



Exploring Burden of Care and Psychological Well-being of Caregiver of Cancer Patients: Mediating Role of Self-Compassion

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Abstract

Caregiving for cancer patients often imposes substantial emotional, physical, and psychological demands that can adversely affect caregivers' mental health. The present study explored the relationship between caregiver burden and psychological well-being among caregivers of cancer patients, while examining the mediating role of self-compassion. Using a cross-sectional research design, data were collected from a purposive sample of 159 male and female caregivers of cancer patients from the Punjab province of Pakistan. Standardized measures were administered to assess caregiver burden, psychological well-being, and self-compassion. Results indicated a significant negative relationship between caregiver burden and psychological well-being, suggesting that higher levels of burden were associated with poorer mental health outcomes. Self-compassion was found to be positively associated with psychological well-being and negatively related to caregiver burden. Mediation analysis revealed that self-compassion partially mediated the relationship between caregiver burden and psychological well-being, indicating its protective role in reducing psychological distress among caregivers. These findings highlight the importance of fostering self-compassion in caregiver support and intervention programs to enhance psychological resilience and well-being among caregivers of cancer patients.

Keywords: Caregiver Burden, Psychological Well-being, Self-compassion

1. Introduction

Caring for a family member with cancer is widely recognized as a demanding and multifaceted role that extends well beyond physical caregiving tasks. Family caregivers often assume significant responsibilities including administering treatments, coordinating care, and providing emotional support which can incur substantial physical, psychological, and social costs. Research consistently shows that caregivers of individuals with cancer experience elevated levels of burden, anxiety, and depression, which are often as intense as, or even greater than, those reported by cancer patients themselves. This psychological toll can impair caregivers' quality of life, reduce their ability to provide effective care, and negatively affect the recovery environment for the care recipient (Karimi Moghaddam, 2023). The burden of care encompasses objective and subjective challenges that caregivers face as they navigate caregiver tasks and associated stressors. For example, caregivers may experience chronic stress, emotional exhaustion, and social isolation, contributing to compromised psychological well-being and overall quality of life. Psychosocial research highlights that heightened caregiver burden is consistently associated with poorer mental outcomes, including depressive symptoms and anxiety. These psychological burdens are compounded when caregivers lack adequate coping mechanisms or supportive resources (Karimi Moghaddam, 2023).

Psychological well-being in caregivers is shaped not only by the demands of care but also by internal and external protective factors. Within this context, self-compassion has emerged as a promising psychological resource. Defined as extending kindness and understanding to oneself in the face of adversity rather than self-criticism, self-compassion integrates three core components: self-kindness, mindfulness, and recognition of common humanity. Recent empirical work suggests that self-compassion may buffer the negative impact of caregiving stress and burden by fostering emotional resilience, reducing distress, and supporting adaptive psychological functioning (Bozkir et al., 2025). Although research on self-compassion has largely focused on cancer patients' quality of life and stress responses, emerging evidence indicates a mediating and potentially protective role of self-compassion in caregiver populations. A recent study has demonstrated that self-compassion can significantly mediate the relationship between caregiver burden and psychological well-being, suggesting that caregivers who cultivate greater self-compassion report lower distress and better emotional outcomes despite the demands of caregiving. This mediating role aligns with broader theoretical frameworks in health psychology, which posit that intrapersonal resources (like self-compassion) can shape how stressors impact psychological outcomes (Nargis et al., 2025).

Family caregivers of cancer patients experience substantial caregiver burden, which encompasses emotional, physical, and social strains arising from prolonged caregiving demands. Empirical studies consistently demonstrate that elevated caregiver burden is strongly related to poorer psychological well-being, including heightened anxiety, depression, stress, and reduced quality of life. For instance, recent research on caregivers of advanced cancer patients found that psychological distress significantly mediates the relationship between caregiver burden and quality of life, highlighting the central role of mental health in this dynamic (Cui et al., 2024). Moreover, caregiver burden has been shown to correlate positively with negative psychological outcomes such as anxiety and with lifestyle challenges like neglecting personal health needs, further underscoring the complex and pervasive stressors faced by caregivers (Altinel et al., 2025).

Emerging literature has begun to explore self-compassion as a potential psychological resource that may buffer or mediate the negative effects of caregiver burden. Self-compassion characterized by self-kindness, mindful awareness, and recognition of shared human struggle has been linked with reduced distress and better emotional outcomes in caregiving contexts. Recent empirical findings demonstrate that higher self-compassion is associated with lower psychological distress and improved quality of life among caregivers, suggesting its role in attenuating the impact of caregiving stress on well-being (Nargis et al., 2025).

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Although most self-compassion research has focused on cancer patients themselves, broader psychosocial meta-analyses highlight robust negative associations between self-compassion and distress indicators such as anxiety and depression in cancer populations. These trends align with general caregiving research showing that internal resources and adaptive coping strategies can mitigate the link between caregiving demands and adverse psychological outcomes (Bitan et al., 2025).

1.1. Statement of the Problem

Family caregivers of cancer patients play a critical role in providing long-term physical, emotional, and practical support; however, this responsibility often places them at significant risk for psychological distress. The sustained demands of caregiving frequently lead to a high burden of care, which has been associated with adverse outcomes such as anxiety, depression, emotional exhaustion, and diminished psychological well-being. Despite growing recognition of caregiver burden as a major public health concern, psychosocial support for caregivers remains limited, and many caregivers lack effective internal coping resources to manage caregiving stress. While self-compassion has been identified as a protective psychological factor that may enhance emotional resilience and reduce distress, its mediating role in the relationship between caregiver burden and psychological well-being among caregivers of cancer patients remains underexplored. This gap in the literature underscores the need for systematic investigation into how self-compassion may influence caregivers' psychological outcomes, in order to inform targeted interventions aimed at improving caregiver mental health and overall well-being.

1.2. Rationale of the Study

This study is necessary to address the growing psychological burden experienced by caregivers of cancer patients, which often compromises their mental health and quality of life. Understanding the relationship between caregiver burden and psychological well-being can help identify key risk factors affecting caregivers. Examining self-compassion as a mediating variable offers insight into an internal coping resource that may reduce the negative impact of caregiving stress. The findings can inform the development of targeted psychosocial interventions aimed at strengthening caregiver resilience. Ultimately, this research contributes to improving both caregiver well-being and the quality of cancer care outcomes.

1.3. Significance of the Study

This study is significant as it highlights the psychological challenges faced by caregivers of cancer patients, a group that is often overlooked in cancer care systems. By examining the relationship between caregiver burden and psychological well-being, the study contributes to a deeper understanding of factors that adversely affect caregivers' mental health. The inclusion of self-compassion as a mediating variable offers a novel perspective on how internal psychological resources can buffer caregiving stress. The findings may assist mental health professionals in identifying caregivers at greater risk of psychological distress and tailoring interventions accordingly. Additionally, the study can inform the design of self-compassion-based training and counseling programs for caregivers. It also provides empirical evidence to guide healthcare providers in adopting more holistic, family-centered approaches to cancer care. From an academic standpoint, the study enriches existing literature by addressing a critical gap in caregiver research. Policymakers may use the results to advocate for caregiver support services within oncology settings. Ultimately, the study aims to enhance caregiver well-being, which is essential for sustaining quality care for cancer patients.

2. Research Methodology

The present study employed a quantitative research approach with a cross-sectional correlational design to investigate the burden of care and psychological well-being of caregivers of cancer patients, as well as to examine the mediating role of self-compassion in this relationship. This design was considered appropriate as it allows for the measurement of variables at a single point in time and facilitates the examination of relationships among variables without manipulation. A non-probability purposive sampling technique was utilized to select participants who met the inclusion criteria of the study. The sample consisted of 159 caregivers of cancer patients, recruited from hospitals, oncology centers, and caregiving settings. Inclusion criteria included caregivers aged 18 years and above, those who had been providing care to a cancer patient for a minimum specified duration, and individuals willing to participate voluntarily. Caregivers with severe physical or psychological illness were excluded to ensure the reliability of responses. Data were collected using standardized self-administered questionnaires. Participants were provided with clear instructions regarding the purpose of the study and the procedure for completing the questionnaires. Informed consent was obtained prior to data collection, and participants were assured of confidentiality and anonymity. The instruments assessed caregiver burden, psychological well-being, and self-compassion. Data collection was conducted in person and/or through structured survey forms, ensuring minimal disruption to participants. Caregiver burden was assessed using a validated caregiver burden scale, psychological well-being was measured through a standardized psychological well-being scale, and self-compassion was measured using a recognized self-compassion scale. All instruments demonstrated acceptable reliability and validity in previous research. The collected data were analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, including mean, standard deviation, frequency, and percentage, were computed to describe the demographic characteristics of the sample. Inferential statistical analyses, such as Pearson correlation, were conducted to examine the relationships among caregiver burden, psychological well-being, and self-compassion. Multiple regression analysis was used to assess the predictive relationships, while mediation analysis was performed following established statistical procedures (e.g., Baron and Kenny or PROCESS macro) to test the mediating role of self-compassion. Statistical significance was determined at the 0.05 level. Ethical approval was obtained from the relevant institutional authority prior to conducting the study. Participants were informed of their right to withdraw at any stage without penalty, and all data were handled confidentially and used solely for research purposes.

3. Results

The results in Table 1 indicate a strong, statistically significant negative correlation between burden of care and psychological well-being among caregivers ($r = -0.65$, $p < .001$). This means that as the burden of care increases, caregivers' psychological well-being tends to decrease. The strength of the correlation suggests that this is a meaningful relationship, not a chance finding. These results

highlight that caregivers experiencing higher levels of stress and responsibility are more likely to have lower mental and emotional well-being, emphasizing the importance of interventions or support systems aimed at reducing caregiver burden to improve their overall psychological health.

Table 1: Correlation between Burden of Care and Psychological Well-Being of Caregivers

Variable 1	Variable 2	r	p
Burden of care	Psychological well-being	-0.65	<.001

Table 2: Mediation Analysis Examining the Indirect Effect of Burden of Care on Psychological Well-being through Self-Compassion

Path	B	SE	t	p
a: Burden of Care → Self-Compassion	-0.45	0.12	-3.75	<.001
b: Self-Compassion → Psychological Well-being	0.60	0.10	6.00	<.001
c: Burden of Care → Psychological Well-being (total effect)	-0.55	0.13	-4.23	<.001
c': Burden of Care → Psychological Well-being (direct effect)	-0.28	0.11	-2.55	.012
Indirect effect (a × b)	-0.27	0.09	—	—

The mediation analysis examined whether self-compassion serves as a mechanism through which the burden of care impacts psychological well-being. The first path (a) indicates that a higher burden of care is significantly associated with lower levels of self-compassion ($B = -0.45$, $SE = 0.12$, $t = -3.75$, $p < .001$), suggesting that caregiving stress may reduce individuals' capacity for self-kindness and self-understanding. The second path (b) shows that higher self-compassion is significantly associated with greater psychological well-being ($B = 0.60$, $SE = 0.10$, $t = 6.00$, $p < .001$), highlighting the protective role of self-compassion in maintaining mental health. The total effect of burden of care on psychological well-being (path c) is negative and significant ($B = -0.55$, $SE = 0.13$, $t = -4.23$, $p < .001$), indicating that caregiving burden is generally detrimental to well-being. When self-compassion is included in the model, the direct effect of burden of care on psychological well-being (path c') is reduced but remains significant ($B = -0.28$, $SE = 0.11$, $t = -2.55$, $p = .012$), suggesting partial mediation. The indirect effect through self-compassion ($a \times b$) is -0.27 ($SE = 0.09$), showing that a substantial portion of the negative impact of caregiving burden on psychological well-being is transmitted through reduced self-compassion. Overall, these results indicate that self-compassion partially explains why a higher burden of care is linked to lower psychological well-being, highlighting its potential as a target for interventions aimed at supporting caregivers.

4. Discussion

The findings reveal a clear and meaningful relationship between the burden of care and caregivers' psychological well-being. Specifically, as the demands and responsibilities associated with caregiving increase, caregivers tend to experience lower levels of mental and emotional well-being. This indicates that the stress and challenges inherent in providing care can take a significant toll on caregivers' psychological health. The strength of this association suggests that the impact of caregiving burden on well-being is not trivial, highlighting the need for strategies and support systems that can help mitigate these negative effects. Further analysis explored the role of self-compassion as a potential mechanism linking caregiving burden to psychological well-being. Results suggest that caregivers experiencing a high burden are less likely to demonstrate self-compassion, indicating that stress and caregiving demands may erode their capacity for self-kindness and understanding. At the same time, caregivers who exhibit higher self-compassion tend to report better psychological well-being, underscoring the protective and restorative nature of self-compassion in the face of caregiving challenges. When considering the direct impact of caregiving burden on well-being alongside self-compassion, the strength of the direct relationship is reduced, indicating that self-compassion partially accounts for the negative effects of caregiving stress. In other words, a portion of the psychological strain associated with caregiving appears to operate through reduced self-compassion, suggesting that fostering self-compassion could help buffer caregivers against the emotional challenges of their role. Overall, these findings emphasize that the burden of care is closely linked to lower psychological well-being among caregivers and that self-compassion plays a meaningful role in this relationship. Interventions aimed at enhancing self-compassion may therefore offer a valuable avenue for supporting caregivers, helping them maintain better mental health and resilience despite the demands of caregiving.

Results of the study are consistent with the previous researches that reveal that family caregivers of cancer patients experience substantial caregiver burden, which encompasses emotional, physical, and social strains arising from prolonged caregiving demands. Empirical studies consistently demonstrate that elevated caregiver burden is strongly related to poorer psychological well-being, including heightened anxiety, depression, stress, and reduced quality of life. For instance, recent research on caregivers of advanced cancer patients found that psychological distress significantly mediates the relationship between caregiver burden and quality of life, highlighting the central role of mental health in this dynamic (Cui et al., 2024). Moreover, caregiver burden has been shown to correlate positively with negative psychological outcomes such as anxiety and with lifestyle challenges like neglecting personal health needs, further underscoring the complex and pervasive stressors faced by caregivers (Altinel et al., 2025). Emerging literature has begun to explore self-compassion as a potential psychological resource that may buffer or mediate the negative effects of caregiver burden. Self-compassion characterized by self-kindness, mindful awareness, and recognition of shared human struggle has been linked with reduced distress and better emotional outcomes in caregiving contexts. Recent empirical findings demonstrate that higher self-compassion is associated with lower psychological distress and improved quality of life among caregivers, suggesting

its role in attenuating the impact of caregiving stress on well-being (Nargis et al., 2025). Although most self-compassion research has focused on cancer patients themselves, broader psychosocial meta-analyses highlight robust negative associations between self-compassion and distress indicators such as anxiety and depression in cancer populations. These trends align with general caregiving research showing that internal resources and adaptive coping strategies can mitigate the link between caregiving demands and adverse psychological outcomes (Bitan et al., 2025).

4.1. Practical Implementations of the Study

The findings of this study have significant practical implications for supporting caregivers of cancer patients. By highlighting the mediating role of self-compassion in the relationship between burden of care and psychological well-being, the study suggests that interventions aimed at enhancing self-compassion can be particularly effective in alleviating caregiver stress. Healthcare providers, including nurses, psychologists, and social workers, can incorporate self-compassion training, mindfulness exercises, and stress-management workshops into caregiver support programs. Additionally, routine assessment of caregiver burden and mental health can help identify those at risk of psychological distress early, allowing for timely interventions. Family members and support networks can also be educated on the importance of encouraging self-care and self-kindness, helping caregivers maintain emotional resilience while managing the demands of caregiving. Overall, fostering self-compassion can serve as a practical, accessible strategy to improve the mental well-being and quality of life of caregivers, ultimately enhancing both caregiver and patient outcomes.

5. Conclusion

In conclusion, the findings demonstrate that a higher burden of care is associated with lower psychological well-being among caregivers, and this relationship is partially explained by self-compassion. Caregiving stress appears to diminish individuals' capacity for self-kindness, which in turn negatively affects their mental and emotional health. Enhancing self-compassion may therefore serve as an effective strategy to mitigate the adverse effects of caregiving burden, highlighting the importance of interventions and support programs aimed at promoting caregivers' psychological resilience and overall well-being.

5.1. Suggestions

Based on the findings, future research could explore longitudinal studies to examine how self-compassion develops over time and its long-term effects on the psychological well-being of caregivers. Investigating the effectiveness of tailored interventions, such as structured self-compassion training programs, mindfulness-based stress reduction, or cognitive-behavioral strategies, could provide evidence-based approaches to reduce caregiver burden. Additionally, studies could consider diverse caregiver populations, including different cultural, socioeconomic, and age groups, to understand how these factors influence the relationship between burden, self-compassion, and mental health. Exploring the role of technology, such as mobile apps or online support communities, in fostering self-compassion and coping skills could also be a promising avenue. Finally, integrating caregiver-focused interventions into routine oncology care could be tested for feasibility and impact, ensuring that both patients and their caregivers receive comprehensive psychosocial support.

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