



Cancers: Concepts, Burdens among Families, Factors, Minimize Burden, Needs of Patients and Quality of Life

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السرطان: المفاهيم والأعباء بين الأسر والعوامل وتقليل العبء واحتياجات المريض وجودة الحياة

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Accepted: 20/10/2023

Published: 31/3/2024

ABSTRACT

Cancer is one of the great challenges for the patient and his family, often the family or caregivers suffer from psychological burden. Cancer is a devastating disease that necessitates extensive treatment and ongoing support to aid people physically, emotionally, and financially. Therefore, not only does the sufferer but also his loved ones feel the weight of a cancer diagnosis. Family members typically offer care for a loved one with cancer in addition to professional aid, beginning with the initial diagnosis and continuing through recovery or death. Increased survival rates are the result of significant advancements in therapy, and cancer is now more likely to be viewed as a chronic condition requiring care primarily outside of a hospital. They seem to be more likely to get sick and die, which is a sign of a higher risk for death. Caregiver burden is when a caregiver's mental or physical health is at risk or when the amount of care, they have to give is more than they can handle. The load seems to be common among family caregivers, but there are not many ways to help them. There are factors that increase the burden on caregivers and thus make it more difficult for their patient to recover, because caregivers are unable to fully comply with them because of the burden.

Key words: Cancers, Burdens, Factors, Needs, Quality of Life



INTRODUCTION

Cancers:

Concepts:

Cancer is a major killer, and its prevalence is rising in most parts of the world. In 2023, it is projected that there would be 20 million new cases worldwide, with 9.6 million fatalities [1].

While progress has been made against cancer throughout the years, the disease is still a major health concern that has not been eradicated. As reported by the International Agency for Research on Cancer of the World Health Organization, there would be 19.3 million new cases of cancer and 10 million deaths globally in 2020. The lifetime risk of developing cancer is approximately 20%. Meanwhile, over the past decade, both the overall cancer mortality rate and the 5-years survival rate (widely considered the benchmark for a successful 'survival') have fallen. Most cancers are being recognized and treated as chronic conditions rather than as "terminators" of human life [2].

Caregivers play a vital role in the overall management of malignancies, allowing people with the disease to continue participating in meaningful activities and maintaining social connections [1].

In most cases, the cancer patient's loved ones (spouse, kids, relatives, friends) are responsible for their in-home care [3,4].

As more people are diagnosed with cancer and other chronic illnesses, more people are also becoming Careers for others in their lives. In addition, the degree to which they participate depends on factors such as the nature of the illness, the necessity of treatment, the patient's age, and how close they are to passing away [1].

In Iraq, families believe in taking care of cancer survivors as their most important job because of traditional norms. For example, family members who do not take care of cancer survivors would not be accepted by society. So, Iraqis tend to take care of a family member with cancer because that is what their culture expects of them [5].

Caregiving Activity

Caregiving includes a wide range of tasks, such as helping someone walk, move, take care of incontinence, shop, clean, cook, make phone calls, and manage money. It also includes arranging for social services, appointments, and social events in addition to monitoring and



organizing medical care, administering drugs and treatments, providing emotional support, and more [6].

Family caregivers can give emotional support, check on patients' symptoms and side effects, talk to health care providers, help with ADLs and IADLs, or do medical or nursing chores [7].

Burdens

Their burden is typically seen as chronic pressures, and it has far-reaching detrimental impacts on their mental and physical health, as well as their ability to work and earn a living. Changes in duties and employment, as well as disturbances in routines (such as frequent clinic visits), are often a source of stress. Financial and social hardships may be incurred by caregivers due to factors including increased expenses and decreased quality of life [8].

The amount of burden caregivers feel depends on the stage of the illness, the care goals, the length of care, and the chance of survival. In general, there are physical, mental, economic, and social health issues as a result [1].

All of these things lead to high amounts of daily stress for caregivers, which is also called care burden [9].

Cancer treatment is hard on the person with cancer, their family, and the doctors who are taking care of them because it can cause problems, side effects, and even death. Cancer patients are often cared for by their families. They have to take care of the person directly at home and give them financial, social, and mental help [10].

Caregiver burden is seen as "a multidimensional response to the physical, mental, emotional, social, and financial stresses that come with being a caregiver [7].

Factor that Influences Coping and Health of Cancer Caregivers

1. Caregiver characteristics

Several factors include age, gender, race/ethnicity, religion, employment status, education level, financial status, and the relationship between caregivers, patients, and cancer type/stage, treatment type, and functional status. Greater caregiver burden has been linked to younger caregivers. One possibility is that younger caregivers were more likely to be working and have childcare responsibilities than older caregivers. Female caregivers were found to have a higher caregiver burden. African American and Hispanic caregivers of patients getting treatment were



more likely than white caregivers to say they had more to do than white caretakers. Caregivers of older cancer patients who worked were more likely to have a heavier caregiving load. Caregivers of people with late-stage cancer were likely to have a harder time at the beginning of the end of life [11].

2. Spirituality:

Greater spirituality, including frequency of prayer/meditation, religious service attendance, and religious coping (e.g., working with God), have been associated with having more positive feelings about caregiving. Spirituality can help family members who deal with stress by giving them the power to do things for themselves. Family caregivers with a low level of spirituality can be at risk for burden and negative mental health outcomes. Although spiritual support is one of the essential components to improve quality of life of cancer families, there has been less attention to the spiritual aspect of family caregivers compared to physical, psychological, and social aspects [7].

3. Psychological Burdens among families:

The family goes through different steps as they deal with the illness. Some of the emotional responses may be anger, resentment, guilt, and trouble adjusting. These feelings may or may not lead to accept the sickness. The diagnosis of cancer, as well as the disease's progression and treatment, can cause a lot of worry for both the person with cancer and their family. Patients and their loved ones have to deal with a life full of worry, like treatment routines, the risk of recurrence, or the treatment not working [12].

Caregivers' views of burden are the different ways that unpaid caregivers of people with advanced cancer describe and rank how hard it is to care for them. The word "burden" refers to how caregivers of cancer patients feel, their needs, problems, pains, and other forms of stress. So, the caregivers' burden is seen as "a multidimensional bio-psychosocial reaction" triggered by a mismatch between care requirements and the availability of caregivers' free time, social roles, physical and emotional well-being, financial means, and institutional support systems. This is due to the fact that parents and guardians already have a full plate [8].

It is well known that family caregivers have a lot on their plates, and caregivers who have a lot on their plates are more likely to have mental health issues. Spouses who took care of family members had trouble with their sexual and marriage relationships [7].



Most studies show that caregivers are at a higher risk for experiencing low quality of life, exhaustion, worry, burden, depression, and psychological distress. They appear to be more susceptible to develop medical conditions and at increased risk of death as a result. When caregivers' mental or physical well-being is compromised or their ability to provide care is stretched to its limit, this is known as caregiver burden. Family caregivers appear to bear a disproportionate share of the burden, yet there is a dearth of interventions designed to ease their plight [13].

Caretakers of those with advanced cancer are more than twice as likely to suffer from a mental health issue as the general population. This includes depression, anxiety, alcoholism, and post-traumatic stress disorder (PTSD). Depression and worry are more common among caregivers than in the general population as a whole [7].

Caring for a child with cancer can be very stressful for parents, and this stress can have a negative effect on the child's and siblings' health [12].

The most important mental effects of cancer on people who care for people with cancer are depression, worry, helplessness, and fear of a loved one's death [14].

Due to the high level of responsibility that comes with taking care of someone every day, family members can experience major physical or mental problems like insomnia, changes in appetite, headaches, muscle pain, heart problems, oversensitivity, stress, and changes in their relationships [9].

Patients and their loved ones are put under tremendous strain when a cancer diagnosis is made. Spouses of cancer patients may suffer from emotional, physical, and financial stress during the diagnosis, treatment, progression of disease, and, eventually, death of the patient [15].

Having to care for a loved one with cancer might cause caregivers emotional anguish. Stenberg *et al.* (2010) found that cancer caregivers in Australia experience a wide range of physical symptoms, including fatigue, back pain, heart issues, high blood pressure, arthritis, and weight gain [14].

Family members who care for patients are often relied upon as a source of information and support, and their efforts can significantly improve their health and quality of life. Caregiving places a significant emotional, social, physical, and financial strain on family members. The emotional and mental stress placed on loved ones by their terminally ill loved



ones often becomes greater than that of the patients themselves in the final stages of the disease [16].

4. Client Dependency

When patients have poor health and higher dependency, caregivers tend to feel more burdened. For example, patients' poor global health, impaired quality of life were associated with caregiver burden. Patients' number of comorbidities and the number of symptoms or the severity of symptoms, including fatigue, pain, and depression, were related to increase caregiver burden [7].

5. Economic Burden

Cancer patients, their families, and health care systems are worried about the rising prices of treatment and care for side effects. Because cancer care costs a lot of money, it is important to have a good idea of how much it costs and who pays for it. Most of the time, direct costs, indirect costs, and psychosocial costs are used to describe the financial load of cancer care. Direct costs include the use of money and time for medical and non-medical care, as well as the use of money and time for care. Indirect costs are those that happen when resources and chances are lost because of cancer. Psychosocial costs are usually thought of as costs that cannot be seen or touched, like pain and suffering. Psychosocial costs are paid for by the patient and his or her family in full [17].

Cancer survivors also had to pay more out of pocket each year than people who had never had cancer. Also, caregivers who are old enough to work have a harder time making ends meet because they may have more expenses for children who depend on them, mortgages, and housing costs. Studies showed that caregiving hurt the caregivers' work productivity in a number of ways, such as lost work hours, feeling less effective at work, missing work, and losing their jobs because of hospital visits and care activities. Types of treatments also have been found to influence burden. One study found that colorectal cancer patients having chemotherapy and needing a stoma had higher caregiver burden. Compared to other types of surgery (mastectomy and lumpectomy), axillary lymph node dissection was associated with higher caregiver burden likely due to side effects experienced by non-metastatic breast cancer patients [7].



Minimize Burden

- Non pharmacological therapy, for example, have been shown to be both effective and cost-efficient in reducing caregiver stress. The research backs up interventions like teaching coping skills, therapy, support, using technology (phone calls and apps), a parental social cognitive intervention program, and coping skills and social support.
- Set up special workshops for families of patients or caregivers to develop their skills in being able to adapt to their severe conditions.
- National campaigns or websites that provide psychological assistance for patients and careers. Health care providers are in a prime position to address, anticipate, and give relief from the social effects of advanced cancer, therefore raising their understanding of these effects is crucial.
- Make sure that state and federal health care benefits cover medical and insurance coverage for family members who provide care for patients.

Volunteers should be sought out to assist with the care of disabled seniors and hospitalized community members. These individuals could be trained at a dedicated facility in order to provide respite for caregivers [1].

Needs of patient's

Patients with advanced cancer usually need a wide range of support services, such as help with medication, transportation to and from treatment, daily living tasks, and emotional support, such as help with self-care, managing symptoms, and dealing with family suffering [8].

Quality of Life

If the caregiver's quality of life declines, the patient's quality of life will inevitably suffer as a result. Caregiving studies regularly show a negative correlation between increased stress and the well-being of family caregivers [4].

The cumulative effects of providing continuous care to patients and their families are profound and long-lasting. With this perspective, loved ones may begin to feel helpless and experience a decline in their quality of life. Loss of physical power as a result of caregiving



responsibilities has been linked to elevated levels of stress, melancholy, and despair, according to a review of the literature by Kitrungrote and Cohen (2006) on the quality of life of caregiver family members. Those who struggled to manage these symptoms also reported a marked decline in quality of life [18] observed that family members who provided care also faced financial hardships, frequently had to abandon their employment, and saw a decline in their social relations as a result of their caregiving duties [9].

Fear of losing a loved one, caregiving's big effect on financial well-being, and caregiving's effect on social life can all have a big effect on the quality of life of the caretaker. Caregivers' quality of life improves when they have positive patient connections, supportive friendships, a stable marital status, and social support from family and friends. Caregivers' quality of life improves with improvements in their physical health, social relationships, and environmental circumstances [4].

Despite the growing body of literature focusing on cancer caregivers and families, some doctors and nurses still do not realize that patients and caregivers are interdependent in terms of quality of life (QoL), and so they do not include caregiving needs in their treatment plans [19].

Research also shows that providing care to a patient has negative effects on the caregiver's own health and well-being, including their physical, social, psychological, and economic well-being. Cancer caregivers' quality of life can be affected by many things, such as their own age, gender, level of schooling, income, care time, changes in their social lives, and whether or not they have family support [4].

Acknowledgments:

My deepest gratitude goes out to the members of the journal's prestigious team and to everyone who provided support while I wrote this study.



Conflict of interests.

The authors declare that there are no conflicts of interest between them

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الخلاصة

يعد السرطان أحد التحديات الكبيرة التي يواجهها المريض وعائلته، وغالبًا ما تعاني الأسرة أو مقدمو الرعاية من عبء نفسي. السرطان مرض مدمر يتطلب علاجًا مكثفًا ودعمًا مستمرًا لمساعدة الأشخاص جسديًا وعاطفيًا وماديًا. لذلك، لا يشعر المصاب بالسرطان بالعبء فحسب، بل يشعر أحيانًا أيضًا بثقل تشخيص السرطان. عادةً ما يقدم أفراد الأسرة الرعاية لشخص مصاب بالسرطان عزيز عليهم بالإضافة إلى المساعدة المهنية، بدءًا من التشخيص الأولي وحتى الشفاء أو الوفاة. إن زيادة معدلات البقاء على قيد الحياة هي نتيجة للتقدم الكبير في العلاج، ومن المرجح الآن أن يُنظر إلى السرطان على أنه حالة مزمنة تتطلب رعاية خارج المستشفى في المقام الأول. ويبدو أنهم أكثر عرضة للإصابة بالمرض والموت، وهو ما يعد علامة على ارتفاع خطر الوفاة. يقع عبء مقدم الرعاية عندما تكون الصحة العقلية أو الجسدية لمقدم الرعاية معرضة للخطر أو عندما يكون مقدار الرعاية الذي يتعين عليه تقديمه أكبر مما يمكنه التعامل معه. يبدو أن العبء شائع بين مقدمي الرعاية في الأسرة، ولكن لا توجد طرق كثيرة لمساعدتهم. هناك عوامل تزيد من العبء على مقدمي الرعاية وبالتالي تزيد من صعوبة تعافي مريضهم، لأن مقدمي الرعاية غير قادرين على الالتزام الكامل بهم بسبب العبء.

الكلمات المفتاحية: السرطان، الأعباء، العوامل، الاحتياجات، نوعية الحياة