long marriages, which ranged in length from 21 to 40 years. After they assumed the caregiving role, 10 caregivers completely stopped working, whereas the remaining 5 caregivers continued working on a part-time basis. While caring for their spouses with HNC, 11 caregivers resided near the RT unit, in such accommodations as their relatives' homes, rented apartments, and temporary patients' residence, whereas 4 caregivers lived in their own homes. Four caregivers had a history of illness prior to assuming the caregiving role. Three caregivers had to care for young children in addition to their spouse with HNC.

Of the 15 patients with HNC, 12 were men and 3 were women; their ages ranged from 38 to 67 years. Most of patients had advanced and terminal cancer and other four had early stage cancer. All patients were being continually treated by external RT for a course of six to seven weeks. The physical symptoms, which were most often reported to be the result of both HNC and RT, were oral stomatitis, dry mouth, throat soreness, weight loss, and weakness. Twelve patients partially cared for themselves in terms of performing daily activities. None of them worked while receiving RT. All 15 patients received financial support for medical expenses from health insurance systems (i.e., Universal Coverage Health Scheme or 30 baht/ $0.75 Scheme, Social insurance, and Government service).

Data collection

This study used the hermeneutic phenomenological approach developed by the Utrecht School that combines descriptive and interpretive phenomenology based on the philosophies of Edmund Husserl and Martin Heidegger.[14] The first author conducted interviews with all 15 informants. Each interview was tape-recorded with the informant's permission and each one lasted 30 to 90 minutes. Informants were each asked to complete at least two full interviews. A total of 40 formal interviews were conducted with all informants. All informants were interviewed either at their homes or their current residences while the spouses with HNC were not present.

Data analysis

Each verbatim transcript was analyzed using the method described by Cohen, Kahn, and Steeves.[15] First, the first author listened to each tape and read each transcript several times to get a sense of each interview as a whole. Second, the first author identified the themes in each transcript, analyzed them line by line, and then grouped or clustered similar themes together. After all themes were developed, Thai scholars fluent in English and Thai translated the data into English and then retranslated them back to Thai to ensure accurate translation. Third, the first author shared all themes with the co-authors so that they could contribute to the analysis, provide further interpretation, and confirm the lead author's findings. After the analysis, the authors wrote a summary report of the themes that emerged related to the Thai cancer spousal caregivers' experiences. To enhance a rigor of this study, bracketing and reflection were performed and trustworthiness was established by ensuring credibility, transferability, dependability, and confirmability.[16,17]

Results

Six themes emerged from the data analysis: (1) being committed for life to spouses, (2) enhancing the spouses' comfort, (3) being a co-sufferer, (4) readjusting oneself, (5) appreciating people's support, and (6) being gratified with self-development and marital life growth.

Theme 1: Being committed for life to spouses

Being committed for life to spouses reflected how the caregivers orientated their entire life to meet the obligations of caring for their spouses with HNC. Two crucial components of this commitment were the powers of love, intimacy, and trust, and a feeling of gratitude toward their spouses expressed in the desire for repayment.

Caregivers described love as being a strong bond of affection and sympathy for their spouses, which motivated them to care for their spouses. The power of intimacy enabled the couples to develop a deep knowledge of each other. Trust also is the power that inspires both the caregivers and their spouses to endure stressful events. As two caregivers said,

> No matter if he is healthy or sick, I look after him with love in my heart. ...It is the promise I have to keep.
>
> We know everything about each other. We're closer than anybody else. I don't trust anybody. Even she doesn't want anybody. She wanted me here to give her mental support.

Another component of commitment to spouses was the caregivers' gratitude for their spouses' past expressions of kindness. These caregivers wanted to repay their spouses' goodness by caring for them. One caregiver stated,

> In the past, he took care of me very well. He did that and paid attention to his family. This is the reason that I have to take care of him.

In some cases, commitment also seemed to arise from the Buddhist principle of karma rather than from gratitude. For instance, one wife caregiver, who did not have a good marital relationship, related that her caregiving role was the result of the law of karma. She believed that in the present life she had to atone for her bad deeds (karma) against her ill husband in a previous life by enduring her role as his caregiver. As she said,

> I have to pay my karma back for all his debts over my life. I can't go anywhere. I must watch over him and be tolerant.

Theme 2: Enhancing the spouses' comfort

Three activities that caregivers either desired or attempted to enhance the spouses' comfort were strengthening physical health and relieving symptoms, providing encouragement, and giving intimate and compassionate love. The caregivers resolved to strengthen their spouses' physical health and relieve their symptoms by providing them with proper nutrition and helping them to manage their physical symptoms. Two caregivers stated,

> I make soup, so her mouth won't feel burned. ...I am careful about her food. ...If she drinks cow-milk, it will make her mass grow quickly.
>
> I apply Eucerine cream around his neck and face. I clip his nails, so he is not untidy. I bought an electric razor for him to shave off his beard.

All caregivers stressed that providing encouragement was crucial to increase their spouses' will-power, self-esteem, and vigor to recover from illness. They said,

> I tell him Soo, Soo!! [fight, fight!!]. ...He will win.
>
> He said, let him just die. ...I tried to tell him about his goodness and value. He couldn't die yet. He couldn't leave me and his daughter. ... Even though there was nothing to do, I had to sit by his side. If he had back pain, I massaged him. *Kam-Lang-Jai* [will-power] is important.

The caregivers also emphasized that giving intimate and compassionate love to their spouses was important because their spouses were very sensitive and easily affected by their responses to them. As one caregiver said,

> Whatever he wants to do, I'll let him do it. He lays his head on my lap. I please him and touch him, so he won't think I'm disgusted. ...Since he has been sick, he was moody. I use Pan-Ya [wisdom] and Dharma to solve the problems. I felt Metta [loving-kindness], Song-San [compassion] for him. I am tolerant, take care of him just like my son instead of my loved one.

Theme 3: Being a co-sufferer

Being a co-sufferer was related to the suffering that caregivers experienced while assuming the caregiving role. This suffering emerged from the uncertainty of their future lives, the caregiving strain, and the difficulties with the new living arrangements.

The caregivers felt uncertain about their future lives because they had witnessed their spouses being diagnosed with HNC and then suffering from the physical symptoms of HNC and the complications of RT. Two caregivers said,

> Now my husband can't eat anything. I'm worried that how can he survive?...
>
> If I don't have him, I'd be in trouble because our kids are still in school. ...I won't be able to do anything if I'm alone.

The strain of caregiving resulted from the caregivers' devoted efforts in caring for their spouses. The strain included deterioration of their physical health, emotional distress over their spouses' negative behaviors, the restrictions imposed on their interactions with other family members and on their social life, and financial hardships. As caregivers stated,

> Sometimes if he wants to go to the bathroom, I have to help take him there. When I go home, I have to work so hard. So, so tired. ...I don't get to rest.
>
> I'm so stressed when he gets moody. He'll just kick me and swear at me. ...If he's stressed and depressed, the stress is double on me.
>
> Usually, I am sociable. ...During his radiation therapy, I didn't go anywhere. I have to please him...I go outside and hurry back home. I feel uncomfortable.
>
> I have to think of money first. He is sick. ...We've lost fifty thousand baht [$1,250]. We don't have any money ...and we're not well-to-do.

Difficulties with the new living arrangements were encountered by some of the caregivers who were uncomfortable because of the transition from their homes into unfamiliar dwellings. One caregiver who lived in the temporary patients' residence said,

> They [the residents] talk so loud, they smoke. I get mad; it's like torture. ...I see only ugly things. ...Only see sickness... torment. It's like living in hell.

Another caregiver who lived in a small dormitory expressed "I can't say much. It's hard staying here; it's uncomfortable, like being in a dark jail."

Theme 4: Readjusting oneself

Readjusting oneself meant that the caregivers reorganized their thoughts, emotions, and behaviors in response to each stressful situation to alleviate their suffering and improve their well-being. They used two ways to readjust themselves; rearranging their life and holding onto hope for a cure and hope for a longer life for their ill spouses.

The caregivers managed their stress by using distraction, tension-releasing strategies and reorganizing their daily activities. Additionally, some caregivers integrated Buddhist teachings into their life to help them have the right understanding of the true nature of human life, to purify their minds, and to exhibit the right behaviors, enabling them to live with people in harmony and happiness. As caregivers stated,

> I feel hurt... I've never complained. I walk over to other places and cry alone. ...I let it out by looking at birds and writing my diary. They make me feel better.
>
> I have to pay money every day during his treatment, I change my job. I sell salted fish because I will get money immediately.
>
> When I saw other cancer patients like my husband, I Plong [resigned] and thought that birth, old age, sickness, and death are natural matters of the world.
>
> I make up my mind, adapt myself, and practice meditation. I use my Pan-Ya [wisdom] and Phae-Metta [radiated loving-kindness]. ...I also gave a cancer patient juice. His health will be better. ...It is fine to live with others.

In addition, the caregivers' hope was readjusted from hope for a cure to hope for a longer life for their spouses throughout the spouses' RT. The hope for a cure had stemmed from a trust in modern medicine, a firm confidence in their caregiving abilities, and any improvement in their spouses' health condition. Three caregivers said,

> I think that if he went to the radiation treatment, he would recover.
>
> If I keep him satisfied, and our children give him support, he'll recover.
>
> His wound was dry...maybe he recovered because of the radiation.

However, when the spouses' health worsened, the caregivers shifted from hope for a complete cure to hope that their spouses' life would be prolonged. As one caregiver said,

> He had severe symptoms from radiation complications. ...Even if he didn't recover completely, at least let him live longer.

Theme 5: Appreciating people's support

While in their caregiving role, all caregivers received caregiving, financial and material, informational and emotional support from their family members, friends, neighbors, and health professionals. This valuable support helped to lessen the strain of caregiving. Several caregivers shared instances in which they had received various support:

> My daughter fed and bathed my husband. She was here, I felt happy.
>
> The people here [the temporary patients' residence] are so nice. We share whatever we have. ...When my husband gets sick, the grocer here helps in taking him to the emergency room.
>
> The doctor informed me that my husband wouldn't have any saliva...he would have to drink a lot. ...The nurses also advised me well and gave me the leaflet about patient care.
>
> Nurses invited previous patients to share their experiences which helped me not be discouraged... and the nurse volunteers to take us out for a picnic... fun, fun!
>
> My husband used the thirty baht Universal Health Scheme for radiation treatment.

Theme 6: Being gratified with self-development and marital life growth

Being gratified with self-development and marital life growth were described as the invaluable reward derived from becoming successful caregivers, gaining a better marital relationship, and developing insight into the truth of life. Becoming successful caregivers referred to the caregivers' positive feelings about the knowledge they gained and skills they developed when they were completely focused on caregiving and their spouses were comfortable. As two caregivers said,

> I'm like a doctor. If I see other patients, I can tell them that their symptoms would be like this and how they should do. ...I have learned step by step.
>
> I'm glad to make him happy... help him to have a better life.

During difficult times, the caregivers mentioned that their marital relationships with their spouses were strengthened. Both patient and caregiver became closer to each other and learned to comprehend and sympathize with each other more than at any other time in their past. One caregiver stated,

> Now, we live together and it makes us more intimate. We know what's in each other's mind. Before he got sick, we never talked to each other.

In addition, one wife caregiver expressed that she had developed insight into the truth of life, which alleviated her suffering and made her feel delighted. Her delight arose from her understanding of, or wisdom in, the truth of human life, the purification of her mind, and her performance of the right behaviors found in Buddhist teachings. She explained,

> At first, I *Dukkha* [suffered]. Later on, I used *Pan-Ya* [wisdom] in caring for him. I have learned many values of life since I came here [the temporary patients' residence]. I thought that if I'd escaped, I would not be able to know about *Anij-Jang* [impermanence] and *Anatta* [non-self]. ...Here, I have felt delight in my helping others without the expectation of anything in return.

Discussion

The six themes that emerged from this study both support the results found in existing caregiving research in Thailand and Western countries and add additional insights. Both similarities between the results in this study and the existing literature and differences will be discussed. The differences primarily illustrate how the findings of this study contribute to the connection between spousal caregiving of patients with HNC and the central Buddhist doctrine in Thailand.

The confirmations of the existing literature

Regarding the theme of being committed for life to spouses, this result showed that the caregivers and their spouses had been married for a long time and felt committed to their spouses. After their spouses were diagnosed with HNC, caregivers wanted to care for the spouses and give them love, closeness, and warmth. Caregivers assumed the caregiving role not only because of a sense of moral obligation created by Thai social expectations but also because of a feeling of gratitude for past expressions of kindness. Other studies on caregiving experiences support our findings that the powers of love, intimacy, and trust, and a feeling of gratitude motivate spouses to become primary caregivers.[18,19]

To enhance their ill spouses' comfort, caregivers in this study performed their caregiving activities based on their beliefs and experiences. Our results are similar to those reported in previous studies on the beliefs of the families and cancer patients about consuming food supplements and avoiding potentially carcinogenic foods.[20,21] Caregivers used several methods to manage their spouses' symptoms that were consistent with those used by patients with HNC receiving RT in previous studies.[22,23] In addition, our results support the findings of other studies about the importance of encouraging spouses diagnosed with cancer.[5,24] Caregivers of this study also recognized that giving intimate and compassionate love was the essential caregiving behavior contributing to the spouses' emotional well-being. This finding is consistent with a previous study's finding that caregivers increasingly played an active role in the emotional caring for spouses with prostate cancer.[25] Consistently, Phengjard[26] found that Thai families attempted to understand the negative emotional states of their family members with AIDS and gave them compassionate love.

The experience of co-suffering found here has been also reported in a study by Lindholm et al,[27] which revealed that the significant others of patients with breast cancer experienced suffering. Our finding that caregivers felt uncertain about their future lives confirmed the findings of a previous study by Winterling et al,[28] which reported that spouses of patients who were newly diagnosed with advanced cancer felt uncertain and concerned about their future lives after their loved one's death.

Many caregivers in this study reported that they were strained by caregiving, with deterioration of their physical health, emotional distress over their spouses' negative behaviors, restrictions on their social life, and financial hardships. Winterling et al[28] likewise reported that spousal caregivers' physical health worsened after they assumed primary caregiving role. Brobäck and Berterö[29] have reported that family caregivers had difficulty in managing cancer patients' behavioral problems and had limited interactions with other family members and restricted social lives. Herranz and Gavilan[7] found that wives of patients with laryngeal cancer had concerns about finances after their husband's disease was treated.

The negative feelings our caregivers expressed about their new living arrangements supported the findings from a previous study, which reported that family caregivers felt discomfort when having to leave their own homes to live in unfamiliar dwellings.[30]

Readjusting oneself was a significant way that spousal caregivers attempted to alleviate their suffering. Previous Thai and Western caregiving studies found that spouses of patients with various cancers cope with their suffering by keeping a diary, avoiding stressful events, crying alone, planning to solve their problems, and adapting their work life to reduce their stress.[7,10,11] Following Buddhist teachings, the caregivers in this study had the right understanding of the true nature of human life and exhibited right behaviors in living with others. The integration of Buddhist teachings into the caregiving role has also been consistently reported in other studies of Thai caregiving research.[19,31] In addition, we found that the caregivers readjusted their hope from hope for a cure to hope for a longer life for their spouses. This readjustment of hope is similar to the shift observed in the hope of family caregivers of patients with terminal cancer, which changed over time from hope for a cure to a more realistic hope of relieving the patients' suffering.[32]

Caregivers expressed an appreciation for the emotional, caregiving, material and financial, and informational support they received from people. Again, these results were consistent with the findings of previous Thai and Western caregiving studies.[19,29]

In this study, caregivers felt gratified with their self-development and marital life growth that resulted from successful caregiving, better marital relationships, and development of insight into the truth of life. By successfully providing care, the caregivers experienced positive feelings and gained knowledge and skills. Our findings were similar to those reported in studies by Limpanichkul and Magilvy[19] and Ruangjiratain.[33] Growth in the marital relationship, which has been a reported benefit of spousal caregiving, resulted from the caregiver's and the spouse's developing a deeper knowledge of each other.[5,19,24,33] In addition, a noteworthy experience that we detected in one transcript was development of insight into the truth of human life by integration of Buddhist teachings into the caregiving role. This result is consistent with Patoomwan's[31] finding that Thai parents of children with cancer moved toward an acceptance of the impermanence of their children's life by following the Buddhist teaching leading them to experience greater peacefulness.

Connections between Thai spousal caregiving of patients with HNC and the central Buddhist doctrine

Spousal caregivers in this study described experiences that are not found in other current literature and that we believe are connected with the central Buddhist teachings of "the Four Noble Truths". Only by awareness of the Four Noble Truths can human beings grasp the true nature of human life.

The Four Noble Truths are: (1) the truth of suffering, (2) the truth of the cause of suffering, (3) the truth of the end of suffering, and (4) the truth of the path leading to the end of suffering.[34,35] The First Noble Truth is that suffering, both physical and mental, encompasses every aspect of life including birth, decay, sickness, and death.[35] The Second Noble Truth is that attachment, craving, or desire are the causes of suffering.[35] The Third Noble Truth is that the end of suffering is achieved when craving or desire are completely extinguished.[35] The Fourth Noble Truth is that "the Noble Eightfold Path" is the way for people to end their suffering; the eight aspects of the Path are right understanding, right thought, right effort, right mindfulness, right concentration, right speech, right action, and right livelihood.[35]

In our study, we found two significant experiences of the experiences - "being a co-sufferer" and "readjusting oneself"—that were connected to the First and the Fourth Noble Truths, respectively. "Being a co-sufferer", which was connected to the First Noble Truth, resulted from the uncertainty about future lives (i.e., worry, trouble, and death), the strain of caregiving (i.e., tiredness and stress), and difficulty in adjusting to new living arrangements (i.e., torture, "living in a dark jail", and "living in hell"). "The Noble Eightfold Path" was exemplified in the readjustments made by the caregivers who had integrated Buddhist teachings into their lives. Specifically, they used the Noble Eightfold Path to alleviate the suffering caused by the uncertainty of their spouses' illness and to help them live peacefully and happily with other people (i.e., their spouses, the residents in the temporary patients' residence).

To alleviate their suffering from the uncertainty of their spouses' illness, the caregivers used right understanding, right thought, right effort, right mindfulness, and right concentration. Some caregivers expressed their understanding that their spouses' illness or recovery would be caused by their bad or good karma (the Law of Karma). Some achieved insight into the true nature of human life, in particular, the Three Marks of Existence: suffering, impermanence, and non-self. Having right understanding helped caregivers to contemplate (using right thought) their spouses' illness as an instance of the inescapable suffering that is a part of human life. Some caregivers also had the right effort, right mindfulness, and right concentration to prepare their minds to accept the uncertainty (impermanence) of their spouses' illness. After arriving at this state of acceptance or resignation, the caregivers' minds were calm and their suffering was diminished.

To help them to live with people peacefully and happily, caregivers integrated right understanding, right thought, right effort, right mindfulness, right concentration, right speech, and right action into their lives. Having right understanding, one wife caregiver believed that her present caregiving role was due to the Law of Karma, which dictated that she repay her bad deeds enacted in her previous life. Several caregivers also tried to understand the natural character and the "sick identity" of their spouses to try to mitigate their behavioral problems. This right understanding also helped the caregivers have the right thought because it removed their selfishness and promoted their moral thought of performing good deeds for their spouses. Some caregivers also used right effort, right mindfulness, and right concentration to control their minds when facing their ill spouses' negative behaviors. Developing their right understanding, right thought, right effort, right mindfulness, and right concentration led the caregivers to have right speech and right actions while interacting with their spouses (i.e., loving-kindness and compassion). These caregivers radiated their loving-kindness and compassion not only to their spouses but also to other patients, which made the caregivers feel delighted and happy.

Limitation

This study was conducted with only spousal caregivers who were Thai Buddhists. The findings may not apply to other religions or groups.

Conclusion and Recommendations

This study, based on the hermeneutic phenomenological approach of nursing research, described the self-expressed experiences of caregivers of spouses with HNC undergoing RT. The six themes that emerged strongly confirmed previous caregiving research focusing on the caregivers' commitment to spouses, caregiving activities, and caregiving experiences. Our findings are unique in that they provide connections between the Thai spousal caregiving experiences and central Buddhist doctrines, especially the Four Noble Truths. By following the Noble Eightfold Path, at least one of the wife caregivers was able to alleviate her suffering and live among other people harmoniously and happily.

The results of this study offer direction for practicing nurses, hospital policy makers, and future research teams. Nurses can enhance the effectiveness of caring for caregivers based on evidence-based practice. Establishing a self-help group and developing a program to integrate Buddhist teachings into the caregiving experience would be beneficial for caregivers in the Thai culture. Also, acknowledging the caregivers' sacrifices could increase their pride and help them become more successful in their caregiving role. Hospital administrators should support the establishment of programs such as the ones mentioned above or others that will be beneficial for caregivers. Conducting research to examine programs to assist spousal caregivers will be important. While no differences were apparent in the themes of husband as compared with wife caregivers, only three husband caregivers were included. Therefore, further studies should examine the experiences of husband caregivers to compare with wife caregivers' experiences. In addition, exploring caregivers' suffering, developing a suffering assessment tool in the Thai context, and conducting participation research are needed to promote the well-being of caregivers while they are caring for spouses with HNC undergoing RT.

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ประสบการณ์ของคู่สมรสผู้ดูแลผู้ป่วยมะเร็งศีรษะและคอขณะได้รับรังสีรักษา

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บทคัดย่อ: ในบริบทสังคมไทยการดูแลคู่สมรสถือว่าเป็นจารีตประเพณีสำคัญแต่ดั้งเดิม การดูแลอย่างต่อเนื่องดังกล่าวนี้อาจส่งผลกระทบต่อความผาสุกของคู่สมรสผู้ดูแล ปัจจุบันองค์ความรู้เกี่ยวกับประสบการณ์ของคู่สมรสผู้ดูแลผู้ป่วยมะเร็งศีรษะและคอขณะได้รับรังสีรักษาในประเทศไทยพบว่ายังมีการศึกษาไม่เพียงพอ การศึกษาครั้งนี้มีวัตถุประสงค์เพื่อบรรยายประสบการณ์ของคู่สมรสผู้ดูแลผู้ป่วยมะเร็งศีรษะและคอขณะได้รับรังสีรักษา คู่สมรสผู้ดูแลจำนวน 15 ราย (ภรรยาผู้ดูแล 12 รายและสามีผู้ดูแล 3 ราย) ถูกคัดเลือกจากหน่วยรังสีรักษาในโรงพยาบาลมหาวิทยาลัยแห่งหนึ่งในจังหวัดสงขลา ระหว่าง พฤษภาคม ถึง ธันวาคม 2548 รวบรวมข้อมูลโดยการสัมภาษณ์แบบเจาะลึกและวิเคราะห์ข้อมูลโดยใช้วิธีวิจัยปรากฏการณ์นิยมเฮอร์เมนนิวติกของโคเฮน คานห์และสตีฟส์ (Cohen, Kahn, & Steeves) ผลการวิจัยพบว่าประสบการณ์ของคู่สมรสผู้ดูแลผู้ป่วยมะเร็งศีรษะและคอขณะได้รับรังสีรักษาประกอบด้วย 6 ประเด็นหลัก คือ (1) พันธกิจต่อคู่ชีวิตเกิดจากพลังของความรัก ความใกล้ชิด ความไว้วางใจและการตอบแทนบุญคุณ (2) การส่งเสริมความสุขสบายของคู่ชีวิตแสดงออกโดยการดูแลสุขภาพกายให้แข็งแรงและบรรเทาอาการ รวมทั้งมีการให้กำลังใจ ความใกล้ชิดและความรักเมตตา (3) การเป็นผู้ร่วมทุกข์เกิดจากความรู้สึกไม่แน่นอนของชีวิตในอนาคต ความตึงเครียดที่เกิดจากการดูแลและความลำบากต่อการจัดการกับสภาพที่แปลกใหม่ของชีวิต (4) การปรับเปลี่ยนตนเองเป็นการปรับการดำเนินชีวิตและการคงไว้ซึ่งความหวังในการหายขาดจากโรคและการมีชีวิตยืนยาวของคู่ชีวิตที่เจ็บป่วย (5) ความซาบซึ้งในการช่วยเหลือจากหลากหลายผู้คนและ (6) ความปิติยินดีกับการพัฒนาตนเองและความสมบูรณ์ของชีวิตคู่สมรสเกิดจากการประสบความสำเร็จในการดูแล การเพิ่มพูนสัมพันธภาพระหว่างคู่สมรสและการพัฒนาความเข้าใจถึงสัจธรรมของชีวิต ผลของการศึกษาครั้งนี้ช่วยให้เจ้าหน้าที่สุขภาพได้ตระหนักถึงคู่สมรสผู้ดูแลเสมือนเป็นกลุ่มผู้ที่เปราะบางซึ่งต้องได้รับการดูแลและผลการศึกษาครั้งนี้เป็นนัยสำคัญพื้นฐานสำหรับงานวิจัยเกี่ยวกับการดูแลของคู่สมรสไทยในอนาคต

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