

*Geriatric and non-geriatric cancer caregivers*

M.I. LAPID, P.J. ATHERTON, M.M. CLARK, S. KUNG, J.W. RICHARDSON, A.L. CHEVILLE, L.N. DYRBYE, J.M. HUBBARD, K.M. PIDERMAN, T.D. SHANAFELT, J.A. SLOAN, C.P. WEST, D.K. SCHOTT, T.A. RUMMANS. **Geriatric and non-geriatric cancer caregivers: Perceived benefits of technology.** *Gerontechnology* 2014;13(2):231; doi:10.4017/gt.2014.13.02.112.00 **Purpose** In the United States, cancer is the second leading cause of death in those who are 65 years and older<sup>1</sup>. Cancer impacts not only the patient but also the caregiver, who is often a spouse of similar age. While there are many studies focused on helping the cancer patient, one overlooked area is how to help the caregiver. The purpose of this project was to learn about the geriatric versus non-geriatric cancer caregivers' perceptions regarding the value of technology in reducing their caregiver burden. **Method** Cancer caregivers in an outpatient medical oncology clinic were surveyed regarding their current utilization of technology and willingness to use technology to reduce caregiver burden or distress. Questions were based on the Family Caregiver Alliance (FCA) survey regarding the use of technology in caregivers<sup>2</sup>. Since age has been associated with technology usage, responses were compared among geriatric ( $\geq 65$  years) and non-geriatric (18-64 years) caregivers. **Results & Discussion** Of the 112 respondents, 65.7% (n=71) were female, 94.6% (n=106) were white, and 84.3% (n=91) had post-high school education. There were equal numbers of geriatric and non-geriatric caregivers. Almost all caregivers had internet access (94%) and e-mail (90%). Geriatric caregivers lagged behind non-geriatric caregivers in terms of willingness to access internet-based tools to help themselves (76% vs 94%;  $p=0.04$ ) and were less frequent utilizers of social media (32% vs 62%,  $p=0.01$ ), smartphones (28% vs 58%,  $p=0.01$ ), and other mobile wireless devices (30% vs 69%,  $p<0.001$ ). They also had lower expectations that caregiving technologies could (i) improve their own quality of life ( $p=0.01$ ), (ii) make caregiving easier logistically ( $p<0.05$ ), (iii) increase feelings of being effective as a caregiver ( $p<0.04$ ), and (iv) save time ( $p<0.01$ ). Regardless of age, a majority of the caregivers (62%) endorsed the potential benefit of caregiving technologies in preventing burnout. We conclude that most cancer caregivers have high access to technology and are receptive to technology-based tools to help with their caregiving role. Not surprisingly, geriatric cancer caregivers utilized technology less than non-geriatric cancer caregivers. Thus, continued efforts will be needed to design gerontechnology tools that will be easy to use and accepted by geriatric caregivers, in the quest to help them while they help their care recipients.

**References**

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