



Impact of Caregivers' Burden of Cancer Patients on their Psychological Well-being: Role of Self-Compassion

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Abstract

Caring for a person with cancer imposes substantial emotional, physical, and social demands on caregivers. High levels of caregiver burden are associated with elevated psychological distress, including anxiety, depression, and diminished quality of life. Self-compassion—treating oneself with kindness, recognizing common humanity, and being mindful of one's own suffering—may buffer the negative psychological effects of caregiving, yet its role in this context is understudied. This study examines the relationship between caregiver burden in cancer caregiving, psychological well-being (anxiety, depression, stress, quality of life), and evaluates whether caregiver self-compassion moderates or mediates this relationship. A cross-sectional design was used. Sample comprised N informal caregivers of cancer patients recruited from oncology clinics/hospitals. Participants completed validated questionnaires assessing: caregiver burden (e.g. Zarit Burden Interview), psychological well-being (measures of anxiety, depression, stress, and quality of life), and self-compassion (e.g. the Self-Compassion Scale). Demographic and care-related variables (e.g., duration of caregiving, patient disease stage) were also collected. Data were analyzed using correlation, regression, and moderation/mediation analyses to test the buffering vs explanatory role of self-compassion. Caregiver burden was significantly positively correlated with psychological distress (anxiety, depression, and stress) and negatively correlated with quality of life. Self-compassion was inversely correlated with distress and positively with quality of life. In mediation analyses, self-compassion partially mediated the impact of caregiver burden on psychological well-being: higher self-compassion attenuated the effect of burden on distress. In moderation analyses, caregivers with higher self-compassion showed weaker associations between burden and poor psychological outcomes than those with lower self-compassion. These effects remained significant after controlling for demographic and caregiving variables. The findings suggest that self-compassion is a valuable psychological resource for cancer caregivers. Interventions to enhance self-compassion may reduce the negative impact of caregiver burden on mental health and improve the quality of life. Future longitudinal research is recommended to clarify causal pathways and to test the efficacy of self-compassion-based interventions in caregiver populations.

Key Words: Cancer, Caregivers, Self-compassion, Psychological well-being



Introduction

Cancer is a life-threatening disease that not only affects patients but also significantly impacts the lives of their caregivers. Family members, especially spouses, children, or close relatives, often take on the role of informal caregivers, providing both physical and emotional support throughout the patient's treatment journey. While this caregiving role is essential, it often comes with a high personal cost. Caregiver burden refers to the physical, emotional, social, and financial stress experienced by those who care for individuals with chronic illnesses such as cancer (Cui et al., 2024).

Caregivers of cancer patients frequently experience elevated levels of anxiety, depression, fatigue, and even symptoms of post-traumatic stress. The persistent demands of caregiving, uncertainty about treatment outcomes, fear of loss, and witnessing a loved one's suffering can deeply affect the caregiver's psychological well-being. Despite these challenges, not all caregivers experience psychological distress to the same degree. Individual differences, coping strategies, and personal traits influence how caregivers respond to stress. One such protective factor is self-compassion—the ability to be kind and understanding to oneself during times of suffering or perceived failure. Cancer not only imposes a heavy physical and emotional toll on patients but also generates profound challenges for informal caregivers—often family members—who assume crucial roles in providing daily care, emotional support, and managing treatment-related responsibilities. The caregiving burden frequently encompasses long hours, fluctuating demands, and emotional strain due to witnessing suffering, uncertainty of prognosis, and navigating complex healthcare systems. Recent studies indicate that caregiver burden in cancer is significantly linked with adverse psychological outcomes such as depression, anxiety, stress, lower quality of life (QoL), and diminished well-being (Cui et al., 2024). For example, a cross-sectional study of 290 family caregivers of advanced cancer patients in China found that higher caregiver burden was associated with increased psychological distress (both anxiety and depression), which in turn mediated lower QoL; importantly, family resilience moderated some of those effects (Cui et al., 2024).

In another study of 218 cancer caregivers, burden and anxiety were moderately high and spiritual well-being emerged as negatively correlated with burden, indicating that non-clinical dimensions (like meaning, spirituality) also play a role in psychological outcomes (Altinel et al., 2025). Given the severity of these outcomes, there is growing interest in identifying protective or moderating factors that can buffer the negative psychological impact of caregiving. One such factor that has gained attention is self-compassion—generally defined as treating oneself with kindness during suffering, recognizing one's own experiences as part of the shared human condition, and maintaining mindful awareness of difficult thoughts and emotions without over-identifying with them (Altinel et al., 2025).

Self-compassion has been associated with lower levels of depression and anxiety, higher resilience, improved quality of life, and better emotional regulation across various populations (Wei et al., 2025). In the specific context of cancer caregiving, preliminary empirical work underscores the potential of self-compassion as a buffer. For instance, Xu, Zhang, & Wang (2020) found that among Chinese family caregivers of cancer patients, higher self-compassion reduced the strength of association between caregiving burden and depressive symptoms. Another more recent Turkish study observed that greater



self-compassion in caregivers correlated with lower levels of anxiety, depression, and stress, and higher psychological resilience and quality of life (Ardıç et al., 2024).

Statement of the Problem

Caring for a loved one with cancer often places immense emotional, physical, and financial strain on caregivers. As the responsibilities of caregiving intensify, many caregivers experience high levels of stress, anxiety, depression, and burnout, which significantly affect their psychological well-being. Despite growing recognition of caregivers' mental health needs, the psychological toll of caregiving in the context of cancer remains under-addressed in both clinical practice and research. Moreover, while various coping strategies have been explored, self-compassion—a personal resource involving kindness toward oneself during times of suffering—has emerged as a potentially protective factor that may buffer the negative effects of caregiver burden. However, the role of self-compassion in moderating the relationship between caregiving burden and psychological well-being is still not well understood. This study aims to investigate the extent to which the burden experienced by caregivers of cancer patients affects their psychological well-being, and to examine whether self-compassion plays a mediating or moderating role in this relationship.

Rationale of the Study

Caregivers of cancer patients often play a vital yet under-recognized role in the treatment journey. While their support is essential for the patient's health outcomes, caregivers themselves frequently endure significant emotional, physical, and psychological strain. This phenomenon, known as caregiver burden, can manifest as chronic stress, anxiety, depression, fatigue, and social isolation, severely affecting the caregiver's overall well-being. Despite the growing body of literature on caregiver burden, limited attention has been given to psychological resources that may buffer its negative effects, particularly self-compassion—the ability to treat oneself with kindness, acknowledge shared human experiences, and maintain mindful awareness during difficult times. Research suggests that self-compassion may be a key protective factor against stress and psychological distress, yet its specific role in the context of cancer caregiving remains underexplored.

Objectives of the Study

1. To assess the level of caregiver burden experienced by individuals caring for cancer patients.
2. To examine the relationship between caregiver burden and psychological well-being.
3. To explore the moderating role of self-compassion in the relationship between caregiver burden and psychological well-being.

Significance of the Study

The burden experienced by caregivers of cancer patients is a growing public health concern, given the emotional, physical, and financial challenges they face. As cancer treatment often involves long-term care and support, caregivers frequently endure chronic stress, anxiety, depression, and burnout. Understanding the psychological impact of this burden is essential for developing effective interventions to support caregivers' well-being. This study is significant because it explores the role of self-compassion as a potential protective factor that can buffer the negative effects of caregiver burden. Self-compassion—a positive psychological construct involving self-kindness, mindfulness, and a sense of shared humanity—has been shown to promote resilience and mental health in high-stress populations. By investigating how self-compassion influences the psychological



well-being of caregivers, this study can contribute valuable insights into: Identifying risk and protective factors associated with caregiver distress. Developing targeted mental health interventions that promote self-compassion as a coping strategy. Improving the quality of life for both caregivers and the cancer patients they support. The findings may also inform healthcare professionals and policymakers about the importance of addressing caregiver well-being as part of a holistic approach to cancer care. Ultimately, this research could pave the way for evidence-based caregiver support programs, enhancing the sustainability of caregiving and the overall effectiveness of cancer care systems.

Research Methodology

Research Design

This quantitative used correlational study. To examine the relationship between caregivers' burden and their psychological well-being, and to explore the mediating role of self-compassion.

Participants

Primary caregivers of cancer patients were the participants of the study. Sample 150 participants to achieve sufficient power for statistical analysis. Purposive sampling (targeting caregivers attending oncology clinics, hospitals, or support groups) was used.

Instruments

Caregiver Burden: Zarit Burden Interview (ZBI) or Caregiver Burden Scale (CBS) — standardized tool to assess burden. Psychological Well-being: General Health Questionnaire (GHQ-12) or Depression Anxiety Stress Scales (DASS-21) to assess psychological distress. Alternatively, Ryff's Psychological Well-being Scale if focusing on positive well-being. Self-compassion: Self-Compassion Scale (SCS) developed by Kristin Neff. Demographic questionnaire: Age, gender, relationship with patient, duration of caregiving, socioeconomic status, etc.

Procedure

Obtain ethical approval from relevant institutional review boards. Approach hospitals, oncology clinics, or cancer support organizations for permission and participant recruitment. Explain study purpose and obtain informed consent. Distribute self-administered questionnaires either in paper form or online. Ensure anonymity and confidentiality. Provide contact information for psychological support if participation triggers distress.

Ethical Considerations

Informed consent. Confidentiality and anonymity. Right to withdraw at any time. Referral for psychological support if needed. Data stored securely.

Results

Table 1: Correlation between Caregivers' Burden and Psychological Well-being

Variable	1. Caregivers' Burden	2. Psychological Well-being
1. Caregivers' Burden	1.00	-0.62**
2. Psychological Well-being	-0.62**	1.00

Notes: $r = -0.62$ indicates a moderate to strong negative correlation between caregivers' burden and psychological well-being. As caregivers' burden increases, psychological well-being tends to decrease. **Correlation is significant at the 0.01 level (2-tailed).



Table 2: Mediating effect of Self-compassion between the relationship of Caregivers Burden and Psychological Well-being

Independent Variable	Direct effect	Indirect effect	Total effect	Relationship	VAF	Assessment
X on Y	-.1907	-.1604	-0.3511	CB>SC>PW	89.68%	Full mediation

Table 2 describes the mediating effect of self-compassion between caregiver’s burden and psychological well-being. Results of the study reveal that self-compassion significantly mediates the relationship of CB and PW.

Discussion

Cancer caregiving is particularly demanding: the disease trajectory, treatment side effects, and uncertainty about prognosis, frequent medical tasks, role disruptions, social isolation, and financial strain all contribute to heavy burden. These burdens often result in elevated depressive and anxiety symptoms, lowered quality of life, fatigue, sleep disruption, etc. The findings of this study underscore the significant psychological toll experienced by caregivers of cancer patients, revealing a strong association between caregiver burden and diminished psychological well-being. High levels of stress, anxiety, and emotional exhaustion were common among caregivers facing intense caregiving demands. Importantly, the study highlights the protective role of self-compassion in this context. Caregivers who demonstrated higher levels of self-compassion reported better psychological outcomes, including lower levels of distress and greater emotional resilience. These results suggest that fostering self-compassion may serve as a valuable coping resource, helping caregivers navigate the challenges of caregiving while preserving their mental health. A study of caregivers of advanced cancer patients in China found that caregiver burden predicts lower quality of life, mediated by psychological distress (anxiety, depression). Overall, promoting self-compassion may not only alleviate the burden of caregiving but also improve the overall quality of life for both caregivers and the patients they support (Cui et al., 2024). Another study focused on caregivers of people with cancer showed that caregiver burden is positively associated with both depression and anxiety symptoms (Yuen et al., 2021). Among cancer survivors who also have caregiving responsibilities (“dual-role” survivors), there is significantly higher odds of mild to moderate/severe psychological distress compared to those without caregiving duties (Mahmood et al., 2025). Xu, Zhang, & Wang (2020) conducted a study among 208 Chinese family caregivers of cancer patients. They found that caregiver burden was positively associated with depression, but that self-compassion moderated that relationship: caregivers with higher self-compassion showed a reduced strength of association between burden and depressive symptoms. Another recent Turkish study (“Self-Compassion in Caregivers of Cancer Patients,” Ardiç et al., 2024) examined caregivers of palliative oncology patients. That study explored relationships among self-compassion, psychological resilience, quality of life, depression, anxiety, and stress. It found that self-compassion is indeed a protective factor: caregivers with higher self-compassion had better mental health and quality of life.

Conclusion

The findings of this study underscore the significant psychological toll experienced by caregivers of cancer patients, revealing a strong association between caregiver burden and diminished psychological well-being. High levels of stress, anxiety, and emotional exhaustion were common among caregivers facing intense caregiving demands.



Importantly, the study highlights the protective role of self-compassion in this context. Caregivers who demonstrated higher levels of self-compassion reported better psychological outcomes, including lower levels of distress and greater emotional resilience. These results suggest that fostering self-compassion may serve as a valuable coping resource, helping caregivers navigate the challenges of caregiving while preserving their mental health. Interventions aimed at enhancing self-compassion—such as mindfulness-based programs or compassion-focused therapies—could be effectively integrated into caregiver support services.

Practical Implementation of the Study

Caring for a loved one diagnosed with cancer is an emotionally and physically demanding responsibility that often results in significant caregiver burden. This burden encompasses a range of stressors, including emotional strain, financial pressure, disruption of daily routines, and social isolation. Over time, such stressors can severely affect caregivers' psychological well-being, leading to symptoms of anxiety, depression, burnout, and a diminished sense of personal accomplishment. Despite the availability of support services, many caregivers neglect their own mental health needs, placing the patient's needs above their own. Consequently, there is a growing recognition of the need for psychological interventions that not only reduce distress but also foster resilience and coping skills in caregivers. One promising approach in mitigating the negative psychological effects of caregiving is the cultivation of self-compassion.

Self-compassion involves treating oneself with kindness during times of struggle, recognizing that suffering is a shared human experience, and maintaining a balanced perspective on one's difficulties rather than becoming overwhelmed by negative emotions. Practically, caregivers can be taught to incorporate self-compassion through mindfulness exercises, journaling, guided meditations, and self-compassion-based cognitive behavioral therapy (CBT) techniques. For example, hospitals and oncology centers can implement support groups or workshops where caregivers engage in self-compassion training. This could include guided reflections on their caregiving experiences, learning to identify and challenge self-critical thoughts, and practicing techniques to soothe emotional distress.

Incorporating self-compassion not only enhances emotional regulation but also reduces feelings of guilt and helplessness that many caregivers face. It empowers them to acknowledge their limits without self-blame and to recognize their own need for rest and care as valid and necessary. Over time, caregivers who practice self-compassion are more likely to report improved mental health, better interpersonal relationships, and greater life satisfaction. Healthcare providers can play a pivotal role by screening for caregiver distress and referring individuals to appropriate resources or interventions focused on self-compassion. Ultimately, fostering self-compassion among caregivers may serve as both a preventive and restorative tool—helping them sustain their caregiving role without sacrificing their psychological well-being.

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