



Coping Strategies and Caregiver Burden Among Family Caregivers of Patients with Cancer

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Abstract

Family caregivers of patients with cancer experienced considerable physical, psychological, social, and economic burdens throughout the caregiving process. Although coping strategies were considered important in managing caregiving-related stress, evidence regarding their association with caregiver burden among family caregivers in East Nusa Tenggara was limited. This study aimed to examine the association between coping strategies and caregiver burden among family caregivers of patients with cancer. A quantitative analytical study with a cross-sectional design was conducted among 90 family caregivers of patients receiving treatment at Prof. W. Z. Johannes Hospital, Kupang. Participants were selected using random sampling. Coping strategies were assessed using the Ways of Coping Questionnaire, whereas caregiver burden was measured using the Zarit Burden Interview. Data were analyzed using descriptive statistics and the Chi-square test at a significance level of 0.05. Most respondents demonstrated adaptive coping strategies (51.1%), and 52.2% experienced a moderate caregiver burden. The Chi-square test showed no statistically significant association between coping strategies and caregiver burden ($\chi^2(2) = 0.092$, $p = 0.955$). These findings suggested that caregiver burden was influenced by factors beyond coping strategies alone, highlighting the need for comprehensive psychological, social, and contextual support for family caregivers.

Keywords

cancer;
caregiver burden;
coping strategies;
family caregivers;
cross-sectional study.

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Introduction

Cancer remains one of the leading causes of morbidity and mortality worldwide and continues to present a major public health challenge. Advances in cancer screening, diagnosis, and treatment have substantially improved survival rates, resulting in an increasing number of individuals living with cancer who require long-term care and support throughout the disease trajectory (Miller et al., 2019). Although these advances have improved patient outcomes, they have also increased the physical, emotional, social, and financial demands placed on family caregivers. Financial toxicity

associated with prolonged cancer treatment further affects not only patients but also their families, creating additional psychological and economic burdens that may compromise caregiving capacity (Carrera et al., 2018).

Family caregivers play an indispensable role in cancer care by providing continuous physical, emotional, informational, and practical support, including assistance with daily activities, treatment adherence, symptom monitoring, transportation, and communication with healthcare professionals (Sun et al., 2019). Effective communication between caregivers and healthcare providers improves care coordination and helps caregivers cope with the complexities of cancer treatment (Washington et al., 2019). Nevertheless, many caregivers report considerable challenges in balancing caregiving responsibilities with employment, family obligations, and their own health needs. These experiences frequently result in emotional exhaustion, social isolation, and reduced quality of life, as reflected in caregivers' narratives regarding the demands of cancer caregiving (Bloom et al., 2019). Comparable findings have also been reported among family caregivers of patients with breast cancer, indicating that caregiving frequently results in a substantial caregiver burden (Gabriel, 2019).

Caregiver burden is recognized as a multidimensional construct encompassing the physical, psychological, emotional, social, and financial strain experienced during the caregiving process (Liu et al., 2020). Previous evidence consistently indicates that prolonged caregiving adversely affects caregivers' psychological well-being. Previous evidence consistently indicates that prolonged caregiving adversely affects caregivers' psychological well-being. A high prevalence of depression has been reported among family caregivers of patients with cancer, while substantial caregiver burden has also been consistently documented throughout the cancer care trajectory (Geng et al., 2018; Mutsaers et al., 2019). Furthermore, caregiver burden has been shown to increase with longer caregiving duration, suggesting that extended caregiving responsibilities may negatively affect caregivers' health and well-being (Oh et al., 2024; Werdani, 2020).

Coping strategies are widely recognized as one of the principal psychological mechanisms that enable caregivers to adapt to stressful caregiving situations. Adaptive coping strategies have generally been associated with better psychological adjustment and improved quality of life among caregivers of patients with cancer (Kilic & Oz, 2019). Similarly, higher levels of spiritual well-being have been associated with lower caregiver burden among caregivers of patients with breast cancer (Türkben Polat & Kiyak, 2023). Caregivers' coping attitudes have also been found to be associated with their quality of life, emphasizing the importance of effective coping in long-term caregiving (Aydogan et al., 2016). In the Indonesian context, family support has been shown to strengthen adaptive coping responses among individuals experiencing cancer-related stress (Sari et al., 2019), while coping strategies and social support contribute to lower psychological distress among family caregivers of patients with cancer (Rizky Fananni, 2021).

Furthermore, coping among family caregivers has been reported to be influenced by resilience and caregiving experiences (Khairunnisa et al., 2026), and resilience-based interventions have demonstrated effectiveness in reducing caregiver burden among family caregivers of children with cancer (Nainggolan et al., 2022). Similar findings have also been reported in other chronic illness settings, where adaptive coping and family devotion help reduce caregiving burden (Khomarun et al., 2025). Evidence from Kupang additionally suggests that women commonly employ adaptive coping mechanisms with breast cancer to manage psychological stress associated with the disease (Hasan et al., 2025).

Although previous studies consistently demonstrate the importance of coping strategies in caregiving, caregiver burden is increasingly understood as a multidimensional phenomenon influenced by interactions among caregivers, patients, and their surrounding environment. Illness uncertainty, dyadic relationships between patients and caregivers, socioeconomic conditions, caregiving duration, and psychosocial resources have all been identified as determinants of caregiver

burden (Guan et al., 2023; Randolph et al., 2026; Schellekens et al., 2026). In Indonesia, coping strategies and caregiver burden were found to be significantly correlated among family caregivers of patients with cancer (Zendrato et al., 2026). Despite the province's distinct geographic features, transportation obstacles, and limited access to oncology services, which may significantly affect caregivers' coping mechanisms and caregiving stress, there remains a dearth of evidence from East Nusa Tenggara. Thus, the purpose of this study was to investigate how family caregivers of cancer patients at Prof. W. Z. Johannes Regional General Hospital in Kupang relate to coping techniques and caregiver burden.

Materials and Methods

This analytical quantitative study employed a cross-sectional design to examine the association between coping strategies and caregiver burden among family caregivers of patients with cancer. The study was conducted at the oncology unit of Prof. Dr. W. Z. Johannes Regional General Hospital, Kupang, East Nusa Tenggara, Indonesia, from January 1 to March 31, 2026. The study population comprised family caregivers accompanying patients with cancer during treatment. Participants were recruited using a consecutive sampling technique, whereby all eligible family caregivers attending the oncology unit during the study period were invited to participate until the target sample size of 90 respondents was achieved. Eligible participants were aged ≥ 18 years, served as the primary family caregiver of a patient with cancer, were able to communicate in Indonesian, and provided written informed consent. Family caregivers who did not complete the questionnaire were excluded from the analysis.

Data were collected using a structured questionnaire consisting of respondents' demographic characteristics, the Ways of Coping Questionnaire (WCQ), and the Zarit Burden Interview (ZBI). The Ways of Coping Questionnaire was originally developed to assess individuals' cognitive and behavioral efforts in managing stressful situations (Lazarus & Folkman, 1984). The instrument evaluates two major coping dimensions, namely problem-focused coping and emotion-focused coping, which reflect how individuals respond to internal and external stressors (Lazarus & Folkman, 1984). Owing to its comprehensive assessment of coping behavior, the WCQ has been widely used in studies involving family caregivers of patients with chronic illnesses, including those with cancer (Kazemi et al., 2021). In this study, coping strategies were categorized as adaptive or maladaptive based on the respondents' median scores.

Caregiver burden was assessed using the 22-item Zarit Burden Interview (ZBI). The instrument uses a five-point Likert scale to assess caregivers' perceived burden across physical, psychological, emotional, social, and financial domains, with higher total scores indicating greater caregiver burden (Zarit et al., 1980). The ZBI is now one of the most used tools for evaluating caregiver burden among family caregivers of patients with cancer and chronic illnesses due to its excellent psychometric performance and wide applicability (Kazemi et al., 2021).

Prior to data collection, both questionnaires were administered in Indonesian and had undergone validity and reliability testing before being implemented in this study. Participants completed the questionnaires independently after receiving explanations regarding the study objectives and procedures.

Data were processed through editing, coding, data entry, cleaning, and statistical analysis using IBM SPSS Statistics version 26. Descriptive statistics were used to summarize respondents' demographic characteristics and study variables. Continuous variables were presented as mean $\pm$ standard deviation (SD) or median, whereas categorical variables were summarized as frequencies and percentages.

The normality of coping strategy scores was assessed before inferential analysis. Because the coping strategy scores were not normally distributed, the median score (47.00) was used as the cut-

off value to classify respondents into adaptive and maladaptive coping groups. The association between coping strategies and caregiver burden was analyzed using the Chi-square test. Statistical significance was established at a p-value of less than 0.05.

Prior to participation, all respondents received a complete explanation of the study objectives, procedures, potential benefits, and their rights as research participants. Written informed consent was obtained from all participants before data collection. Participation was voluntary, and respondents were informed of their right to decline or withdraw from the study at any time without any consequences. Participants' identities and all information obtained during the study were kept confidential and used solely for research purposes.

Results and Discussion

Characteristics of Family Caregivers and Patients

Table 1. Demographic Characteristics of Family Caregivers of Patients with Cancer (N = 90)

Demographic Characteristics	Categories	Frequency (n)	Percentage (%)
Sex	Male	39	43.3
	Female	51	56.7
Age	18-40	60	66.7
	41-60	21	23.3
	>60	9	10
Education	Elementary School	6	6.7
	Junior High School	9	10
	Senior High School	47	52.2
	Higher Education	28	31.1
	Occupation		
Occupation	Employed	42	46.7
	Unemployed	48	53.3
Marital Status	Married	52	57.8
	Single	36	40
	Divorced	2	2.2
Relationship to the Patient	Parent	30	33.3
	Spouse	23	25.6
	Child	24	26.7
	Sister	4	4.4
	Brother	9	10
Duration of Caregiving	3-6 Months	46	51.1
	7-12 Months	24	26.7
	>12 Months	20	22.2

Table 2. Demographic Characteristics of Patients with Cancer (N = 90)

Demographic Characteristics	Categories	Frequency (n)	Percentage (%)
Sex	Male	28	31.1
	Female	62	68.9
Age	18-40	11	12.2
	41-60	51	56.7
	>60	24	31.3
Occupation	Employed	37	41.1
	Unemployed	53	58.9
Type of Therapy	Surgery	10	11.1
	Chemotherapy	80	88.9
Place of Residence	Kupang City	19	21.1
	Outside Kupang City	71	78.9

As presented in Tables 1 and 2, the majority of family caregivers were female, aged 18–40 years, had completed senior high school education, were unemployed, and were married. Most caregivers were caring for their parents and had provided care for three to six months. Meanwhile, most patients with cancer were female, aged 41–60 years, unemployed, undergoing chemotherapy, and originated from outside Kupang City.

The predominance of female caregivers is consistent with previous studies indicating that women more often assume primary caregiving responsibilities due to traditional family roles and cultural expectations. Besides providing direct care, female caregivers often continue to manage household responsibilities, increasing both their physical and emotional demands (Kilic & Oz, 2019).

Most caregivers in the present study were spouses or children of patients with cancer, reflecting the central role of immediate family members in providing continuous support throughout the treatment process. Within Indonesian families, caregiving is commonly regarded as a moral obligation rather than an individual choice. This sense of family responsibility and devotion has been reported to strengthen caregivers' commitment during long-term illness (Khomarun et al., 2025). Similar sociocultural values have also been described in East Nusa Tenggara, where strong kinship systems encourage family members to actively participate in caring for sick relatives (Nuwa & Nasa, 2021).

The demographic profile of the caregivers may also explain the relatively favorable coping characteristics observed in this study. Most respondents were in early adulthood and had been providing care for less than one year. Previous evidence has shown that prolonged caregiving duration is associated with increased caregiver burden and poorer caregiver health outcomes (Werdani, 2020). Therefore, the relatively short duration of caregiving observed in this study may have reduced the accumulation of chronic stress among caregivers.

Table 2 further shows that most patients were female, aged 41–60 years, and undergoing chemotherapy. These findings reflect the prolonged nature of cancer treatment, which requires continuous assistance from family caregivers throughout multiple treatment cycles. Chemotherapy frequently involves repeated hospital visits, management of treatment-related side effects, and long-term emotional support, thereby increasing caregivers' responsibilities (Kilic & Oz, 2019).

Another important finding in Table 2 is that nearly four-fifths of the patients originated from outside Kupang City. As the main referral center for oncology services in East Nusa Tenggara, Prof. Dr. W. Z. Johannes Regional General Hospital serves patients from multiple islands and remote districts. Consequently, caregivers often encounter additional logistical and financial challenges related to transportation, temporary accommodation, and prolonged stays during treatment. These geographical barriers have previously been identified as important healthcare access issues in East Nusa Tenggara and may further increase caregiving demands (Rahvy & Gani, 2024).

Distribution of Coping Strategies and Caregiver Burden

Table 3. Descriptive Statistics of Coping Strategies and Caregiver Burden (N = 90)

Variable	Minimum	Maximum	Mean	Median
Coping Strategies	6	72	45.52 ± 10.93	47.00
Caregiver Burden	0	55	26.71 ± 12.43	28.00

As presented in Table 3, the mean coping strategy score among family caregivers was 45.52 ± 10.93, with scores ranging from 6 to 72 and a median of 47.00. Based on the median cut-off point, slightly more than half of the respondents demonstrated adaptive coping strategies, while the remaining caregivers exhibited maladaptive coping. The mean caregiver burden score was 26.71 ± 12.43, with scores ranging from 0 to 55 and a median of 28.00, indicating considerable variation in caregiver burden among respondents.

The predominance of adaptive coping suggests that many caregivers were able to utilize constructive cognitive and behavioral responses when confronted with the demands of caring for a family member with cancer. According to the transactional model of stress and coping, coping refers to dynamic cognitive and behavioral efforts to manage situations perceived as stressful or as exceeding an individual's available resources (Lazarus & Folkman, 1984). Through adaptive coping, caregivers are more likely to regulate emotional distress, solve practical problems, and maintain their caregiving responsibilities despite prolonged treatment demands.

The present findings are consistent with previous studies showing that family caregivers generally develop adaptive coping strategies to maintain psychological adjustment throughout the caregiving process (Khairunnisa et al., 2026). Similarly, adaptive coping, particularly when accompanied by adequate social support, has been shown to reduce psychological distress among family caregivers of patients with cancer (Rizky Fananni, 2021). These findings collectively suggest that coping is not merely a stress reaction but also represents an important psychological resource that supports caregivers' resilience.

One possible explanation for the predominance of adaptive coping in this study relates to the caregivers' demographic profile. As discussed previously, most respondents were in productive adulthood and had relatively short caregiving experience. Earlier studies have shown that caregiver burden tends to increase with longer caregiving duration, gradually reducing caregivers' capacity to maintain adaptive coping responses (Werdani, 2020). In addition, the collectivist culture that characterizes families in East Nusa Tenggara may encourage caregivers to perceive caregiving as a shared family responsibility rather than solely as an individual burden. Such cultural values have been described within the local community and may strengthen caregivers' psychological adaptation during prolonged illness (Nuwa & Nasa, 2021). Likewise, caregiving motivated by family devotion and commitment has been associated with more adaptive coping responses among informal caregivers (Khomarun et al., 2025).

Although adaptive coping was slightly more common, almost half of the respondents still demonstrated maladaptive coping strategies. This finding indicates that many caregivers continue to experience substantial emotional challenges despite family and cultural support. Similar findings have been reported, indicating that maladaptive coping mechanisms are associated with higher levels of caregiver burden among family caregivers of patients with cancer (Zendrato et al., 2026).

Regarding caregiver burden, the mean score observed in this study indicates that respondents experienced varying levels of burden during the caregiving process. Caregiver burden is recognized as a multidimensional construct encompassing physical, psychological, emotional, social, and financial strain arising from prolonged caregiving responsibilities (Liu et al., 2020). Rather than reflecting a single source of stress, caregiver burden develops through the interaction of multiple caregiving demands and individual caregiver characteristics.

The caregiver burden observed in the present study is consistent with previous findings indicating that caring for patients with cancer frequently affects caregivers' psychological well-being and quality of life. A systematic review by Geng et al. (2018) reported a high prevalence of depression among family caregivers of patients with cancer, emphasizing the considerable psychological impact of long-term caregiving. Similarly, caregiver burden has been identified as a multidimensional phenomenon influenced by emotional, physical, social, and environmental factors (Randolph et al., 2026). Financial demands associated with prolonged cancer treatment may further intensify caregiver burden, particularly among families with limited economic resources (Carrera et al., 2018).

Taken together, these findings suggest that although many caregivers in the present study demonstrated adaptive coping strategies, they were still exposed to multiple stressors that could contribute to caregiver burden. Consequently, interventions for family caregivers should not focus solely on strengthening coping skills but should also address broader psychosocial, financial, and healthcare-related challenges encountered throughout the cancer treatment process.

Association Between Coping Strategies and Caregiver Burden

Table 4. Association Between Coping Strategies and Caregiver Burden (N = 90)

Coping Strategies	Mild n (%)	Moderate n (%)	Severe n (%)	Total n (%)	p-value
Adaptive	13 (28.3)	27 (58.7)	6 (13.0)	46 (100.0)	0.955
Maladaptive	17 (38.6)	20 (45.5)	7 (15.9)	44 (100.0)	
Total	30 (33.3)	47 (52.2)	13 (14.4)	90 (100.0)	

Table 4 shows that among family caregivers of cancer patients, there was no statistically significant correlation between coping techniques and caregiver burden ($p = 0.955$). The distribution of caregiver load was comparable between the two coping groups, even though caregivers with adaptive coping tended to report a slightly lower proportion of severe caregiver stress than those with maladaptive coping. These results suggest that differences in caregiver load across family caregivers of cancer patients may not be sufficiently explained by coping mechanisms alone.

The absence of a statistically significant association in the present study contrasts with the findings of Zendrato et al. (2026), who reported a significant relationship between coping mechanisms and caregiver burden among family caregivers of patients with cancer. In their study, caregivers who adopted maladaptive coping strategies were more likely to experience higher levels of caregiver burden than those who used adaptive coping. The discrepancy between the two studies may be attributable to differences in participant characteristics, caregiving duration, sample

composition, and healthcare settings, all of which may influence caregivers' psychological responses and perceived burden.

One possible explanation for the present findings is that caregiver burden is a multidimensional phenomenon that cannot be explained solely by coping strategies. Caregiver burden has been shown to develop through the interaction of multiple emotional, physical, social, and environmental factors rather than individual psychological characteristics alone (Randolph et al., 2026). Likewise, caregiver burden has been described as a complex construct encompassing physical exhaustion, emotional distress, social limitations, and financial challenges experienced throughout the caregiving process (Liu et al., 2020). Consequently, caregivers who demonstrate adaptive coping strategies may still experience considerable burden when confronted with prolonged treatment demands, financial hardship, or limited healthcare resources.

The present findings are also supported by evidence indicating that interpersonal and contextual factors, beyond individual coping, influence caregiving outcomes. Dyadic interactions between patients and family caregivers have been shown to play an important role in determining caregiver burden, indicating that caregivers' psychological well-being is closely connected to patients' physical and emotional conditions (Schellekens et al., 2026). Similarly, illness uncertainty experienced by both patients and family caregivers has been shown to contribute substantially to caregivers' psychological distress and quality of life (Guan et al., 2023). These findings suggest that caregiver burden arises through complex interactions among family caregivers, patients, and the caregiving environment.

Contextual characteristics of the present study may have further contributed to the absence of a significant association. As shown in Tables 1 and 2, most caregivers had relatively short caregiving duration, while the majority of patients were receiving chemotherapy. In addition, nearly four-fifths of the patients originated from outside Kupang City, requiring caregivers to cope with transportation difficulties, accommodation costs, and prolonged hospital visits. Healthcare accessibility remains a continuing challenge in East Nusa Tenggara, particularly for patients residing in remote districts and island communities (Rahvy & Gani, 2024). These contextual demands may have increased caregiver burden regardless of whether caregivers predominantly employed adaptive or maladaptive coping strategies.

Another possible explanation relates to psychosocial resources that were not measured in the present study. Previous studies have shown that caregiver burden may be reduced through spiritual well-being, social support, resilience, and positive family relationships, independent of coping strategies alone. Similarly, stronger spiritual well-being has been associated with lower levels of caregiver burden (Türkben Polat & Kiyak, 2023). Caregivers' quality of life has also been shown to be influenced by multiple psychosocial factors beyond caregiving activities themselves (Kilic & Oz, 2019). Furthermore, social support has been identified as an important factor in reducing psychological distress among family caregivers, suggesting that coping strategies may interact with broader psychosocial resources rather than acting independently (Rizky Fananni, 2021).

Thus, care should be taken when interpreting the current findings. The findings imply that caregiver burden among relatives who take care of patients with cancer is influenced by a variety of psychological, social, cultural, economic, and healthcare-related issues rather than suggesting that coping mechanisms are insignificant. To gain a more comprehensive picture of caregiver burden among family caregivers of cancer patients, future research should consider additional factors such as the duration of caregiving, social support, resilience, spiritual well-being, uncertainty about illness, and family functioning.

Conclusion

This study examined the association between coping strategies and caregiver burden among family caregivers of patients with cancer. The findings showed that most family caregivers demonstrated adaptive coping strategies (51.1%) and experienced a moderate level of caregiver burden (52.2%). However, no statistically significant association was found between coping strategies and caregiver burden ($\chi^2 = 0.092$, $p = 0.955$). These findings suggest that multiple factors beyond coping strategies alone likely influence caregiver burden. Therefore, interventions to support family caregivers should adopt a comprehensive approach that addresses psychological, social, and contextual factors in addition to strengthening caregivers' coping abilities. This study was limited by its cross-sectional design, which precludes causal inference, and by the use of a single-center sample, which may limit the generalizability of the findings. Future studies are recommended to include larger, more diverse populations and investigate additional determinants of caregiver burden to provide stronger evidence to inform the development of caregiver-centered interventions.

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