



Cancer Information Acceptance in Ahmadu Bello University Teaching Hospital (Abuth), Shika, Zaria.

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ABSTRACT

This study is conducted to examine Cancer Information Acceptance in Ahmadu Bello University Teaching Hospital (Abuth), Shika, Zaria. Four research objectives were formed for the study which aim to; identify types of cancer information available to caregivers and cancer patients, know the kinds of cancer information sources accessible by caregivers, find out the extent to which the cancer information sources and services provided satisfy the information need of cancer patients and to find out the challenges faced by the caregivers in accessing, sourcing and utilizing cancer information in Ahmadu Bello University Teaching Hospital Shika, Zaria. Forty (40) caregivers of cancer patients formed the population for the study. Questionnaire was used as a data collection instrument. The data collected for the study were presented and analyzed using descriptive statistics, frequency distribution tables, percentages and mean score were also used. It was discovered that, treatment, disease, side effects, nutrition, coping and support were available types of cancer information available to caregivers and cancer patients in ABUTH, Shika. The study revealed that health professionals, internet, books, magazines and library were most sources for cancer information. The findings ascertained that few caregivers were not satisfied with information need provided by healthcare professionals. The study showed, emotional and physical stress was one of the challenges faced by the caregivers in accessing, sourcing and utilizing cancer information. The study recommended that it is important to develop standardized information based on caregivers' identified needs and deliver the information in various health formats so that information is readily available, and the source of information delivery must also be in the manner and through the mode that is in accordance to caregiver's preference.

Keywords: Cancer; Librarians; Library; Hospital; Information; Care Givers; Quantitative Research.

Introduction

Cancer is one of the leading life-threatening illnesses, yet early detection and new therapies help cancer patients live longer (Miller et al., 2018). Almost 27.5 million new cancer cases will occur by 2040 globally (American Cancer Society, 2018). In the U.S., the number of cancer survivors is projected to rise to 22.1 million by 2030 (American Cancer Society, 2019). As cancer patients live with chronic and complex conditions, cancer has long-term impacts not only on a patient but also the patient's family (Phillips & Currow, 2021). Studies using nationally representative samples of the U.S. population indicated that the majority of cancer survivors have a family caregiver (de Moor et al., 2018).

The terms family caregiver and informal caregiver refer to a relative or "family-like" individual who provides unpaid and ongoing assistance to the care recipient (Romito et al., 2019). Some cancer caregiving studies have used other terms, including carer, caregiver, significant other, or next of kin (Romito et al., 2019). With the shift toward cost-effective outpatient care and shortened hospital stay, family caregivers play a major role in supplementing formal health care (Glajchen, 2018). Family caregivers may provide emotional support, monitor patients' symptoms/side effects, communicate with health care providers, assist with activities of daily living (ADL) and instrumental activities of daily living (IADL), or perform medical/nursing tasks (National Alliance for Caregiving, 2019). Caregivers reported high informal care time commitment even though there is great variation across the stages of treatments (Yabroff & Kim, 2016). In the U.S. caregivers estimated spending 8.3 hours per day helping patients for 13.7 months after cancer diagnosis (Yabroff & Kim, 2016). In another study conducted in Ireland, on average, caregivers provided support for 42.5 hours per week in the initial treatment phase for cancer and for 16.9 hours per week in subsequent phases (Staines, et al., 2017). This increasing reliance on family to care for patients may take a physical and emotional toll on family caregivers of cancer patients (Kent et al., 2019).

Family caregivers are an invaluable resource of support to cancer patients throughout the trajectory of illness, yet the caregivers themselves often have numerous demands including holding a job, managing time and constrained finances, and caring for other family members (Blum & Sherman, 2015). The burden of family caregivers is well documented and caregivers with higher caregiver burden are likely to be at increased risk of mental health problems (Girgis et al., 2018). However, review papers of cancer caregivers have found that there has been limited work addressing cancer caregiver

burden and mental health over time (Kent et al., 2019). Thus, additional studies are needed with different samples and disease trajectories to explore caregiver burden and mental health outcomes over time and what factors may influence changes in those outcomes.

One factor that may influence coping and health of cancer caregivers is spirituality (Folkman, 2017). Spirituality can be an important coping resource for family caregivers, resulting in self-empowerment to cope with stress (Baldacchino & Draper, 2021). In turn, family caregivers can reappraise their caregiving situation and can protect themselves from the impact of caregiving stress (Baldacchino & Draper, 2021). Family caregivers with a low level of spirituality can be at risk for burden and negative mental health outcomes (Colgrove et al., 2017). Although spiritual support is one of the essential components to improve quality of life of cancer families, there has been less attention to the spiritual aspect of family caregivers compared to physical, psychological, and social aspects (Ferrell & Baird, 2020).

Studying the influence of spirituality on caregiver outcomes is limited by varied measures (Steinhauser et al., 2017). It is necessary to use appropriate measures to assess spirituality, but in cancer caregivers, there is a lack of studies concerning validity of the Spiritual Perspective Scales that is one of the tools for researchers to avoid overlapping with positive mental health constructs (Reinert & Koenig, 2018). Also, limited studies have reported that spirituality is closely associated with care demands and caregivers' health outcomes over time (Steinhauser et al., 2017). Further longitudinal research is needed to examine the role of spirituality in relation to caregiver burden and mental health.

Impact of caring for patients with cancer on caregivers

While caring for patients across the cancer illness trajectory, family caregivers may experience both positive and negative impacts of caregiving (Girgis et al., 2018). Cancer caregiving research reported positive aspects of caregiving, including rewarding experiences of being with recipients, feeling closer to recipients, personal satisfaction, and personal growth (Willard et al., 2016). Despite the benefits of caregiving, being a caregiver of cancer patients has been associated with increased burden and increased risk of adverse health outcomes (Bevans & Sternberg, 2019). With regard to financial impact and work status, reduced income and cancer-related care bring about financial issues for many families of cancer patients. Nonelderly cancer survivors also had a higher annual out-of-pocket burden compared with persons without a cancer history (Guy et al., 2015). Moreover, caregivers at working ages have more financial hardship since they may have more expenses for dependent children, mortgages, and household expenses (Amir et al., 2018). Studies found that caregiving negatively influenced work productivity of the caregivers, including work hours lost, feeling less effective, absenteeism, and loss of employment due to hospital visits and care activities (Kamal et al., 2017). In a study conducted in the U.S., 62% caregivers reported that traveling for treatment impeded their ability to work (Lightfoot et al., 2014).

Research has investigated the impact of cancer caregiving on relationships and social activities (Stenberg et al., 2018). Balancing ongoing responsibilities and a caregiving role can be difficult (Shaw et al., 2016). Caregivers may become isolated since it is difficult to leave patients alone, yet they have other responsibilities, including domestic duties and looking after children (Gibbons et al., 2019). Caregivers tend to ignore their own interests and give up leisure activities (Shannon, 2015) and may feel abandoned by other family members (Persson & Sundin, 2018). In addition, spousal caregivers experienced impaired sexual and marital relationships (Fergus & Gray, 2019). Some caregivers also reported negative social interactions with significant others and worse family functioning (Litzelman et al., 2016).

Along with burden and impact on daily life, caregiving experiences can be highly stressful, which may lead to increased risk of mental health problems (Stenberg et al., 2015). More than half of the caregivers of advanced cancer patients experience at least one suspected psychiatric symptom, including depression, anxiety, alcohol abuse/dependence, and posttraumatic stress disorder (PTSD) (Rumpold et al., 2016). Caregivers have higher prevalence of depression and anxiety than general population norms (Groves et al., 2015). Some studies have indicated that caregivers experienced more distress, depression, and anxiety than their cancer patients did (McCorkle et al., 2017). However, caregivers were less likely to discuss their own mental health concerns with health care providers since they perceived self-care as a low priority (Mosher et al., 2015).

Statement of the Problem

Cancer is a devastating and debilitating chronic disease that affects both the patient and caregivers. It is largely characterized by abnormal growth and spreads by the movement of cells to other parts of the body *via* the blood and lymphatic system. In contrast to normal cells, "apoptosis" does not apply to cancer cells, as they continuously grow, proliferate and spread (Akpan-Idiok, 2018). Cancer patients and their caregivers seek information to assist with better understanding or managing cancer or to provide adequate care (Adams, 2021). Yet, patients and their caregivers also indicate being dissatisfied with available information, such as information on supportive care, exist (Bourbonniere, 2018).

Similarly, a recent report on the benefit of cancer caregiver interventions in randomized controlled trials (RCT) suggests moderate benefit to caregivers, and highlighted the potential need to better incorporate information on caregiver self-care (Northouse, 2020). Research on care giving to cancer patients is sparse and there has been little research specifically addressing the experiences of caregivers in accessing, sourcing and utilization of cancer information. The study attempts to contribute to the gap that exists in the literature specifically on the access and utilization of cancer information among patients and caregivers in Ahmadu Bello University Teaching Hospital Shika, Zaria.

Objectives of the Study

The objectives of this study are:

1. To identify the types of cancer information available to caregivers and cancer patients in Ahmadu Bello University Teaching Hospital Shika, Zaria.
2. To know the kinds of cancer information sources accessible by caregivers in Ahmadu Bello University Teaching Hospital Shika, Zaria.
3. To find out the extent to which the cancer information sources and services provided satisfy the information need of cancer patients in Ahmadu Bello University Teaching Hospital Shika, Zaria.
4. To find out the challenges faced by the caregivers in accessing, sourcing and utilizing cancer information in Ahmadu Bello University Teaching Hospital Shika, Zaria.

Research Method Adopted for the Study

A survey research method will be adopted for the study. Ali, (2016) stated that survey is a type of descriptive research which uses sample data to describe and explain what is existent or non-existent on the present status of a phenomenon being investigated. Statistics Canada, (2013) stated that survey is any activity that collects information in an organized and methodical manner about characteristics of interest from some or all units of a population using well-defined concepts, methods and procedures, and compiles such information into a useful summary form.

Aron, (2017) postulated that the purpose of a survey is to collect quantitative information, usually through the use of a structured and standardized questionnaire. Osuala, (2017) agreed that survey research uses both large and small populations by selecting and studying the relative incidence, distributions and interactions of social and psychological variables. The reason for the adoption of this method is to enable the researcher to collect data quantitatively in order to measure naturally occurring status of access and utilization of cancer information among patients and caregivers in Ahmadu Bello University Teaching Hospital (ABUTH), Shika, Zaria.

Population of the Study

Ndagi, (2011) said that the population of a research is sometimes referred to as the universe; and it is defined as the entire group whose characteristics are to be estimated. The aggregation of elements that the researcher focuses sampling (Abdullahi, 2017). The population of this study will consist forty (40) caregivers of cancer patients in Ahmadu Bello University Teaching Hospital (ABUTH), Shika, Zaria.

Sampling and Sampling Techniques

Sampling refers to the method used in selecting your respondent from a given population. In the light of this, Adamu and Johnson, (2017) asserted that sampling is the part of the population observed for the purpose of making a scientific statement or talking a decision about the population. Since the population is not large and it is manageable, the researcher will use the whole population for the study. Bernard (2012) also supported this by asserting that if a population of a study is less than two hundred (200) the entire population should be used for the study. The study will be restricted to caregivers of cancer patients in Ahmadu Bello University Teaching Hospital (ABUTH), Shika, Zaria.

Instrument for Data Collection

The instrument to be used for collecting data in this research will be questionnaire. The questionnaire will base on the 4 point Linkert method of; Strongly Agreed (SA), Agreed (A), Disagreed (D) and Strongly Disagreed (SD). A total of 40 questionnaires will be administered to caregivers of cancer patients.

Validity of the Research Instrument

According to Muhammad, (2015) "the instrument for data collection is said to be valid when it is able to produce correct responses from the subjects of the sample study". In order to ensure that the questionnaire is capable of eliciting the required data and information from the respondents, the instrument will be subjected to face validation. The researcher will present a draft instrument to an expert, senior colleagues and supervisors for validation.

Reliability of the Research Instrument

The reliability of the instrument will be established by conducting a pilot study within one week at the Ahmadu Bello University Teaching Hospital (ABUTH), Shika, Zaria. And the result of pilot study will be tested using Pearson Product Moment Correlation (PPMC) at 0.05 significant levels. The researcher will distribute the three (3) questionnaires to the caregivers of cancer patients in Ahmadu Bello University Teaching Hospital (ABUTH), Shika, Zaria. This is in line with Adigu, (2011) who noted that the pilot testing is usually done on a much smaller scale than the main study but under the same or similar condition.

Procedure for Data Collection

The copies of the questionnaire will be administered and distributed to the respondents by the researcher and a research assistant for a period of one week. The researcher will make sure the questionnaires are filled and returned by the respondents.

Procedure for Analysis Data

The statistical techniques to be used in the analysis and interpretation of data will be descriptive statistical techniques like table of frequency counts and mean score will be employed in the analysis.

DATA PRESENTATION, ANALYSIS AND DISCUSSION.

Response Rate

In carrying out this research a total of forty (40) copies of the questionnaire were administered and 40 were completed and returned. It was distributed to caregivers of cancer patients in Ahmadu Bello University Teaching Hospital (ABUTH), Shika, Zaria. This gave a 100% response; the high response rate could be attributed to the relationship that was established between the researcher and the respondents during the visits to the ABUTH, Shika, Zaria, the table below describes the response rate of the questionnaire distributed.

Table 1: Response Rate

Gender	No. of Questionnaire Distributed	No. of Questionnaire Returned	Percentage (%)
Male	8	8	20
Female	32	32	80
Total	40	40	100

Source: Fieldwork, 2023

The above table 1 shows the gender responses and variances in the number of questionnaires distributed to caregivers of ABUTH, Shika, Zaria whom was willing to fill the questionnaire as at the time of distribution.

From the table above, it shows that about 8 respondents represent (20%) were male while 32 respondents represent (80%) were female which shows that the female caregivers are higher in number than that of the male in ABUTH, Shika, Zaria.

Table 2: Age of the Respondents

Age	Frequency	Percentage
20 – 30	12	30
31 – 40	18	45
41 – 50	6	15
50 and above	4	10
Total	40	100

Source: Fieldwork, 2023

From the table 2 shows that, about 12 respondents represent (30%) were at range of 20-30, while 18 respondents represent (45%) were between the age of 31-40, however, 18 respondents represent (45%) within the age of 41-50 while, those between 6 and above were 4 in number which represent (10%).

That shows that, the caregivers within the age of 31- 40 are higher in number in ABUTH, Shika, Zaria.

Table 3: Marital Status of the Respondents

Marital Status	Frequency	Percentage
Single	12	30
Married	28	70
Total	40	100

Source: Fieldwork, 2023

Table 3 above shows that, 12 respondents represent (30%) were single caregivers while 28 respondents represent (70%) were married caregivers which shows that the married caregivers are higher in number than that of the single caregivers in ABUTH, Shika, Zaria

Table 4: Relation of caregiver and care receiver

Relation	Frequency	Percentage
Mothers / Fathers	16	40
Brothers / Sisters	18	45
Grandparents	6	15
Total	40	100

Source: Fieldwork, 2023

Table 4 above shows that, 16 respondents represent (40%) were Mothers / fathers, while 18 respondents represent (45%) were brothers/sisters while 6 respondents represent (15%) were grandparents. This shows that brothers and sisters has higher percentage in number than other relation.

4.3 Analysis of answers to Research Questions

This research questions on access and utilization of cancer information among patients and caregivers in Ahmadu Bello University Teaching Hospital (ABUTH), Shika, Zaria. The respondents' answers to the four research questions were as presented in Tables 1 to 4. The analysis is as follows:

Research Question One: What types of cancer information are available to caregivers and cancer patients in ABUTH, Shika, Zaria in order to identify the types of cancer information available to caregivers and cancer patients in ABUTH, Shika, Zaria, respondents were asked to identify the types of cancer information available to caregivers and cancer patients in ABUTH is shown in Table 1.1

Table 1.1: Types of cancer information available to caregivers and cancer patients

S/N	Statements	SA	A	D	SD	Mean	Remark
1	I help care-receiver with eating his/her food.	18	14	5	3	3.175	Agree
2	I help care-receiver with personal care (Dressing, bathing or hair care)	20	17	2	1	3.400	Agree
3	I help care-receiver take her medications and /or prescribed treatments..	8	9	13	10	2.375	Disagree
4	I help care-receiver walk across the room.	15	12	7	6	2.900	Agree
5	I help care-receiver get in and out of bed, chair or couch.	16	14	6	4	3.050	Agree
6	I contact doctor about care-receiver's on causes of disease	3	2	17	18	1.750	Disagree
7	I help care-receiver with laundry or other household chores.	12	10	14	4	2.750	Agree
8	I take care of care-receiver's banking, paying bills or other financial matters.	18	15	3	4	3.125	Agree
9	I do shopping, appointments, or run errands for care receiver.	10	12	8	10	2.550	Agree
10	I help care-receiver with writing letters, phone calls, or other personal communications.	13	14	7	6	2.850	Agree
	Cumulative mean					2.798	

Source: Fieldwork, 2023

Table 1.1 elucidates types of cancer information are available to caregivers and cancer patients in ABUTH, Shika, Zaria. The highest mean response of 3.400 is that "I help care-receiver with personal care (Dressing, bathing or hair care)" which could be types of cancer information are available. Details of response on this opinion showed that 20 of the respondents strongly agreed, while 17 others agreed as against 2 that disagreed and the rest 1 of them strongly disagreed with this opinion. In the same vein, "I help care-receiver with eating his/her food." which could be types of cancer information are available. This opinion attracted the respondent's second highest mean response of 3.175 with details showing that 18 strongly agreed, 14 others agreed while 5 disagreed and the rest 3 strongly disagreed. However, "I contact doctor about care-receivers on cause of disease" took the least response mean of 1.750 with details showing 3 strongly agree, 2 other agree while 17 disagree and the rest 18 strongly disagree. The cumulative mean of respondents on types of cancer information are available to caregivers and cancer patients in ABUTH, Shika, Zaria is 2.798. This implied that majority of the respondents strongly agree with types of cancer information available to caregivers and cancer patients on physical caregiving while little response was given to cancer information on medical consultation with health professionals.

Research Question Two: What kinds of cancer information sources are accessible by caregivers in Ahmadu Bello University Teaching Hospital Shika, Zaria?

Table 2.2: Mean Score of Respondents on what kinds of cancer information sources are accessible by caregivers

S/N	Source of cancer information	SA	A	D	SD	Mean	Remark
1	Doctor	5	8	13	14	2.150	Disagree
2	Nurse or other health professionals;	7	10	15	8	2.400	Disagree
3	Hospital or clinic	3	5	20	12	1.975	Disagree
4	Family or friend	12	14	8	6	2.800	Agree
5	Internet	20	15	3	2	3.325	Agree
6	Books, magazines, or library	18	12	6	4	3.100	Agree
7	Religious organization	12	14	10	4	2.850	Agree
8	Support groups	15	13	5	7	2.900	Agree

9	Aging association, group, or organization	14	17	4	5	3.000	Agree
10	Local Herbalist	13	10	8	9	2.675	Agree
	Cumulative mean					2.718	

Source: Fieldwork, 2023

Analysis of table 2.2 reveals kinds of cancer information sources accessible by caregivers in Ahmadu Bello University Teaching Hospital Shika, Zaria. The highest mean response of 3.325 is that “internet is the source of cancer information accessible”. Details of response on this opinion showed that 20 of the respondents strongly agreed, while 15 others agreed as against 3 respondents that disagreed while 2 strongly disagree with this opinion. In the same vein, “Books, magazines or library is the source of cancer information accessible”. This opinion attracted the respondent’s second highest mean response of 3.100 with details showing that 18 strongly agreed, 12 others agreed while 6 disagreed and 4 respondents strongly disagreed.

The study revealed lowest mean response of 1.975 is that “hospital or clinic is the source of cancer information accessible”. Details of response on this opinion showed that 3 of the respondents strongly agreed, while 5 others agreed as against 20 respondents that disagreed while 21 strongly disagree with this opinion. The cumulative mean of respondents on kinds of cancer information sources accessible by caregivers in ABUTH is 2.718. This implied the caregivers discovered, source for cancer information from internet, books and magazine more accessible than to consult medical professions or clinics on patient’s cancer.

Research Question Three: How satisfied are the cancer patients with cancer information sources and services provided by the caregivers in Ahmadu Bello University Teaching Hospital Shika, Zaria?

Table 3.3: Mean Score of Respondents on extent to which the cancer information sources and services provided satisfy the information need of cancer patients

S/N	Source of cancer information	HS	S	FS	NS	Mean	Remark
1	Doctor	3	6	15	16	1.900	Disagree
2	Nurse or other health professionals;	10	17	5	8	2.725	Agree
3	Hospital or clinic	5	3	22	10	2.075	Disagree
4	Family or friend	15	13	10	3	3.050	Agree
5	Internet	18	14	5	3	3.175	Agree
6	Books, magazines, or library	15	18	4	3	3.125	Agree
7	Religious organization	2	8	12	18	1.850	Disagree
8	Support groups	13	14	7	6	2.850	Agree
9	Aging association, group, or organization	15	18	5	2	3.150	Agree
10	Local Herbalist	12	14	8	6	2.800	Agree
	Cumulative mean					2.670	

Source: Fieldwork, 2023

Results in table 3.3 above show extent to which the cancer information sources and services provided satisfy the information need of cancer patients. The highest mean response of 3.175 is that “internet is the source of cancer information most satisfied” as details showed that 18 highly satisfied, 14 satisfied while 5 fairly satisfied and the rest 4 not satisfied. In the same vein, Books, magazines or library is the second highest mean of respondent’s opinion with 3.125. Details showing that 15 highly satisfied, 18 others satisfied while 4 fairly satisfied and the rest 3 not satisfied. On the part of Nurse or other health professionals, the mean response is 2.725 with details showing 10 highly satisfied, 17 others satisfied while 5 fairly satisfied and the rest 5 not satisfied. The cumulative mean of respondents on extent to which the cancer information sources and services provided satisfy the information need of cancer patients is 2.670. The lowest mean response of 1.900 is that “doctor is the source of cancer information satisfied” as details showed that 3 highly satisfied, 6 satisfied while 15 fairly satisfied and the rest 16 not satisfied. This implied that majority of the caregivers satisfied with provided information need on cancer information of patients while only few caregivers were not satisfied with information need provided by doctors.

Research Question Four: Challenges faced by the caregivers in accessing, sourcing and utilizing cancer information

Table 4.4: Mean Score of Respondents on challenges faced by the caregivers in accessing, sourcing and utilizing cancer information

S/N	Statements	SA	A	D	SD	Mean	Remark
1	Emotional and physical stress	22	14	3	1	3.425	Agree
2	Lack of time to care for themselves	12	15	9	4	2.875	Agree
3	A loss of self-identity	10	16	8	6	2.750	Agree
4	Financial strain	15	12	7	6	2.900	Agree

5	Feelings of isolation	12	16	5	7	2.825	Agree
6	Sleep deprivation	18	13	4	5	3.100	Agree
	Cumulative mean					2.979	

Source: Field Survey, 2023

Table 4.4 above reveals challenges faced by the caregivers in accessing, sourcing and utilizing cancer information. The highest mean response of 3.425 is “**emotional and physical stress** is challenge faced by the caregivers” with their response showing that 22 strongly agreed, while 14 others were agreed as against 3 that disagreed while 1 strongly disagreed. “**Sleep deprivation** is challenge faced by the caregivers” as the opinion attracted the second highest mean response of 3.100 with details showing that 18 strongly agreed while 13 agreed as against 4 that disagreed while the rest 5 strongly disagreed. The cumulative response on challenges faced by the caregivers in accessing, sourcing and utilizing cancer information was 2.979. This implied that majority of the respondents strongly agrees that **emotional and physical stress** is one of the challenges faced by the caregivers in accessing, sourcing and utilizing cancer information.

Conclusion

Cancer impacts not only the patient but also the caregivers who share the distressing trajectory of the patient. The literature indicates that caregivers have many unmet information needs while providing care and support to the cancer patients, and caregivers have to resort to seeking information to supplement their information needs. This study supports that information-seeking is prevalent amongst caregivers of cancer patients and reveals the prevalence of internet use and the concerns associated with its use. The common reasons cited for its use are convenience, amount of information available, immediacy of access, current and reliable information and privacy and anonymity. However, concerns have been raised about the quality of health information that is being posted online and whether information seekers possess the ability to effectively search, comprehend and discern the voluminous and highly variable quality of information

This study also revealed that caregivers of cancer patients needed information on the disease, prognosis, treatment, and expected side effects and their management, hands-on care skills and accessing and navigating the healthcare system, including resources. Information has been found to be helpful in assisting caregivers to cope by reducing the feeling of uncertainty.

Recommendations

In line with the findings and conclusions reached, the following recommendations are suggested:

1. It is important to develop standardized information based on caregivers’ identified needs and deliver the information in various health formats so that information is readily available.
2. The source of information delivery must also be in the manner and through the mode that is in accordance to caregiver’s preference. In addition, given the high rates of internet information-seeking, it is suggested that there may be an ideal platform to deliver high-quality information, interventions, and reliable health related web-links for the younger, educated, and better off socioeconomically.
3. As caregivers play a crucial role in providing care and support to the cancer patient, and their ability to render care and support may be compromised by their lack of knowledge and skill, thus it is critical for healthcare professional (such doctors, nurses) to recognize, respect, assess, and address their information needs.
4. From the findings of this study it is important that healthcare providers should not concentrate only on the patients but also on the caregivers of patients because they undergo a lot of stress which contribute to their depression. However, Health care providers require further training to be able to identify and manage symptoms of depression in the caregivers just as much as it is done to the patients and to do routine assessment of caregivers and to assess those who may be at risk.

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