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Effect of Counselling interventions on Psychological Wellbeing of Caregivers at Msambweni County Referral Hospital, Kenya

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ABSTRACT

The purpose of the study was to investigate the effect of counselling interventions on psychological wellbeing of cancer caregivers in Msambweni County Referral hospital in Kwale County, Kenya. This was in the light of concern that the care of people with cancer has been shifted from inpatients in hospitals to homecare where caregivers are not medical professionals. The study was grounded on Rational Emotive behavioural theory Ex-Post Facto research design was used. The target population was 501 caregivers registered at Msambweni County Referral Hospital. Systematic sampling design was used to select a sample of 150 respondents. A standardized structured questionnaire and diagnostic and statistical manual of mental disorders, Fifth Edition, (DSM-5) were used as data collection instruments for cancer patients' caregivers in Msambweni Sub County Hospital. Data collected was analyzed in both descriptive and inferential statistics. Descriptive statistics was analyzed in form of frequencies, percentages, means and standard deviations. Analysis of Variance was employed to test the hypotheses. The study established that counselling interventions (F=14.210; p=0.000) were statistically significant to the psychological wellbeing of caregivers. The study concluded that counselling interventions had an effect on psychological wellbeing of the caregivers in Msambweni County Referral Hospital in Kwale County. The study recommended that the public hospitals in Kenya should introduce counseling programs for caregivers to help alleviate the psychological distress among the caregivers.

1.1 Background of the Study

Cancer management is a complex, resource-intensive process that encompasses diagnosis, treatment, and sustained patient care, placing significant financial, emotional, and psychological demands on both patients and caregivers (Angachi, Itsura, Kigamwa & Ndetei, 2016). While global attention has primarily focused on biomedical interventions, the psychosocial and emotional burden on family caregivers (FCGs) remains underexplored despite its profound impact on caregivers' health and quality of life (WHO, 2019). By 2030, global cancer incidence is projected to reach 21.4 million new cases and 13.2 million deaths, with developing countries bearing the greatest share (Jemal, Bray, O'Brien et al., 2022). Against this backdrop, this study focused on the support systems, counseling interventions, economic impact, and home-based care affecting caregivers in Kwale County, Kenya.

Caregiving refers to the act of providing help and support to individuals unable to perform daily activities due to illness or disability (Hartlee, 2018). The caregiving role for cancer patients has expanded beyond basic support tasks such as feeding, bathing, and cleaning to include complex nursing duties, which were traditionally provided by trained hospital staff (Fu, Zhao, Tong & Chi, 2017). However, most caregivers lack formal training, leaving them ill-prepared to provide quality care, resulting in emotional distress and feelings of inadequacy. Applebaum (2018) emphasizes that caregiving for cancer patients is psychologically taxing and can lead to caregiver burnout, emotional exhaustion, and physical health deterioration if not adequately supported.

Cancer caregiving is associated with multifaceted psychological stressors, including fear of patient death, financial strain, social isolation, and emotional exhaustion (American Cancer Society, 2020). The transition from hospital to home-based care increases caregiver responsibility and stress, especially where resources are scarce and professional guidance is limited (Shaw et al., 2016). Findings from previous studies highlight that caregivers often lack access to counseling services, information on disease management, and emotional support systems, leaving them vulnerable to anxiety, depression, and psychological morbidity (Makau & Barasa, 2018).

In Kenya, cancer remains the third leading cause of death (MOH, 2020), with approximately 39,000 new cases annually (KEMRI, 2017). Despite this high burden, caregiver-centered psychosocial interventions remain largely absent in routine cancer care. Research by Johnston (2017) and Atieno et al. (2018) indicates that exorbitant treatment costs force families to liquidate assets, leaving caregivers financially depleted and unable to afford psychological support services. This economic burden compounds emotional distress, heightening caregivers' vulnerability to depression and anxiety.

Caregivers frequently report inadequate health information, limited opportunities to consult with oncologists, and reluctance to raise psychosocial concerns due to time-constrained clinical consultations (Owenga & Nyambedha, 2018). This information gap leads to poor coping capacity and emotional strain. Studies from Malaysia (Sajahan & Omar, 2018) and Tanzania (Gesink et al., 2020) report similar findings, noting that lack of awareness, stigma, and reliance on traditional medicine delay treatment, exacerbate disease progression, and heighten caregiver stress.

The caregiving role imposes significant financial and opportunity costs, including out-of-pocket treatment expenses, job loss, and loss of income due to time spent caring for the patient (Too, Lelei, Adam & Halestrap, 2023). Caregivers in Kisumu and Kwale counties report juggling multiple roles, facing stigma, and struggling to emotionally support patients while managing household responsibilities (Ndirangu & Midigo, 2019; Njagi, Arsenijevic & Groot, 2020). Financial stress, combined with limited psychosocial support, increases the risk of burnout and compromises the caregiver's ability to provide quality care.

Evidence suggests that structured counseling interventions and psychosocial support programs significantly improve caregivers' mental health, resilience, and quality of life. Applebaum & Breitbart (2013) identified a range of effective interventions including psychoeducation, problem-solving therapy, supportive counseling, family therapy, and cognitive-behavioral therapy. These interventions empower caregivers with coping skills, stress management strategies, and communication techniques to improve patient-caregiver interactions.

Despite these promising findings, research shows that access to such interventions in Kenya remains limited. Banda et al. (2024) noted that caregivers' psychological needs are frequently overlooked, as health systems prioritize patient care over caregiver well-being. This neglect perpetuates emotional suffering, leading to long-term mental health consequences such as depression, chronic stress, and burnout. In Kwale County, where cancer care infrastructure is limited and stigma around cancer persists, caregivers face compounded challenges. Some community members associate cancer with witchcraft, delaying care-seeking and adding to caregivers' emotional and social strain (Omar, 2021). These barriers underscore the urgent need for integrating counseling and psychoeducation services into cancer management programs at facilities such as Msambweni County Referral Hospital.

Developing structured caregiver support programs that provide psychological counseling, communication training, and financial guidance would not only enhance caregivers' mental well-being but also improve patient outcomes. Additionally, public health campaigns aimed at reducing stigma and promoting early diagnosis would alleviate caregiver burden by reducing disease progression and associated caregiving intensity. It is against this background that the study was conducted to investigate the influence of counselling interventions on psychological well-being of caregivers in Kwale County, Kenya.

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1.2 Statement of the Problem

Cancer is a major global health burden, exerting significant physical, psychological, and financial strain on individuals, families, and healthcare systems (Muriuki, Oluchina & Mbithi, 2024). With most cancer treatment now delivered on an outpatient basis, the responsibility for patient care has shifted from healthcare professionals to patients and their family caregivers (FCGs), creating a growing demand for home-based caregiving (Jite et al., 2021). Caregiving strain is influenced by socio-demographic, psychological, and financial factors and affects caregivers psychologically, socially, physiologically, and economically (Parvizi & Ay, 2024). Many caregivers conceal their emotional struggles from patients and relatives, leading to internalized distress that is compounded by disrupted social lives, family-role conflicts, sleep disturbances, and financial strain (Dionne-Odom et al., 2021).

Despite their central role, caregivers' needs are rarely prioritized in cancer management. Healthcare systems largely focus on patients, neglecting caregiver wellbeing and lacking formal mechanisms to integrate FCGs into care planning (Neller et al., 2024; Muriuki et al., 2024). Caregivers provide essential unpaid support, including symptom management, companionship, and emotional and financial assistance (Kent et al., 2016; Keramatikerman, 2020), yet this role often leads to significant psychological and emotional distress (Selman et al., 2018).

Most existing research on caregiver experiences has been conducted in high-income countries such as Malaysia, Singapore, the United States, and Canada. These studies explored emotional suffering (Albert et al., 2023), meaning-making and self-efficacy (Teo et al., 2020), psychological distress interventions (Ahn et al., 2020), and quality of life (Ochoa et al., 2020), but their findings are not fully generalizable to Kenya due to differences in healthcare systems and sociocultural contexts. To fill this gap, the present study examines the effect of cancer patient management on caregiver psychological wellbeing at Msambweni County Referral Hospital (MCRH), providing context-specific insights relevant to low- and middle-income countries.

1.3.1 General Objective

1. To find out the effect of counseling intervention strategies and psychological wellbeing of caregivers registered at Msambweni County Referral Hospital in Kwale County, Kenya.

1.4 Research Questions

i. What is the effect of counseling intervention strategies on psychological well-being of patient caregivers at MCRH in Kwale County, Kenya?

1.5 Research Hypotheses

H_{01} There is no statistical significant relationship between counseling intervention strategies of cancer patients and psychological well-being of cancer patient caregivers at Msambweni County Referral Hospital in Kwale County, Kenya.

1.6 Theoretical framework

The study is grounded on Rational Emotive Behavior Theory (REBT) by Albert Ellis (1913–2007), developed in 1956. This theory asserts that emotional and behavioral problems stem from irrational beliefs, and that modifying these beliefs fosters healthier emotional responses and more adaptive behavior. As a form of Cognitive Behavioral Therapy (CBT), REBT emphasizes that thoughts, feelings, and actions are interconnected, meaning caregivers' perceptions of their situations strongly shape their psychological wellbeing. Ellis (1992) noted that individuals are not disturbed by events themselves but by the interpretations they attach to them. Within the context of cancer caregiving, this theory suggests that caregivers' levels of distress, anxiety, or resilience depend largely on how they perceive and frame the caregiving role.

If caregivers hold irrational beliefs such as viewing themselves as wholly responsible for the patient's survival or believing that they must suppress their own needs their psychological burden intensifies. Conversely, reframing such beliefs into rational perspectives can enhance coping, reduce distress, and promote better psychological wellbeing. Thus, REBT provides a framework for understanding and addressing the cognitive-emotional mechanisms through which caregiving affects mental health in resource-constrained settings such as Msambweni County Referral Hospital in Kenya.

LITERATURE REVIEW

Psychological wellbeing can be hard to attain especially if individuals experience factors that affect the physical, emotional and mental wellbeing. Different interventions can be made to help mitigate the negative impact of cancer diagnosis on patient caregivers in an effort to improve their quality of life and aid in boosting recovery outcomes among the patients. Family caregivers often are expected to navigate an increasingly complex and fragmented health care system on their own and to find whatever help that may be available Barbara, Given & Kozachik (2001)

Northouse et al. (2010) conducted a meta-analysis titled Interventions with Family Caregivers of Cancer Patients: Meta-Analysis of Randomized Trials in Michigan. Using a meta-analytic design, the researchers combined data from 403 peer-reviewed randomized clinical trials identified through multiple databases, including PubMed, CINAHL, and Google Scholar, to examine the types and effects of interventions offered to family caregivers. Participants were randomized into intervention and control groups. The study found that psychoeducational programs, skills training, and therapeutic counseling—delivered jointly to patients and caregivers—positively influenced caregiver quality of life and coping ability. However, the variability in intervention dosage (number and duration of sessions) created difficulty in determining the optimal intervention "dose," highlighting a need for standardized protocols to better assess outcomes.

Fu, Zhao, Tong, and Chi (2017) conducted a Systematic Review of Psychosocial Interventions for Caregivers in China. They reviewed 21 randomized clinical trials published between 2012 and 2016 from multiple databases including PsycINFO, Cochrane Library, PubMed, and CNKI. The study categorized interventions into individual training, group training, and paired interventions, with nine modes including CBT, emotion-focused therapy, and problem-solving interventions. The review revealed that some caregivers preferred individual sessions for open expression, and face-to-face interactions proved effective. The major gap identified was the narrow scope of included databases and the lack of a standardized definition of quality of life, limiting generalizability and cross-cultural applicability.

Gabriel, Creedy, and Coyne (2020) performed a systematic review titled Psychosocial Interventions to Improve Quality of Life of People with Cancer and Family Caregivers in Australia. The review analyzed 12 studies published between 2009 and 2019, including 3,390 participants, using PRISMA protocols and quality assessment tools. Interventions lasted 4–17 weeks and focused on coping, communication, and behavior change, with telephone interventions being most effective. The study noted a significant gap in addressing spiritual well-being within psychosocial interventions and recommended further research in developing countries to adapt interventions to diverse cultural contexts.

Applebaum and Breitbart (2013) conducted a systematic review titled Care for the Cancer Caregivers in New York, examining 49 psychosocial interventions from 1980 to 2011. Literature was drawn from PubMed, Embase, CINAHL, and PsycINFO. The review identified common interventions such as psychoeducation, skills-building, family/couples therapy, CBT, and existential therapy. Psychoeducative content spanned 11 domains, including diagnosis information, coping strategies, and practical support. However, the wide inclusion of interventions across various cancer stages limited the ability to determine which interventions were most appropriate at specific time points.

Zeynab et al. (2021) conducted a systematic review on Effective Interventions to Promote Mental Health of Caregivers of Patients with Breast Cancer in Iran. The review retrieved 28,188 articles from multiple international databases, focusing on clinical and quasi-experimental trials. Interventions included education, support packages, psychosocial therapies, and motivational interviewing, all shown to improve short-term psychological outcomes. The gap identified was the lack of long-term studies and limited evidence to generalize results, calling for more robust trials.

Otto, Ketcher, Reblin, and Terril (2020) performed a scoping review titled Positive Psychology Approaches to Interventions for Cancer Dyads in the United States. Using PRISMA guidelines, they reviewed 48 studies published between 2002 and 2021 focusing on dyadic positive psychology interventions aimed at enhancing optimism, mindfulness, and meaning-making. Interventions were delivered to individual dyads or groups. The main gap was the absence of consistent terminology and consensus definitions for positive psychology interventions, with most studies embedding them as components rather than stand-alone frameworks.

Beatrice, Bekui, and Aziato et al. (2020) explored the Psychological and Spiritual Wellbeing of Family Caregivers of Children with Cancer in Ghana using a qualitative explanatory descriptive design. Thirteen purposively sampled caregivers participated in semi-structured interviews analyzed through thematic content analysis. Findings highlighted fear, anxiety, sadness, and spiritual coping (faith, hope, rituals). The main limitation was recall bias and a small sample size, restricting generalizability.

Muita (2018) studied Counseling Intervention and Psychological Wellbeing among Family Caregivers of Cancer Patients in Kiambu County, Kenya. Using a correlational design and a purposive and systematic random sample of 105 caregivers, data were collected using self-administered questionnaires. Results showed counseling, psychoeducation, support groups, and family therapy improved caregiver quality of life. The study highlighted a lack of professional palliative counseling services and recommended more structured counseling programs and gender-based comparative studies.

Ndetei, Kigamwa, and Angachi (2016) investigated Psychological Concerns among Adult Cancer Patients at Moi Teaching and Referral Hospital, Kenya, using a cross-sectional descriptive design. Tools included socio-demographic questionnaires and the M.I.N.I Plus instrument. Results revealed high prevalence of depression, dysthymia, and suicide risk, especially among late-stage cancer patients. The gap identified was the lack of systematic screening and intervention for psychological disorders in Kenyan oncology settings.

Kusi et al. (2020) conducted a systematic review on Experiences of Family Caregivers Living with Breast Cancer Patients in LMICs. Nineteen studies covering 2,330 caregivers from nine countries were analyzed. Findings revealed economic strain, job loss, and lack of social protection policies as major burdens. The review called for empirical data and policy interventions to address caregivers' neglected needs in LMICs.

Ufere et al. (2022) performed a scoping review on Financial Costs of Informal Cancer Care in the UK. Following Arksey and O'Malley's five-step framework and PRISMA guidelines, 19 studies were analyzed. Findings indicated care time was the largest cost driver, averaging $2,877–$4,809 per month. The review highlighted a gap in studies examining caregivers' own medical expenses, calling for further economic research.

Meharnaz (2022) conducted a systematic review on Challenges Faced by Family Caregivers of Cancer Patients, identifying financial hardship, depression, isolation, and sleep deprivation as key issues. The study noted an absence of interventions to help caregivers recover after caregiving ends and called for formal support groups and long-term follow-up.

Chitiga-Mabugu and Mafuta (2020) performed an RCT on Impact of Counselling Interventions on Psychological Wellbeing of Cancer Caregivers in Sub-Saharan Africa. Findings showed significant reductions in anxiety and depression, improved coping, and reduced burnout, affirming counseling's role in mental health improvement. The gap lies in scaling such interventions in resource-limited settings.

Odhiambo and Mbugua (2021) conducted a longitudinal study in Kenya on Counseling Support and Mental Health Outcomes among Cancer Caregivers. Group and individual counseling sessions were tracked for six months, revealing reduced depression and stress, and improved emotional resilience. The study recommended integrating counseling into cancer care policy frameworks. Makhado and Davhana-Maselesele (2019) conducted a mixed-methods pilot study titled Effectiveness of Psychological Counselling for Cancer Caregivers in Rural South Africa. Surveys and interviews with caregivers in a six-week counseling program showed reduced stress and better coping. The gap was the small sample size and need for replication in larger rural populations.

Here's a **1000-word summarized version** of your research design section, with improved flow and coherence while preserving key details:

RESEARCH DESIGN AND METHODOLOFY

The study adopted an **Ex-Post Facto Research Design** with a quantitative approach to allow generalization of findings to a larger population. Ex-post facto design was appropriate because it examines the relationship between independent and dependent variables after events have already occurred, without manipulation. The study aimed to determine whether independent variables influenced the outcome of dependent variables relating to psychological wellbeing of caregivers. The target population comprised **501 registered caregivers of cancer patients** attending Msambweni County Referral Hospital. These caregivers were responsible for patients at various stages of the cancer care continuum, including diagnosis, treatment, and aftercare.

Systematic sampling involved selecting every third caregiver from the hospital registry after randomly determining a starting point, consistent with Sekaran & Bougie (2016). Based on Roscoe's (1975) and Kothari's (2014) guidelines recommending at least 10% of the population, a sample of **150 participants (30% of population)** was deemed adequate. This approach enhanced reliability and generalizability.

Primary data were collected using **structured, self-administered questionnaires** and the **DSM-5 criteria** to assess psychological wellbeing. The questionnaire consisted of five Likert-scale sections. A pilot study was conducted at Msambweni County Referral Hospital on purposively selected caregivers who were later excluded from the main study. The pilot helped test the feasibility of the study, refine the questionnaire, estimate time requirements, and anticipate potential challenges in data collection.

Content validity was established by submitting the questionnaire to experts, including the research supervisor and hospital research department head, who evaluated the instrument for relevance and appropriateness for a vulnerable population. The **Kaiser–Meyer–Olkin (KMO) test** was used to assess sampling adequacy and suitability of data for factor analysis, with higher KMO values indicating better construct validity.

Instrument reliability was assessed through **Cronbach's Alpha**, which measures internal consistency of scale items. A coefficient of **≥0.7** was considered acceptable, consistent with Cooper & Schindler (2014). Following research approval from the Catholic University of Eastern Africa, a **NACOSTI research permit** was obtained. Further clearance was sought from the **County Government of Kwale** and **County Commissioner** before data collection. Hospital administration granted access to participants and facilitated scheduling. Data collection was carried out in **October 2024**, with respondents providing **informed consent** and being informed of their right to withdraw at any stage. Questionnaires were personally administered by the researcher to ensure completeness and clarity.

Collected data were cleaned, coded, and entered into **SPSS** for analysis. Descriptive statistics (mean, mode, frequency, percentages) were used to summarize demographic characteristics and caregiver responses. **Analysis of Variance (ANOVA)** was applied to test hypotheses and examine the relationships between independent variables (social support, economic impact, home-based care, counseling interventions) and the dependent variable (psychological wellbeing). Findings were presented using **tables, plots, and charts** for clarity and ease of interpretation. Ethical compliance was strictly observed. Permissions were obtained from NACOSTI, the County Government of Kwale, and Msambweni County Referral Hospital. Participants provided **voluntary, informed consent** and were assured of their right to privacy, anonymity, and confidentiality. They were informed of the purpose of the study and their right to withdraw at any stage without prejudice. Data were handled securely to prevent unauthorized access.

CHAPTER FOUR

PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1 Counselling Intervention Strategies and Psychological Wellbeing of Caregivers

The study also sought to investigate the influence of counselling interventions on psychological well-being of cancer caregivers in Kwale county, Kenya. The findings were analyzed and presented in table 13.

Table 1: Counselling Intervention Strategies and Psychological Wellbeing of Caregivers

Statement		SD 1	D 2	N 3	A 4	SA 5	Mean	S. Dev
I feel challenged to manage internal and external demands while administering my role to the patient having not been trained on coping skills.	F	74	50	14	0	1	4.41	0.73
	%	53.2	36.0	10.1	0.0	0.7		
I feel not well equipped on how to communicate and emotionally relate with the patient while providing care.	F	51	67	20	1	0	4.21	0.71
	%	36.7	48.2	14.4	0.7	0		
The patient, relatives and myself have never received psychoeducation that would have provided information and support to better understand and cope with the illness.	F	58	67	13	0	1	4.30	0.70
	%	41.7	48.2	9.4	0.0	0.7		
As a caregiver I feel inadequately trained to handle the patient's emotions.	F	59	68	9	2	1	4.31	0/72
	%	42.4	48.9	6.5	1.4	0.7		
I have not received any counseling making me unable to balance between my own roles and that of the patient while caregiving.	F	46	79	14	0	0	4.23	0.62
	%	33.1	56.8	10.1	0.0	0.0		

Source: Survey Data, 2024

The study sought to examine caregivers' coping skills, emotional preparedness, communication ability, access to psychoeducation, and availability of counseling services while caring for cancer patients. The findings revealed a significant psychosocial burden on caregivers, consistent with the literature reviewed. The results indicated that **52.3% strongly agreed and 36% agreed** that they were challenged to manage internal and external demands due to a lack of coping skills. The high mean (4.41) and low standard deviation (0.73) confirmed a strong consensus. These findings align with **Fu, Zhao, Tong & Chi (2017)**, who observed that caregivers benefit significantly from interventions focused on coping skills and uncertainty reduction. Similarly, **Gabriel et al. (2020)** found that psychosocial interventions, particularly those grounded in interpersonal therapy, effectively enhance caregivers' coping mechanisms, allowing them to set realistic goals and adapt to caregiving stressors. The lack of coping skills among the majority of caregivers in this study therefore indicates a pressing need for structured coping skills training and support programs.

Nearly half of the caregivers (48.2%) reported not feeling well equipped to communicate or emotionally relate to patients, with a mean of 4.21 indicating a systemic gap in caregiver training. This is consistent with **Applebaum & Breitbart (2013)**, who emphasized the role of psychoeducation and supportive therapy in equipping caregivers with communication and relational skills. Their systematic review found that interventions combining information sharing, coping skills, and relational training improved both patient-caregiver relationships and overall family functioning. **Zeynab et al. (2021)** further supported this by showing that psychosocial interventions promote caregiver emotional regulation and mental wellbeing in the short term.

A majority of caregivers (41.7% strongly disagreed and 48.2% disagreed) reported never receiving psychoeducation on coping with cancer. This is an important gap, as psychoeducation is one of the most effective, evidence-based methods for preparing caregivers emotionally and practically for their roles. The findings resonate with **Ngungú and Wairimu (2021)**, who highlighted limited awareness and accessibility of counseling and educational services in rural Kenyan settings, as well as **Mwangi and Otieno (2020)** who noted that the Kenyan healthcare system is primarily patient-focused, with minimal formal structures to support caregiver mental health. The absence of psychoeducation, therefore, deprives caregivers of opportunities to learn about the disease trajectory, symptom management, and available psychosocial support systems.

The majority of caregivers (91.3% agreed/strongly agreed) reported feeling inadequately trained to manage patient emotions, with a mean of 4.31 (SD 0.72). This finding is consistent with **Beatrice et al. (2020)** who reported that caregivers frequently experience psychological strain manifested as fear, anxiety, confusion, and helplessness while struggling to emotionally support their patients. Their study highlighted that strengthening caregivers' emotional skills and spiritual resilience improved their ability to cope with caregiving demands.

The study also established that **nearly 90% of caregivers had not received counseling** to help balance caregiving roles and personal life, which was negatively affecting their psychological wellbeing. This corroborates **Muita (2018)**, who found that the absence of professional palliative counseling in Kiambu County led to emotional distress, undermining caregivers' psychological wellbeing and their capacity to deliver quality care. **Ndetei, Kigamwa & Angachi (2016)** also reported high rates of psychological morbidity among cancer patients in Eldoret, suggesting that caregiver distress may compound the emotional climate of caregiving households.

Beyond the psychological concerns, caregivers in this study indirectly indicated that the lack of counseling and training had spillover effects on their financial stability and role balance. **Kusi et al. (2020)** identified similar economic and psychosocial burdens among caregivers across low- and middle-income countries, while **Ufere et al. (2022)** underscored that out-of-pocket expenses, opportunity costs, and lost employment time significantly contribute to caregiver distress. The convergence of psychological and economic stressors highlights the multidimensional nature of caregiving burdens in cancer care.

Interestingly, **Otto, Ketcher, Reblin & Terril (2020)** provide a hopeful perspective, showing that interventions based on positive psychology emphasizing mindfulness, optimism, and meaning-making significantly improve caregiver wellbeing. Such findings suggest that beyond psychoeducation and counseling, interventions designed to enhance caregivers' psychological resilience and spiritual coping could provide long-term benefits. Overall, the study findings confirm that cancer caregivers face considerable psychosocial challenges, including lack of coping skills, inadequate communication capacity, and insufficient access to psychoeducation and counseling. These results are in agreement with international and regional literature, which consistently demonstrates that structured psychosocial interventions (psychoeducation, cognitive-behavioral therapy, interpersonal therapy, positive psychology-based approaches) can improve caregiver mental health, enhance coping, and improve quality of life.

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4.2 Inferential Analysis

The study also sought to find out the extent to which counselling interventions affected the psychological wellbeing of the caregivers. The null hypothesis stated that, *there is no significant relationship between counselling interventions and psychological wellbeing of caregivers in Msambweni County Referral Hospital in Kwale County.*

Table 2: Counselling Interventions and Psychological Wellbeing of Caregivers

ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	667.887	28	23.853	14.210	.000
Within Groups	184.645	110	1.679		
Total	852.532	138			

Source: Survey Data, 2024

The analysis was presented is a One-Way ANOVA to determine whether there is a significant relationship between counselling interventions and psychological wellbeing of caregivers. The results in Table 15 shows that ANOVA is F=14.210 and p-value obtained was p=0.000 which is less than the level of significance at 0.05; it meant that the variables were statistically significant. The researcher therefore rejected the null hypothesis. The results indicated that counselling interventions affected the psychological wellbeing of caregivers.

The findings supported Chitiga-Mabugu and Mafuta, (2020) study on the impact of counselling interventions on psychological well-being of cancer caregivers in Sub-Saharan Africa. The findings indicated that caregivers who received counselling showed significant reductions in anxiety and depression compared to those who did not receive counselling. The intervention also improved coping strategies and reduced caregiver burnout. Odhiambo and Mbugua, (2021) study on the role of Counselling Support on improving Mental Health among Cancer Caregivers in Kenya. The study concluded that counselling was associated with a marked decrease in depression and stress levels. Participants also reported improved emotional resilience and a greater sense of control over their caregiving roles.

This was also in tandem with Makhado and Davhana-Maselesele, (2019) study on Effectiveness of Psychological Counselling for Cancer Caregivers in Rural South Africa: A Pilot Study. The objective of the study was to explore the effects of psychological counselling on the well-being of caregivers of cancer patients in rural areas of South Africa. A mixed-methods approach was used, combining quantitative surveys and qualitative interviews with caregivers who participated in a six-week counselling program. The findings revealed that Caregivers experienced reduced stress and emotional exhaustion following the counselling intervention. They also developed better coping strategies for handling the challenges of caregiving. The study concluded that psychological counselling is effective in reducing caregiver burden and improving mental health outcomes, particularly in rural settings with limited access to healthcare resources

The analysis was presented is a One-Way ANOVA to determine whether there is a significant relationship between counselling interventions and psychological wellbeing of caregivers. The results in Table 15 shows that ANOVA is F=14.210 and p-value obtained was p=0.000 which is less than the level of significance at 0.05; it meant that the variables were statistically significant. The researcher therefore rejected the null hypothesis. The results indicated that counselling interventions affected the psychological wellbeing of caregivers

5.2 Conclusions

Based on the findings from the study, the study concluded that there was a statistical and significant relationship between counselling interventions and psychological wellbeing of caregivers.

5.3 Recommendations of the Study

The study recommended that the public hospitals in Kenya should introduce counseling programs for caregivers. This is because counselling is associated with reductions in anxiety and depression. Since Msambweni county referral hospitals lack counselling services for the caregivers, the study recommend that the services should be introduced alongside the other medical services for cancer patients to help alleviate the psychological distress among the caregivers.

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