

THE HEALTH IMPACTS OF CAREGIVERS OF PATIENTS WITH CANCER TRIGATED BY THE EXERCISE OF CARING

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Abstract: The work relationship of the caregiver of cancer patients - whether professional in the area or family member - can have negative implications on their health. In order to understand the dimension of the complaints and challenges faced by the function, bibliographies from the last ten years were selected, most of which were published in online bases. Through the literature review, it was found that the profile of the caregiver is commonly perceived among women aged around 52 years old. Among the main complaints were emotional, physical and mental overload, in addition to stress and depression. This information suggests that the caregiver needs more monitoring and preparation, provided by government policies and initiatives of the family group itself, so that care work is not a physical and psychological burden.

Keywords: Cancer caregivers. Family caregiver. Caregiver and oncology.

INTRODUCTION

Cancer is the name given to a set of more than 100 diseases that have in common the disordered growth of cells, which invade tissues and organs. Dividing quickly, these cells tend to be very aggressive and uncontrollable, determining the formation of tumors, which can spread to other regions of the body. ¹.

The stigma of cancer and the fantasies surrounding the disease constitute an important stressor for the patient and their families, and can cause great psychological suffering. Both, patient and family, need to receive attention from the health team for a good coping with the disease, for a better adherence and response to treatment and, consequently, for the continuity of family balance.⁴ In this sphere, changes in family dynamics begin in the pre-diagnosis phase, when the symptoms begin, they permeate

throughout the illness and may continue after the death or cure of the sick person. ².

The repercussions caused by cancer on the patient and his family are already well known, and there is currently a tendency for the responsibility for patient care to be transferred to the family, even in the face of increased care burden, especially when the disease is in its advanced course.⁶ In this context, the main caregiver emerges, the person responsible for helping the dependent patient in their day-to-day, among other tasks, and, in general, the caregiver comes from the family nucleus itself.³

In general, the caregiver takes on multiple roles, becoming the sole caregiver, eventually assisted in minor tasks by other family members. ⁴. But, even with the help of other people, a good part of the caregivers is responsible for the food, hygiene and medication of the patients. These multiple occupations have a negative impact on the caregiver's life ⁵.

Therefore, the present research seeks to understand and update knowledge about the impacts on the quality of life of caregivers of cancer patients.

METHODOLOGY

The present study is based on the parameters of descriptive literature reviews with a qualitative approach. Therefore, it started with the following question: what are the implications for the quality of life of caregivers of cancer patients generated by the act of caring?

For the formulation of the above question, the PICO strategy was considered, as shown in Table 1.

Strategy: PEAK	Abbreviation	Description
Population	P	Male and female, regardless of age.
Intervention	I	Forms of care and assistance demonstrated to the cancer patient.
Compariso	C	Not applicable
Outcome	O	Description of the negative implications of the act of caring on the health of the caregiver of cancer patients.

Table 1 - Detailing the Strategy: PEAK.

Source: Own authorship.

For the choice of research, the platforms PubMed, Medline, Google Scholar, as well as the Lilacs database were selected. The combination of the descriptor caregivers with the keyword cancer was also considered – both terms in Portuguese, Spanish and English. In other words, the research was based on the words: cancer caregivers; cancer caregivers; and cancer caregivers. In order to have a direct association between the descriptor and the keyword, the Boolean operator AND was adopted.

The inclusion criteria established for the selection of the bibliography were: a) having been published in the last ten years, that is, between 2011 and 2021; b) be available in Portuguese, Spanish or English; and c) directly point out elements that impact or not the caregiver's health (professional or informal) for exercising the assistance profession.

Regarding the exclusion criteria, studies that: a) did not fit into the time frame of publication (2011-2021); b) were made available in languages other than Portuguese, Spanish and English; and c) did not contain relevant information for updating knowledge according to the proposed questioning.

Finally, the data and considerations found were analyzed and evaluated through comparisons between the selected bibliographies, as well as an attempt to elucidate their real implications in practice. In order to facilitate the understanding of the information, they were arranged in tables.

RESULTS

Based on the selected research sources, it was noticed that Google Scholar concentrates most of the publications addressed to the proposed theme. Then, Medline, Pubmed and Lilacs were found – Table 1.

	Research Sources	Number of registered jobs
1	Academic Google	137.100
2	Medline	9.027
3	PubMed	6.540
4	Lilacs	271

Table 1 – Number of works associated with caregivers of cancer patients, according to research sources.

Source: As per the platforms in 11/2020.

Based on the inclusion and exclusion criteria, the elimination of duplicate studies and the discarding of other investigations that did not prove to be relevant to the work, 10 studies were selected, as shown in Table 2.

Nº	Study Title	Authors and year	Study Methodology Classification	Study publication language
1	A look at the patient caregiver cancer patients receiving palliative care	Guimarães <i>et al.</i> (2011)	Field Research/Case Study	Portuguese
2	Meaning of being a caregiver of a family member with cancer and dependent: contributions to palliation	Marchi <i>et al.</i> (2016)	phenomenological study	Portuguese
3	Being a caregiver for a family member with cancer	Ferreira <i>et al.</i> (2018)	phenomenological study	Portuguese
4	Aspects of burden in caregivers of terminally ill patients By cancer: literature review	Ignacio <i>et al.</i> (2011)	Literature review	Portuguese
5	Overload in caring and its repercussions on caregivers of end-of-life patients: a systematic review of the literature	Delalibera <i>et al.</i> (2014)	Systematic review of the literature	Portuguese
6	Caring for the Informal Cancer Caregiver	Sun <i>et al.</i> (2019)	Literature review	English
7	The impact of cancer patients' and their family caregivers' physical and emotional symptoms on caregiver burden	Johansen <i>et al.</i> (2018)	Field Research/Case Study	English
8	The Impact Of Caregiving On The Psychological Well-Being Of Family Caregivers And Cancer Patients	Northhouse <i>et al.</i> (2012)	peer review	English
9	Social determinants of health, overload family and caregivers' quality of life relatives of cancer patients in palliative care	Toffoletto <i>et al.</i> (2019)	Cross-sectional analytical study	Spanish
10	Caregiver burden of cancer patients in palliative care	Rocha <i>et al.</i> (2018)	Cross-sectional quantitative study	Portuguese

Table 2 - Selected Research.

Source: According to the works.

Regarding the population investigated in the studies, only 06 studies presented information related to age and the total number of people involved. The average age verified is 52 years old, with the youngest person being 31 years old and the oldest being 73. Added to the total number of participants investigated, it comes to 584.

Study	Description of the age of the population	Total of participants
1	31-73	10
2	42-70	17
3	32-62	14
7	50-60 (aprox.)	281
9	48,8 (aprox.)	212
10	Not informed	50

Table 3 – Age and Total Number of Participants in the selected surveys.

Source: According to studies.

Among the works chosen, the following impacts were found on the health of caregivers of cancer patients - Table 4.

Nº	Health impacts
1	Triggering stress frames
2	Change in emotional and psychological pattern
3	Physical and psychological repercussions
4	Emotional, physical and social burden; depression;
5	Emotional and physical overload; anxiety; depression; emotional distress
6	Stress
7	Depression and fatigue
8	Anxiety; social overload
9	Emotional, physical and mental overload
10	Emotional, physical and mental overload

Table 4 - Impacts on the health of the caregiver of cancer patients

Source: According to studies.

DISCUSSION

Taking into account the volume of studies associated with the subject in the last ten years in relation to previous years, it appears that there is a growing interest in the scientific area in understanding in a deeper way the consequences suffered by the caregiver in the daily treatment of the cancer patient. In any case, within the selected time frame, there is a greater participation of publications in English than those in Portuguese and Spanish combined. This phenomenon can be explained both from the perspective of government incentives for research in the field of medicine – being greater in the United States than in Brazil, for example – and by the availability of more sophisticated medical equipment and technologies.

Considering the age group identified in the ten studies shown in Chart 3, the average age for caregivers of cancer patients is 52 years. Despite the presence of younger ages (31 and 32 years old), it appears that people with more experience in life occupy the position more often. In general, the researches did not carry out specific considerations, justifying this aspect, however, the results allow us to infer that the combination of the responsibility of caring with the emotional maturity for this, are usually found in profiles with more advanced ages, due to the accumulated experience.

Despite not being the objective of this study, it is important to highlight that female individuals are more representative in the role of caregiver. In this context, not only Ignacio et al. (2011)⁶ and Toffoletto et al. (2019)⁷ intermediary, and family overload factors explain the quality of life of family caregivers of cancer patients receiving palliative care based on the Determinants of Health proposed by the World Health Organization (WHO had already indicated the prevalence of the gender, but other scholars such as Fleming et al. (2005)⁸;

Hwang et al. (2003)⁹; and Tzuh et al. (2008)¹⁰. The recurrence of the female figure in the role of caregiver is presented as a cultural factor, given that each society constructs and assigns the act of caring to a gender, which is predominantly occupied by women. On the other hand, it is worth considering that, historically, the action of attending to the needs of the other has close ties with the female gender.^{11,12,13}

Entering the merits of the negative impacts on the health of the cancer patient's caregiver, the first element is stress. According to Guimarães et al. (2011)¹⁴, although stress is an inevitable consequence of human activities, what is considered excessive interferes directly in other areas of life. In the picture in question, the curators were classified in the category of near exhaustion. In the research by Sun et al. (2019)¹⁵, the main symptoms associated with this scenario were also anguish, anxiety and the desire to permanently move away from responsibility.

In line with the aforementioned authors, physical symptoms such as muscle tension, problems with memory and a constant feeling of wear and tear were also reported by Ferreira et al. (2018)¹⁶, Delalibera et al. (2015)¹⁷ and Rocha et al. (2018)¹⁸. Through them, it was noticed that one in five caregivers complain of physical problems and that these interfere in the way the individual relates to the function. In other words, they contribute to reaching the limit of wear and exhaustion faster.^{16,17,18}

In the work of Johansen et al. (2018)¹⁹, depression and fatigue were the elements that stood out the most among caregivers. The research showed that the lack of sleep added to the concern with the treatment of the cancer patient was associated with the diagnosis of depression. In the same sense, the investigation by Ignacio et al. (2011)⁶ showed that 75% of the studies gathered

that mentioned mental overload was linked to depression. According to Marchi et al. (2016)²⁰ the distressing situations experienced by the professional during the patient's treatment, in order not to evolve into emotional suffocation and depressive conditions, must be guided by specific coping techniques. However, this is knowledge that the informal caregiver, especially when a family member of the person being cared for, does not always have access to. In this regard, Northouse et al. (2012)²¹ insists that family caregivers need to be guided by health policies regarding self-care, communication and possible interventions that significantly reduce rates of anxiety, depression and stress.

FINAL CONSIDERATIONS

This article focused on understanding the impacts on caregiver health caused by the profession of care for cancer patients. In order to do so, fundamental bibliographies were gathered that showed negative implications on the physical, psychological and emotional aspects of this class. In the physical, for example, the accumulation of tension can manifest itself in the form of pain and affect, in turn, the mental and emotional fields.

Although the interest of the scientific area on the subject has increased in recent years, further research is needed to deepen specific contexts. In this case, to illustrate, it would be possible to verify whether the greater recurrence of the caregivers' complaint occurs among family caregivers or specialized caregivers. Anyway, the information listed in this research can be a starting point for this or other subjects related to the theme.

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