

Experience of Women Caring Their Elderly Husbands with Stomach Cancer and The Ways to Improve Their Quality of Lives in Korea

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1. Purpose of the Study

This study aims at having an in-depth understanding in the experience of women caring their spouses with stomach cancer in the Korean socio-cultural context, and proposing for a service for enhancing the quality of lives of them.

2. Methodology

For this study, the data had been collected for five months from October 2012 to February 2013. The participants in this study were a total of 7 women who are taking care of their spouses who are diagnosed as stomach cancer after 65 and under chemotherapy or under monitoring process. The subjects of this study were all living as a couple-only family, and the average age was 70, while their social-economic status falls under the below-middle class. In-depth interviews were conducted for these caregiving women who agreed to the objective of this research and gave a written consent. Each participant were interviewed in-depth once or twice, and each interview session took 90~120 minutes. The interview consists of open-end questions asking experience of these women caring their husbands in the process of chemotherapy after being diagnosed as stomach cancer. The statements of the respondents were all recorded and transcribed. The interviews were analyzed using Colaizzi's phenomenological methodology[1].

3. Results

The study findings were categorized into three in general which looked into individual, relational, and medical and social service aspects. The respondents answers focusing on individual aspect were: feeling overwhelmed by the unexpected bad news; most stressed right after the surgery; preparing meals with the utmost concern for health; providing care for 24 hours; trying to make husband have a peace of mind; feeling my own health is deteriorating; being depressed for worrying about my husband; being worried about the cancer getting worse; trying to relieve stress on my own; trying to live up the expectations as a wife; thinking that no one can take care of my husband better than I do; and wanting to live healthy for the rest of my life. The responses focusing on relationship aspect were: feeling sorry for my husband; feeling upset for my husband who fails to take care of his own health; feeling comforted to have a husband even he is sick; feeling being supported to have children - consulting with children to decide on treatment, being supported by children and feeling grateful, taking comfort from daughter; trying not to burden children; having no luxury to meet with friends; keeping the relationship with only a small number of people, thinking that they should abide by doctor's directions and easily affected by what the doctors say. With regards to medical and social welfare services, they answered that they were: feeling insecure for the doctors in charge keeps changing; being concerned about the future expenses; cutting down on spending; and feeling the hospital's education actually helps.

4. Practical Implication

As a practical and multifaceted means to improve the quality of lives of the wives who are taking care of their elderly spouses with stomach cancer based on this study findings, the followings can be suggested giving consideration to medical and social welfare services:

First, there is a need to provide diverse services to meet the needs of spousal care givers that changes over the stage of treatment and to improve their quality of lives. For instance, a crisis intervention service would be needed so that these care giving spouses at old age can relieve their psychological shock and quell one's fear after the diagnosis of cancer and ultimately recover mental stability. In addition, for the spouses of elderly cancer patients who are

relatively lack of access to information compared to younger people, a comprehensive education should be provided on the upcoming treatment process, side effects of chemotherapy and the coping strategies, recommended diet, nutritional guide lines, and etc. at the time of admission. Considering the nature of the elderly, education materials should be in bigger fonts, and easily explained so that they can read over these materials at home after discharge to find the information they need. Even after the discharge, a follow-up monitoring system is in urgent need given the rapid rise in the number of elderly families in Korea. This means that a home care system that can provide more professional medical or disease management services to elderly cancer patients operated by hospitals or local health care centers emerging from the existing role of elderly care workers. This would enhance and quality of lives and alleviate the mental burdens and anxiety of the aged spousal caregivers who are taking care of their partner after discharge.

Second, medical staff should be trained to be equipped with effective communication skills to have positive influence on the aged spousal caregivers as the doctors' comment or attitude have significant impact on caring method or mental stability of spousal care givers. Furthermore, there should be a special arrangement to minimize the changes of doctors in charge so that patients and their spouses can sustain their confidence in doctors and reliability on treatment methods.

Third, in most cases, adult children of elderly cancer patients wield strong influence over decisions on treatment, and the parent-children relationship is an important element in satisfaction with life of elderly cancer patients and their spouses. In this regard, not just medical staff but also social workers should assist them to maintain healthy parent-children relationship promoting effective communication by providing family counseling or education at admission or outpatient visit.

Fourth, a self-help group for these people caring their spouses with cancer should be encouraged and promoted so that they are not socially isolated or abandoned. Above all, in order for these aged spousal caregivers not to physically or mentally exhausted or become ill for providing all day care giving, various visiting services should be offered such as talking companion or laughter therapy and etc. initiated by community welfare centers for elderly.

Fifth, more active government support is necessary in order to minimize economic burden of the low-income elderly cancer patients and their families and to improve their quality of lives. For example, costly examinations, medications, and target treatments which are currently uncovered by the national medical insurance program should be financially supported based on the economic status of the elderly cancer patients.

5. Reference

- [1] F. E. Colaizzi, Psychological research as the phenomenologist view it. In: Valle R.S, King M(ed), Existential phenomenological alternatives for psychology. New York: Oxford University Press, 1978