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Psychosocial Determinants of Health-Seeking Behavior Among Caregivers of Cancer Patients: The Role of Illness Perception and Emotional Stability

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Abstract

This study investigated the impact of illness perception and emotional stability on health seeking behavior among caregivers of cancer patients. A correlational research design was employed, and a sample of (N=160) caregivers were purposively recruited. Three standardized scales, the Brief Illness Perception Scale, Big Five Personality Inventory Scale and Health Seeking Scale, were used for data collection. The results revealed a significant positive correlation in the illness perception and health seeking behavior but negative correlation emotional stability with health seeking behavior among caregivers of cancer patients. The findings indicated that emotional stability is a significant moderator of illness perception and health seeking behavior among caregivers of cancer patients, with implications for the fields of clinical psychology, counseling psychology, community psychology, and health psychology.

Keywords: Illness perception, Emotional stability, Health seeking behavior and Cancer caregivers, Caregiving stress

Introduction

Over time, the prevalence of cancer has grown in both developed and developing countries for a number of complex causes. These include rapid socioeconomic development, an aging and growing population, and shifts in the likelihood of risk variables linked to the disease (Bray et al., 2018). Additionally, how people view and manage their health is greatly impacted by cultural factors.

Cancer continues to be one of the most serious illnesses of the twenty-first century, despite tremendous progress in medical science. In 2022 it was the



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second greatest cause of mortality after cardiovascular diseases, with almost 10 million deaths (Siegel, 2023). According to Perk et al. (2012) cancer affects not only the patient but also the family members who accompany them on their difficult journey. According to Arian et al. (2017) it alters roles and day to day functioning and upsets family relations. Intangible supports like emotional, financial, social, and spiritual support as well as tangible support like meal preparation, transportation, medication assistance, doctor communication, and determining the need for medication and treatment are all included in care responsibilities (Given et al., 2012). The Asian culture, where families are more involved in caring for one another, may make caring for someone with cancer more stressful and burdensome than in Western society. In Asian societies, family members are far more active in providing care for one another, which fosters social cohesiveness and interdependence. Families are supposed to look out for one another, especially when the aged, ill, or crippled are involved (Chen et al., 2019). There are three distinct stages of a cancer patient's illness: the "acute" or early phase, the "chronic" phase, and the "resolution" phase" (Little et al., 2022). The family is startled, stunned, and afraid during the acute period. Family members must assume new and extra obligations during the chronic phase, after the patient has completed the initial treatment and been discharged from the hospital. The family grounds itself in either survivorship or the grieving process during the third phase, resolution. Family members may experience significant anxiety and perceived pressure throughout all three times, especially the primary caretakers. The demands of caregiving greatly influence the caregiver's everyday life, but how they handle these obligations also depends critically on their comprehension and interpretation of the illness (Northouse et al., 2010).

"Illness perception" refers to these depictions or beliefs. This impression shapes patients' behavior and is typically in charge of several outcomes, such as functional recovery and treatment adherence. Patients build a perception of illness by thinking about it in a consistent way. Perception of illness is typically made up of identity components, such as the name or type of illness and the spectrum of symptoms that the patient associated with it. Perception of illness also encompasses ideas about the duration of illness and opinions about its etiology. Perception of illness also includes how a patient and their family are affected by their illness. The idea that one can manage or treat a disease is another aspect of illness perception. These play an important part in influencing how people seek medical attention (Vogel et al, 2008).

Albert Bandura's Social Cognitive Theory states that a person's perspective of their condition is crucial to comprehending their health beliefs and behaviors (Beyera et al., 2022). They are therefore directly linked to certain health outcomes and serve as a significant predictor of how patients will act during their illness (Katavic et al., 2016). In general, more good health outcomes and illness treatment are associated with more positive illness perceptions (Fortenberry et al., 2014). Perception of the illness influences caregivers' emotional reactions as well how they perceive the illness's severity and controllability. Increased tension, anxiety, or despair might result from a negative view.

Emotional intelligence encompasses emotional stability. Emotion means "a strong reaction developed from one's circumstances, mood, or relationships with



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others." Emotions are reactions to important things that happen both inside and outside the body. Maintaining emotional stability is crucial for functioning well in today's challenging and turbulent world. Emotional stability is the ability to exhibit consistent and balanced emotions in a variety of life situations. According Mayer et al. (2004) emotive intelligence is "the ability to monitor one's own and other people's emotions, to discriminate between different emotions and label them appropriately, and to use emotional information to guide thinking and behavior." Higher emotional intelligence allows people to control, regulate, and utilize their emotions in ways that are beneficial to them and their surroundings. Emotional stability is a result of all these attributes.

People who are emotionally stable often maintain their composure, rational, and consistency in their behavior and attitudes even in the face of major difficulties. On the other hand, people who show great levels of neuroticism and emotional instability are more possible to suffer from unpleasant feelings such anxiety, anger, sadness, and mood swings (John, 2021).

The phrase "health seeking behavior" describes how members of a population group use healthcare services and the series of corrective measures they take to address perceived health issues (Kleinman & Good, 1978). Both health and illness seeking behavior have been employed by public health experts. There is diversity and complication in health behaviors. We might assume that individuals will change their behavior if we warn them that their health behavior is risky, let them know they are at risk, or emphasize that the best sequence of action when they are ill is to get medical attention from a qualified professional doctor in a formal environment. It is not that easy to change health-related behavior, though. Understanding the elements that impact, contribute, cause, precede, and drive health-seeking behavior demands can help us change or modify risky health behaviors and achieve desired public health outcomes in various circumstances.

In conclusion, the concepts of emotional stability, illness perception, and health-seeking behavior are intricately connected and have a big influence on how caregiver of cancer patients act and think. The way that caregivers perceive the patient's illness impacts their coping strategies and method of providing attention by influencing how they understand the severity, etiology, and effects of the illness. An emotional stability of caregiver which is defined by resilience, calm, and emotional control, further impacts how they respond to stressors related to the caring role. Depending on the emotional capacity of patients, this can result in either more maladaptive or more constructive reactions.

These two factors commonly direct health-seeking behavior, which is a vital factor in determining outcomes for both patients and caregivers. More emotional stability and an accurate, well-informed view of illness increase the likelihood that a caregiver will act in a positive, timely, and proper manner to seek medical attention for the patients benefit as well as their own. In distinction, denial, escaping, and a delay in gaining medical or psychiatric assistance might result from skewed perceptions of illness and unstable emotions.

In order to build psycho educational and psychosocial treatments that support caregivers, enhance their coping mechanisms, and ultimately raise the standard of care given to cancer patients, it is crucial to comprehend the dynamic collaboration between these variables. Therefore, this study aims to explore and measure these relationships, providing evidence-based understanding of how



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improving emotional stability and illness perception can satisfactorily impact health-seeking behavior of caregiver of cancer patients.

Literature Review

Caregivers of cancer patients serve a crucial role in managing and palliating the disease, which may eventually have a negative impact on their own health (Miller et al., 2014). An extended period of caregiving causes stress, which alters neuro hormonal and inflammatory processes and may raise the risk of illness and death for caregivers. The quality of life of the caregiver is adversely impacted by their time and effort, social life, and usage of material and emotional resources (Amendola et al., 2011)

The association between psychological distress, emotional stability, and illness perception, as well as the mediating function of emotional stability in breast cancer patients and their spouses, were investigated in a cross-sectional study by Zheng et al. (2025). In patients with breast cancer and their spouses, there was a significant relationship between psychological distress, emotional stability, and illness perception ($r = -0.416 \sim 0.522$, $P < 0.05$). The impression of illness in patients and spouses may have a direct impact on psychological distress or may have an indirect effect through their own maladaptive or adaptive emotional stability. The perception of a spouse's disease is the only factor that can significantly impact a patient's psychological distress. Furthermore, only the spouses' perspective of their illness could have a substantial impact on patients' psychological discomfort through maladaptive emotional stability.

In addition, Li and Xu (2020) conducted a moderated mediation model of disease perception and patient-physician trust in relation to neuroticism and patients depressed symptoms. Patients from two Chinese hospitals were given a cross sectional survey ($N = 384$). The results showed a direct correlation between increased neuroticism and depressed symptoms, as well as an indirect correlation through negative impression of illness.

Furthermore, a cross-sectional study was carried out by Fetensa et al. (2019) to evaluate the health-seeking behavior of mothers or main caregivers and related characteristics for children who attended Bake Jama Health Center in Nekemte, East Wollega, Oromia Regional State, Ethiopia in 2017 and had less than five sick children. In a different study, Attari et al. (2016) used Leventhal's self-regulation model to examine the connection among breast cancer patient's insights of their condition and their delay in seeking treatment. 120 women with breast cancer who had received a diagnosis within the previous 12 months and had been referred to chemotherapy and radiation treatment facilities in Rasht, Iran, participated in this correlational descriptive study with convenience sampling held in 2013. Based on the perspective of disease, the results showed that mothers or caregivers of patients modify their behavior when seeking health care.

Additionally, a cross-sectional study was carried out by Oluwasanmi, (2017) to examine the role of personality traits and religion in predicting the behavior of outpatients at the Federal Neuropsychiatric Hospital Yaba Lagos in terms of seeking medical attention. Studies have shown that emotional stability enhances patients' conduct when seeking medical attention. Personality and religion are shown in the study to be important predictors of health-seeking behavior.



Hypothesis

- i. It is hypothesized there would be a significant relationship between illness perception and health-seeking behavior
- ii. It is hypothesized that there would be a negative relationship between negative relationship between emotional stability and health seeking behavior in caregiver of cancer patients
- iii. It is hypothesized that emotional stability would predict the illness perception and health seeking behavior in caregivers of cancer patients
- iv. Emotional stability would moderate the relationship between illness perception and health seeking behavior in caregiver of cancer patients.

Research Methodology

The current research is assessed to explore the correlation among the illness perception, emotional stability and health seeking behavior among caregivers of cancer patients.

Research Design

Correlational research design was used in the study because it was association between these variable.

Sampling strategy

Purposive sampling strategy was used to select sample because caregivers of cancer patients were selected to find out the relationship between illness perception and health seeking behavior.

Participants

The sample was comprised of 160 Caregivers of cancer patients from different private and government hospitals of Lahore.

Instruments

Brief Illness Perception Questionnaire (Brief IPQ). Brief Illness Perception Questionnaire (Brief IPQ). Representations of illness were evaluated using the brief questionnaire on illness perception (Brief IPQ). Broadbent et al developed the Brief IPQ scale in 2006. All of the items were rated using a 0 to 10 response scale and each dimension was scored separately.

The Attitudes toward Seeking Professional Psychological Help Scale Short Form (ATSPPHS SF). General ATSPPH for mental health concerns was measured using the 10-item ATSPPH-SF (Fischer & Farina, 1995).

Big Five Personality Factors Inventory (5PF). The measurement instrument comprised of a total of 44 items and was devised into five distinct subscales, namely neuroticism, openness to experience, agreeableness and consciousness (Goldberg, 1993). The fourth subscale pertained to neuroticism and comprised of 9 items was used to assess emotional stability.

Procedure

A correlational research design was employed for data collection in this study. Three standardized scales, Brief Illness Perception Scale, The Big Five



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Personality Inventory and Health Seeking Behavior Scale, were utilized to assess the health seeking behavior in caregiver of cancer patients. Participants were recruited from residential areas, and a personal-administered survey method was used for data collection. Prior to data collection, informed consent was obtained from each participant, ensuring their voluntary participation and confidentiality. Participants were provided with the questionnaire, and on-site assistance was offered to address any language barriers, comprehension, or understanding issues. Following data collection, participants were thanked for their time, and the data was edited, organized, and managed before being fed into SPSS for statistical analysis. Descriptive statistics, Pearson correlation and regression analysis were employed to analyze the data, examining the correlation and predictors of emotional stability in health seeking behavior in caregivers of cancer patients.

Result

Table 1: *Frequencies and Percentages of Sociodemographic Characteristics of the Participants (N = 160)*

Variables	F	%
Gender		
Female	86	53.8
Male	74	46.3
Age		
15-25	46	28.7
26-35	64	40
36-45	35	21.9
46-55	15	9.4
Types of Cancer		
Lung	18	11.3
Blood	74	46.3
Breast	37	23.1
Liver	31	19.4
Duration of caregiving		
1-4month	96	60
5-8month	54	33.8
9-12months	10	6.3
Marital Status		
Single	16	10
Married	70	43.8
Widowed	62	38.8
Divorced	12	7.5
Education		
Matric	16	10
Intermediate	46	28.7
Graduate	46	28.7
Post graduate	52	32.5
Occupation		
Unemployed	21	13.1
Private job	100	62.5



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Government job	39	24.4
Relationship to patient		
Parent	2	1.3
Child	41	25.6
Spouse	46	28.7
Sibling	32	20
Others	39	24.4

Note. f=frequency; %=percentage

Table 1 show detailed description of categorical variables with the help of frequencies and percentages. The participants of current study were 160 caregivers of cancer patients. The first categorical variable was gender which revealed that female (53.8%) and male (46.3%) were divided into two categories. In an age, 28.7% were 15-25 years, 40% were 26-45 years and 9.4% were 46-55 years old. In income variable (39.4%) participants were 22thousand to 50thousand 53.1% were 1lakh to 1.5lakh and 3.1% were 2lakh. Next categorical variable was occupation which revealed that unemployed (13.1%) private (62.5%) and government job (24.4%) holders. In relationship to patient 1.3 were parents 41% were child 28.7% were spouse 20% were sibling and 24.4% were others. Next variable was marital status in which 10% were single 43.8% were married 3.8% were widowed and 7.5% were divorced. Furthermore education variable also revealed that 10% having matric, 28.7% having intermediate 28.7% were bachelor's degree and 52% were having MPhil. Furthermore in types of cancer 11.3% were lung cancer 46.3% were blood cancer 23.1% were breast cancer and 19.4% were liver cancer.

Table 2: Inter-correlations among Illness Perception, Emotional stability and Health Seeking Behavior (N = 160)

	Variable	1	2	3
1	Illness Perception		.51**	.49***
2	Emotional stability(Neuroticism)			.28***
3	Health Seeking Behavior			

Note * $p < .05$, ** $p < .01$, *** $p < .001$

A bivariate correlation was conducted to find out the relationship between all the study variables (Table 3). The correlation analysis was conducted by Pearson's correlation coefficient for exploring the interrelationship between score illness perception, emotional stability and health seeking behavior in caregiver of cancer patients. Table showed that illness perception has positive significant relationship with health seeking behavior ($r=.49$, $p< .001$). it shows that people with high score on illness perception have more health seeking behavior, they also have low emotional stability and high neuroticism ($r=.51$, $p< .001$). The result found that emotional stability (neuroticism) had negative significant correlation with health seeking ($r= .28$, $p< .001$). It shows that people with low emotional stability and high neuroticism have more health seeking behavior.



Table 3: Hierarchical Regression Analysis of Predictors for Health Seeking Behavior in Caregivers

Variables	95% CI				B	R ²	ΔR ²
	B	LL	UL	SE			
Step 1						.27	.25***
Constant	12.12***	9.09	15.15	1.54			
Age	.05	-.01	.11	.03	.12		
Marital status	.45	-.27	1.18	.37	.09		
Illness perception	.15***	.10	.20	.02	.44***		
Step 2						.29	.01
Constant	11.29***	7.62	14.96	1.86			
Age	.05	-.01	.11	.03	.12		
Marital status	.50	-.24	1.24	.37	.10		
Illness perception	.14***	.08	.20	.03	.41***		
Emotional stability	.05*	.07	.16	.06	.06		

Note * $p < .05$, ** $p < .01$, *** $p < .001$

Table 4 shows regression analysis to determine the predictors of emotional stability. It was revealed that demographics like age marital status were not contributed as strong predictors of health seeking behavior among caregivers of cancer patients. In Step 1, the R² value of .27 revealed that illness perceptions, showed 27% variance in health seeking behavior with $F(3, 2156) = 18.94$, $p < .001$. Result showed that Illness perception ($\beta = .44$, $p < .001$) was a significant positive predictor of health seeking behavior. In Step 2 R² .29 values revealed that emotional stability explains 29% variance on health seeking behavior with $F(4, 155) = 14.33$, $p < .001$. Finding revealed that emotional stability versus neuroticism ($\beta = .05$, $p < .05$) significant predictor of health seeking behavior.

Table 4: Moderation Analysis between Illness Perception, Emotional stability and Health Seeking Behavior in Caregiver of Cancer Patients

Variable	B	SE	LL-UL	R ²	ΔR ²
Constant	2.58	4.85	-6.99, 12.15		
Illness perception	.36***	.09	.18, .54		
Emotional stability	.36	.16	.18, .54		
Interaction Term	-.01**	.00	-.01, -.00		
				.27***	.01***

Note * $p < .05$, ** $p < .01$, *** $p < .001$

Table 4 shows the moderation of emotional stability between illness perception and health seeking behavior. In model the R² value of .27 discovered that the predictors explained 27% variance in the result with $[F(3,156) = 19.04, p < .001]$. The finding revealed that illness perception ($\beta = .36$, $p < .001$) positively predict the health seeking behavior. The finding shown that illness perception × emotional stability versus neuroticism ($\beta = -.01$, $p < .01$) negatively predict the health seeking behavior. ΔR² value of .01 revealed 1% change in the variance with $\Delta F(1,156) = 5.11$, $p < .01$. Finding shows that emotional stability moderate the relationship between illness perception and health seeking behavior.

Discussion

The goal of the study was to find a relationship between a) there is a significant



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relationship between illness perception and health-seeking behavior b) there would be a negative relationship between negative relationship between emotional stability and health seeking behavior in caregiver of cancer patients c) emotional stability would predict the illness perception and health seeking behavior in caregivers of cancer patients d) Emotional stability would moderate the relationship between illness perception and health seeking behavior in caregiver of cancer patients.

The total sample consisted of a total 160 respondents were chose. The approach was assisted in including the individuals allowing provision of valuable data concerning health seeking behavior of caregivers of cancer patients.

In the current research it was hypothesized that illness perception has a positive significant correlation with health seeking behavior. People with high illness perception regarding cancer patients leads towards high health seeking behavior.

These findings support with the Common-Sense Model of Self-Regulation (Leventhal et al., 2016), which holds that people create emotional and cognitive images of their condition that influence their behavior and coping mechanisms, including their choice to seek treatment. People who observe their condition as severe, stubborn, or dangerous are more likely to take preemptive steps to seek health care, including speaking with medical consultants, ensuing treatment plans, and looking for informational or emotional support. However, if the illness is thought to be small, temporary, or unrelated to the patient, they can put off or reject medical attention, which raises the probability of complications. The current study's results establish how perception, rather than only the illness's real severity, has a significant impact on behavior. For instance, two people with similar medical illnesses may react quite contrarily based on their perceptions of the illness's etiology, effects, timeliness, and controllability. Numerous researches support this hypothesis. Asai et al. (2023) looked into the relationship between Japanese patients with chronic heart failure (CHF) and their intention to seek care and how they perceived their illness. 160 CHF outpatients participated in a cross-sectional study using the Common-Sense Model framework. The Brief Illness Perception questionnaire was used to gauge how people perceived their illnesses. The intention to seek medical attention when different symptoms appeared was used to measure care-seeking intention. Following univariate analysis, logistic regression analysis was used to examine the relationship between the sense of sickness and the intention to seek care. The univariate analysis found that the sense of illness was only linked to the intention to seek care when resting dyspnea started. The results showed that people who have a positive impression of illness are more likely to seek medical attention. Evaluating the patients opinions of their treatment and outlining its consequences can be required.

Second hypothesis stated that there would be a negative relationship between negative relationship between emotional stability and health seeking behavior in caregiver of cancer patients. According to the result findings, caregivers who had lower emotional stability and high neuroticism that is, more emotional reactivity, anxiety, or mood instability were more likely to health seeking behavior.

According to psychological theories, people who are less expressively stable are more likely to feel worried, nervous, and susceptible when they have to provide



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care, predominantly when dealing with chronic or life-threatening conditions like cancer. These caregivers could therefore be more motivated to look for expert support in order to manage the complications of providing care as well as for their own emotional health. Their approach to getting health care may involve seeking advice or comfort from mental health professionals, joining support groups, or routinely visiting medical facilities.

Moreover, Löckenhoff et al. (2011) investigated the association between five personality traits and health-seeking behavior, focusing on the function of two mediators that have been implicated in theory: caregiver strain and multi-domain self-efficacy. The study's findings indicated that psychological, physical, and health-seeking behaviors were all favorably correlated with extraversion and conscientiousness and negatively correlated with neuroticism. Additionally, a cross-sectional study was carried out by Oluwasanmi, (2017) to examine the role of personality traits and religion in predicting the behavior of outpatients at the Federal Neuropsychiatric Hospital Yaba Lagos in terms of seeking medical attention. Studies have shown that emotional stability enhances patients' conduct when seeking medical attention. Personality and religion are shown in the study to be important predictors of health-seeking behavior.

Third hypothesis state that emotional stability would predict the illness perception and health seeking behavior in caregivers of cancer patients. The study's findings confirmed this theory, showing that emotional stability has a major impact on caregivers' perceptions of illness and their engagements when it comes to seeking medical attention. Different researches support this hypothesis like

The association between psychological distress, emotional stability, and illness perception, as well as the mediating function of emotional stability in breast cancer patients and their spouses, were investigated in a cross-sectional study by Zheng et al. (2025). In patients with breast cancer and their spouses, there was a significant relationship between psychological distress, emotional stability, and illness perception

Forth hypothesis stated that Emotional stability would moderate the relationship between illness perception and health seeking behavior in caregiver of cancer patients. Partially supporting this hypothesis, the study's findings showed that caregivers' emotional stability affects the direction and degree of the link between illnesses related perception and health-seeking behavior.

According to the conclusions, caregivers who have low emotional stability and high neuroticism and believe that the illness is severe or uncontrollable are more likely to seek medical attention frequently, if not unreasonably. Because of their increased emotional response, they may see the condition as more serious, which could lead them to aggressively seek out medical advice, emotional support, or encouragement. Nevertheless, caregivers who keep high emotional stability and low neuroticism might react to the same illness beliefs with better emotional control and considered decision-making, which could result in more suitable and balanced health seeking activities.

Recommendations

- This study suggests that clinical psychologists should work with caregivers to reduce their health seeking behavior, address illness



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perception, and alleviate the risk factors that lead to health seeking behavior.

- Furthermore, this study will also help in clinical mental health awareness services providing by psychologist.
- Longitudinal studies would provide a well understanding of the long term effects of illness perception on health seeking behavior

Implications

The results of this study have significant implications for clinical practice, future research, and caregiver support initiatives in multiple ways:

The study emphasizes how emotional stability shapes how people perceive sickness and how they seek health behavior. Cognitive-behavioral therapy stress management programs and counseling can all be used as future interventions to relief caregivers become more adept at adaptable their emotions. Healthier behavioral responses and less caregiver discomposure could result from such psychological support.

These findings can be used to notify public health operations regarding how caregivers' emotional and cognitive states impact their performance when providing care. Encouraging realistic illness perceptions and expressively stable coping can enhance patient care and the experience of providing care.

This suggestion can be used by policymakers to strengthen formal caregiver support systems in the healthcare organization, such as mental health services, respite care, and psychoeducation programs for informal caregivers, predominantly those who are caring for patients with cancer or other chronic or serious illnesses.

Conclusion

The study's overall assumptions offer important new information on the psychological factors affecting cancer patients' caregivers' experiences. First, the study establish a strong link between health-seeking activity and how people perceive their condition, suggesting that caregivers' readiness to seek support and help is greatly influenced by how they view their disease. Second, it was exposed that emotional stability has a negative connection with health-seeking behavior. This proposes that caregivers who are emotionally unbalanced are more likely to seek help frequently because they are feeling more emotional discomfort. Third, it has been established that emotional stability is a strong forecaster of health-seeking behavior and illness perception, confirming its importance as a psychological component affecting caregivers' attitudes and responses to illness.

The study determined by pointing out that emotional stability moderates the connection between health-seeking behavior and illness perception, indicating that caregivers who hold greater emotional stability are better well-found to control their perceptions of illness and react in a more elastic and controlled way.

When taken as a whole, these results highlight how crucial it is for caregiver support programs to cover emotional and cognitive aspects. Improving emotional stability over psychological therapies might encourage more positive health-seeking behaviors and healthier illness perceptions, which will eventually improve patient care outcomes and caregiver well-being.



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