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Factors Associated with Caregivers' Quality of Life of Breast Cancer Patients - A Review

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Abstract: ***Long-term and complex treatment methods are needed while caring for a patient with breast cancer, which significantly reduces the caregiver's well-being. From the first stages of the disease until the patient's recovery, caregivers are essential in providing care for family members who have breast cancer. Family caregivers of breast cancer patients unwittingly tend to overlook their own quality of life in favour of the demands of the patient. According to research findings, the majority of caregivers experienced a marked decline in their overall quality of life, encompassing their physical, mental, social, and functional well-being. Numerous factors may affect a caregiver's quality of life, although this varies depending on personal preferences, according to the analysis. The factors involved the patient's disease duration and health condition, sleep duration, depression, life events, educational attainment, coping mechanisms, gender, social support, and the caregiver's chronic illness. finances and relationship with the caregiver. In current circumstances, research should focus on treatments to improve caregiver wellness. The quality of life for the caregiver can be optimised with early, suitable, and timely treatments.***

Keywords: Breast Cancer, Quality of Life, Factors associated with caregivers, family Caregiver, quality of life of breast cancer patients

1. Background

Breast cancer is the most frequent type of carcinoma in women [1]. Breast cancer is the second-leading cause of carcinoma-related fatalities in women [2]. According to the data that was available, this condition has been on the rise nationwide since 1999 and now ranks first among all cancers. [1]. In 2020, 2,26 million new cases and 685000 deaths due to breast cancer were reported [3]. According to reports, carcinoma of the breast is the most prevalent type of cancer in Iranian women patients, and a three-fold rise is predicted by 2030 [4]. Breast cancer is second to cervical cancer in India (which accounts for 18.5% of cases) [5].

After receiving a cancer diagnosis, a person must go through a series of extremely emotional reactions and modifications. Caregivers frequently suffer strain, particularly when the needs exceed the available resources. In general, caregiver strain negatively impacts the quality of life of the caregivers. Stress and burden both affect a person's health, ability to cope, well-being, sleep, social support, and other quality-of-life issues that are relevant to both cancer patients and those who provide care for them [7]. Sleep patterns were improved by offering respite care and self-care education since family caregivers frequently neglected their own sleep needs, which resulted in chronic weariness and health problems.[8] By lowering stress and burnout, emotional and social support enhances caregivers' sleep patterns and quality of life [9]. Continuous caregiving can cause stress or worry, which might have an indirect negative impact on the care recipient's health. Early detection of potential monetary, interpersonal, or health issues may be achieved by regularly monitoring the quality of life of caregivers in connection to their care. Therefore, involving caregivers in breast cancer patients' care and enhancing communication between the physician, patient, and caregiver may improve the caregiver's well-being.

Factors Contributing to Quality Of Life (QOL)

WHO defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns[11]. High levels of emotional and physical stress are experienced by caregivers, which has a detrimental effect on their quality of life. [10] (Figure 1)

Physical, mental, social, and functional health have been identified as the dimensions linked to quality of life. Factors that have a role in the quality of life of caregivers vary according to individuals' preferences, but they often comprise duration of illness and health status of the patient, duration of sleep, depression, life events, educational status, coping strategies, gender, social support, and chronic illness of the caregiver. Relationship with the caregiver and family income both have a dyadic effect on Quality of Life.

Duration of illness	Sleep	Depression	Life events
Family income	Educational status	Coping strategies	Gender
Caregiver relationship	Social support	Loneliness	Patient and care giver health status

Figure 1: Shows the factors contributing to quality of life (QOL)

Duration of Illness

With more time spent providing care, the caregiver's quality of life score declines. After the first two years diagnosis was particularly challenging for caretakers. However, within the first one to two years, the patient and their caretakers experienced a higher quality of life since they had grown acclimated to the disease's symptoms.[4]

Sleep

Caregivers' fear of recurrence interferes with their sleep and lowers their quality of life. Sleep and quality of life can both be enhanced by interventions that address anxieties [12]. Significant changes in sleep patterns over time were said to have an impact on the caregiver's depressive symptoms. Carers report gradually losing sleep, which affects their emotions and capacity to continue giving care, among other aspects of their quality of life [13].

Depression

Depression in caregivers was associated with a lower QOL overall. There was a significant inverse relationship between caregiver's depression and quality of life. Even minor depression affects caregiver's mental health. The reason could be because 48% of the caregivers in our sample had a chronic illness of their own. Additionally, sadness affects cancer patients significantly and frequently. These issues may have an impact on family dynamics, the clinical course and prognosis of the patient's illness, and patient quality of life [5]. Age and gender of the caregiver were both substantially linked to depression symptoms in the caregiver. Male spouse caregivers had considerably higher rates of depression than non-spouse caregivers. Having to perform household duties in addition to providing care made caregivers more depressed. One more risk factor for caregiver depression is the financial load. Lack of physical assistance is a factor in caregiver depression [5].

Life Events

Family caregivers report a variety of problems in providing care-like disagreements about their social duties, constraints on their daily activities, conflict in their marriages and families, emotional discomfort, and disturbed physical conditions. One of life's most distressing occurrences is the death of a close relative. Stress related to caring for others has a detrimental effect on their mental and physical health, and it even has the potential to increase mortality[14]. Higher stress levels among caregivers were a result of emotional repression during important life events.[15]

Family Income

Caregivers in low-income families and those with low education are more troubled by the patient's sickness, which results in lower QOL for caregivers. Family caregiver adjustment is influenced by financial worries and financial demand at all phases of the patient's treatment, thus those who belong to lower socioeconomic categories are more likely to experience stress.

Higher socioeconomic group members are more likely to be able to afford outside assistance (such as a housekeeper or respite care), and as a result, their physical health may be less affected by providing care[16]. Financial worries were more prevalent among FCGs who were married, had strong social ties, or had low incomes[17].

Caregiver Education

The educational background of the caregiver had a beneficial impact on QOL. Higher-educated caretakers have higher expectations for a healthy life and family, and when those expectations are at odds with the reality of illness, it can cause emotional discomfort[18]. Caregivers with high levels of education may be more vulnerable to depression than those with lower levels of education. This might be because people believe that providing care is less fulfilling and boosts self-esteem less than more intellectually engaging professional pursuits.[9]. Contrary to these other studies reported that Low-income caregivers and those with low education are more affected by the patient's illness, which lowers their quality of life (QOL). lowly educated caregivers reported that they were in weak physical wellbeing.[19]

Coping Strategies

Active coping methods including seeking emotional help, worship, positive reframing, diversion, venting, and humor were linked to high quality of life in both sick and their family caregivers, while avoidant coping methods like increased alcohol/drug use were linked to lower quality of life[20].Despite the fact that spirituality and related behaviors differ among cultural groups, spirituality has been explored as a promising coping mechanism used by carers. Spirituality has been investigated as a potential coping strategy employed by caregivers, yet spirituality and related practices vary among cultural groups.[21]

Gender

Gender may affect discomfort levels, with women experiencing higher levels of distress regardless of their role.

Globally, females bear the majority of the burden of taking care of breast cancer patients.[21]

Caregiver Relationship

Compared to friends or distant relatives, caregivers in closer relationships—such as spouses—reported feeling more emotionally burdened. Strong emotional ties, however, occasionally served as a stress-reduction mechanism.[22.] Spouses and non-spouses (such as close friends or relatives) may have differing perspectives on the role of caregiving[9].

Social Support

Social assistance that catered to the needs of both patients and caregivers improved both parties' emotional health by easing the load on each other in caregiving dyads.[23]. Caregivers of the patient who were retired and were close to the patient showed a higher risk of experiencing negative changes to their socioeconomic and global QOL. Relatives were less likely than husbands, partners, or boyfriends of breast cancer patients to experience unfavourable changes in their overall quality of life and in the QOL of their family. Based on the needs of the significant others and their families, QOL of the significant others should be strengthened and supported more actively[24].

Loneliness

Breast cancer patients' and their caregivers' HRQoL reductions are correlated with loneliness. When the patient's HRQoL is impacted, their caregivers are also at risk of having lower HRQoL. Cancer patient and caregiver HRQoL is negatively affected by loneliness.[25] The time constraints of providing care might limit possibilities for social interaction, which can lead to loneliness. Stress among caregivers is known to be exacerbated by loneliness and a lack of social contacts. [21].

Patient and Caregiver Health Status

Quality of life (QoL) scores were poorer for both patients and caregivers, with caregivers reporting greater physical health reductions than patients .[26.] When compared to patients with better health conditions, caregivers of palliative patients reported considerably lower QOL levels. In comparison to family caregivers of patients undergoing curative treatment, palliative care patients' overall physical health was worse. Increased physical suffering in the patient was linked to lower emotional well-being in the caregiver. [27] Caregivers frequently disregard their own medical requirements, which raises their risk of musculoskeletal issues, sleep disturbances, and hypertension. [28]

2. Interventions

It is imperative to create and put into action interventions to support caregivers of breast cancer patients in their role as caregivers with relation to patient and family education. Healthcare professionals, including oncology nurses, must, above all, make sure that carers have access to the resources and support they need to care for their loved ones at home. Conducting intervention studies with cancer patients and the people who care for them can be challenging, and it requires the assistance of doctors who can tell potential participants about the studies that are available and persuade them to participate. To ascertain how successfully this research can be applied in practice settings, they must also be integrated into clinical treatment [9].

Sessions included problem-solving techniques and practical counsel instead of just emotional support; male caregivers benefited more. [29.] Men wanted specific information to help them be more prepared for the changes to their partner's physique. Giving accurate information helps men develop good coping mechanisms that will enable them to support their female spouse who has breast cancer or is at risk of developing it, which will improve their psychological and emotional well-being as a pair. [30] based on the needs of the significant others and their families, the QOL of the significant others should be strengthened and supported more actively.[19]

Physical therapy, adaptive coping techniques, mental health education, spirituality, and seeking social needs can all be included in an in-person group intervention that supports caregivers of breast cancer patients in their position as caregivers.[25] Informational and psychological support can be given through counselling sessions, either over the phone or in person as supportive interventions. In this regard, it is important to identify the educational needs of the caregivers before making plans. Caregivers can be educated through family conferences, skill-building activities, the use of books, videos, CDs, websites, and problem-solving techniques. One of the educational methodologies is to teach problem-solving techniques. A problem-solving strategy can result in a decrease in dependency and an increase in stress and strain, which is beneficial for the patients. One of these tactics is the improvement of problem-solving abilities, which is accomplished through the use of diverse models. One of these methods is the COPE model, which was developed by Houts et al. in 1996 and focuses on encouraging individuals' creativity, optimism, planning, and expert knowledge. In many places of the world, the outcomes of its use have varied. For instance, several studies have found that it improves the quality of life for both patients and caregivers [31]. By incorporating the COPE framework into supportive educational programs, caregivers of patients with breast cancer experienced less emotional distress, a decrease in perceived burden, and an improvement in their capacity to manage caregiving responsibilities. [32]

3. Conclusion

Breast cancer is no longer viewed as a fatal disease but rather as a chronic condition with bio-psycho-social characteristics, owing to advancements in screening and biomedical treatment techniques. All family members are impacted by a woman's breast cancer diagnosis, which alters their duties.[34] Both the patient and their caregiver may experience stress throughout breast cancer therapy. Patients and their carers may feel more psycho-physiologically distressed.[33] The primary carers in contemporary society are typically close family members who provide the patient with support and care.[5] Patients and caregivers most frequently ranked family support, rapid treatment for treatment side effects, and prompt information on treatment as extremely helpful during initial diagnosis and treatment[29].

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Conflicts of Interest

The authors declare no conflict of interest

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