ORIGINAL ARTICLE

FAMILY CARE TO THE ELDERLY UNDERGOING OUTPATIENT CHEMOTHERAPY: FACTORS AND ATTITUDES

ABSTRACT

Objective: to describe the experiences of family caregivers to elderlies with cancer undergoing outpatient chemotherapy. Method: this was a qualitative research conducted in a public hospital in Rio Grande do Sul with 12 family caregivers. The Sensible Creative Method was used through three dynamics: lifeline, weaving stories, and almanac. The speech analysis was used for data analysis in its French view. Results: the evidenced factors and attitudes were an undisclosed diagnosis, difficulties related to public services, elderly independence, closeness and bond with the caregiver and adaptation to life terminality in the elderly. Conclusion: the understanding of how caregivers face the challenges in their lives inflicted by cancer in the elderly can guide nursing services in carrying out care that covers the elderly and the caregiver.

Descriptors: Caregivers; Elderly; Neoplasia; Nursing.

RESUMO

Objetivo: descrever as vivências de cuidadores familiares no cuidado ao idoso com câncer em tratamento quimioterápico ambulatorial. Método: pesquisa qualitativa realizada em um hospital público do Rio Grande do Sul, com 12 cuidadores familiares. Foi utilizado o Método Criativo Sensível, por meio de três dinâmicas: linha da vida, tecendo histórias e almanaque. Para analisar os dados utilizou-se a análise de discurso, em sua corrente francesa. Resultados: os fatores e atitudes evidenciadas foram a não revelação diagnóstico, dificuldades referentes aos serviços públicos, independência do idoso, proximidade e vínculo com o cuidador e adaptação à terminalidade do idoso. Conclusão: o entendimento de como os cuidadores enfrentam os desafios influídos pelo câncer do idoso em suas vidas pode orientar a enfermagem na realização de um cuidado que abranja o idoso e o cuidador. Descriptores: Cuidadores; Idoso; Neoplasias; Enfermagem.

RESUMEN

Objetivo: describir las experiencias de cuidadores familiares en el cuidado al anciano con cáncer en tratamiento de quimioterapia ambulatoria. Método: investigación cualitativa realizada en un hospital público de Rio Grande do Sul, con 12 cuidadores familiares. El Método Creativo Sensible fue realizado por medio de tres dinámicas: línea de la vida, tejiendo historias y almanaque. Para analizar los datos se utilizó el análisis de discurso, en su corriente francesa. Resultados: los factores y actitudes evidenciadas fueron la no revelación del diagnóstico, dificultades referentes a los servicios públicos, independencia del anciano, proximidad y vínculo con el cuidador y adaptación a la finitud del anciano. Conclusión: el entendimiento de cómo los cuidadores enfrentan los desafíos infligidos por el cáncer del anciano en sus vidas puede orientar a la enfermería en la realización de un cuidado que abarque al anciano y al cuidador. Descriptores: Cuidadores; Anciano; Neoplasias; Enfermería.

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INTRODUCTION

Cancer can be configured as a disease to be experienced in the aging process, potentiating the loss of functionality in the elderly. The aging period is accompanied by biological, psychological, and social changes that are quite evident. However, the way of aging is different for each individual because it is related to living habits in each previous cycle, and therefore, the care demanded is according to individual needs and peculiarities of each elderly person.

In this context, the family caregiver may represent the support, providing care to the elderly in his specific needs. In this perspective, the family caregiver of the elderly undergoing outpatient chemotherapy is highlighted. The family caregiver is the individual with family ties who is responsible for caring, has emotional ties to the elderly, lives close by, can offer some financial support, and has time to perform the care.

The outpatient chemotherapy treatment can result in conditions that depend on care and on the effects of the antineoplastic therapy in the elderly. Following this, dependence represents a need in which one requires help or assistance of another to perform daily activities. Dependence relates to a partial, or total absence of physical, intellectual, or psychic autonomy and the elderly’s dependence leads the family caregiver to experience changes in life, often drifting away from their usual activities in order to devote more time to care, which may cause physical and emotional wear.

Cancer is a disease that not only affects the individual’s uniqueness but influences his relationships, particularly in his family context because the family experiences the illness daily. Thus, the context of cancer in the family space determines the facing of a challenging reality permeated by anguish and suffering.

The elderly care undergoing an outpatient cancer treatment transcends the biological care focused on his physical singularities and symptoms. A study conducted in Portugal addresses the profile of family caregivers of elderlylies commonly characterized as a female individual, spouse or child; in addition, it reports that the family caregiver or informal caregivers of elderlylies experiencing some degree of dependence is pervaded by emotional and physical overload and changes in their quality of life.

It is understood that Nursing staffs need to be prepared to support family caregivers, working in their instrumentalization for elderly care at home. Therefore, it is considered that knowing how the family caregiver experiences the care of elderlylies undergoing an outpatient cancer treatment may provide data to plan a qualified care to this group of people more efficiently given the role of nursing in the course of cancer treatment, following the physical, social, and psychological conditions of these elderlylies and their families. The research question was: how is the experience of caring for the elderly undergoing cancer outpatient chemotherapy in the perspective of the caregiver? To answer this question, the objective of this study was to describe the experiences of family caregivers in the care of elderlylies undergoing outpatient cancer chemotherapy.

METHOD

This was a descriptive study with a qualitative approach, developed in the outpatient chemotherapy ambulatory in a public hospital located in the countryside of Rio Grande do Sul State.

Twelve family caregivers participated in the study, nine females and three males. Of these, ten children, one wife, and one sister who met the inclusion criteria: being a family caregiver of an elderly in treatment in that service, knowing their disease and treatment, and monitoring the elderly care at home.

The data was produced in October and November of 2014 through the Sensible Creative Method (MCS). This method allows for a dialogue and sharing of experiences in a group with a specific and common context to the participants involved. The MCS uses Dynamics of Creativity and Sensitivity (DCS) for which there is data production through artistic productions executed by each co-participant.

Three dynamics were developed in the study, which were composed of different participants in each dynamic. The first DCS, called Life Line, had the following generating question: How were you cared for during your life? And how this influences in the provided elderly care? In carrying out the dynamics, A4 sheets of paper were available for each family caregiver to write words or phrases related to each life cycle period, starting from childhood, adolescence, and until the current phase. They were asked to list their care experiences lived during their life cycle with the care of an elderly undergoing outpatient chemotherapy.

In the second dynamic, Weaving Stories, the following question was raised: How is the daily involvement in the care for the elderly
with cancer? In this, a ball of thread was thrown to the caregiver who began the narrative of his story, and so on for the other participants in the dialogue, and every caregiver kept the thread between his fingers. Thus, through the dialogue, a web that would represent the multiplicity of views on the experience of each family caregiver of an elderly with cancer was being woven.

The third dynamic, Almanac, had the following generating debate question: How do you organize yourself at home to care for the elderly with cancer? In this dynamic, magazine clippings were made available to family caregivers to select those that indicate strategies developed by them in the care of elderly patients undergoing outpatient cancer treatment.

The data produced in the dynamics were recorded through audio recordings of the dialogues and notes. After transcribing the dynamics, with a careful reading of the subjects’ speeches, contextualizing artistic productions, gestures, and bodily perceptions, the data were analyzed according to the assumptions of speech analysis\(^8\) in its French view.

The ethical principles of the National Health Council Resolution 466/2012 were respected. The study was approved by the Research Ethics Committee of the institution under opinion No. 680564 and CAAE 28913614.0.0000.5346. The volunteer informed consent form was signed by the study subjects after being informed about the research. The letter F from family followed by an Arabic number was used according to the sequence of participation to preserve the identity of participants.

### RESULTS AND DISCUSSION

In the movement of the DCS dialogue, family caregivers unveiled their experiences in the care of elderslies with cancer, encoding the first theme: the confrontations that the family caregiver faces with the diagnosis and treatment of cancer in the elderly is unveiled in the sub-themes: the non-disclosure of the diagnosis by family members as a “protection to the elderly” and difficulties in the oncological treatment in public health services. In addition to three other themes, such as the coexistence of family caregivers facing the independence and autonomy of the elderly; motivations of family caregivers: retribution, closeness, and bond; and adaptation of the family caregiver: the approach to terminality in the elderly with cancer.

- **Confrontations of family caregivers facing the diagnosis and treatment of the elderly cancer**

To the family caregiver, the confrontation with the cancer diagnosis represents a difficult time with uncertainties generating reactions and mixed feelings. This situation can be observed in the speech of the following caregiver in the context of the Weaving Stories dynamics.

*We are six siblings. We did not accept, or got scared, or I do not even know how to explain it. But our behavior was not normal, not by all. But I realize that facing cancer, what we have is fear, amazement, horror, and even disagreement in the family. I did not expect it to happen. I know that it was all because of nervous tension. (F6, DCS TE)*

The speech refers to a common feeling in families experiencing the disease, which is panic facing the diagnosis of cancer. The fear related to this experience can be attributed to the unexpected, to questions about the treatment, possibility of a cure, and association with the stigma of death.\(^9\)

The disease’s diagnosis proves to be a moment with uncertainties that often are reflected in family relationships, looking into a death sentence experienced by the patient and family.\(^10\) This fact can be attributed to the representation of cancer as a progressive and incurable disease.\(^11\)

The caregiver expressed that she became destabilized when faced with the diagnosis of cancer in her elderly relative, there were tension and fear among family members. The cancer diagnosis can result, especially in the initial phase, in feelings that disrupt the family, characterized by fear of losing the family member; however, the family tends to stay with the patient, supporting him during treatment.\(^12\)

In another speech, the discovery of the diagnosis reflected in unity among family members, represented by the support and embrace in addressing this situation.

*When we found out, the house came down (crying). Instead of us fighting, in this case, we joined around him. And we try to do as much for him not to feel bad because he is also nervous. (F7, DCS TE)*

The disclosure of the cancer diagnosis caused an impact in the family, expressed by the metaphor “the house came down”, which demonstrates the dimension of the moment lived and the cancer perspective as a frightening disease at any age. However, the family reworked the experienced situation and tried to react positively in order to assist the elderly. Thus, the experience of a disease situation in the family helps it to adapt
according to their life values, thereby promoting the approach or separation of its family members. The non-disclosure of the diagnosis by the family as a "protection to the elderly"

The family disregards the elderly as an autonomous and participatory subject, making decisions for him, as in those about his health condition. The caregiver's speech within the Weaving Stories dynamics demonstrates that this situation may occur when the family desires to protect the elderly from the cancer diagnosis.

I went there to tell the nurse: "Oh, tell mother that this is just saline and not chemo." She does not know that she is undergoing chemotherapy. I do not know how it is going to be now. But I believe in the divine providence, and I do not know if... (F6, DCS TE)

The caregiver's speech reveals that she took the steps to ensure confidentiality and keep the elderly uninformed about her treatment. In this case, the elderly life experience, her power of choosing her treatment, and her right to exercise citizenship began to be devalued by the caregiver.

The non-disclosure of the diagnosis to the patient causes damages because he remains in the margin of his illness, failing to give an opinion about the therapeutic choices that he will be submitted. This behavior is often mediated by the family that makes the request that the cancer diagnosis is not revealed. The situation in which the family member chooses to not disclose the diagnosis to the elderly may be linked to weakness in dealing with the disease, fears, and stigmas.

It is noteworthy that elderies should be respected in their autonomy, privacy, and right to choose including their right to receive information about their health status. As established by the Statute of the Elderly, society has to guarantee freedom, respect, and dignity, as well as when the elderly is in full exercise of his mental faculties, he has the right to opine and decide on his health treatment.

Despite the mobilization of the family caregiver in maintaining the confidentiality of the elderly's treatment, the continuity of the speech demonstrates concerns and desire for it to be revealed. However, she expresses the hope that this is played by the health professional, without taking responsibility for this attitude.[...]

I prefer a nurse to slip it. Because I run in front of them, like I did with you. And I say, "Look, she does not know!" So you do not say anything. But hopefully, one will slip it, so I do not have to say it. I prefer that someone else say it and that it happens in a hospital.

Because if she feels something, it is easier to resolve. (F6, DCS TE)

The polysemic speech of the caregiver oscillates between the concern to hide the reality from the elderly and the will that the diagnosis is revealed. Thus, despite informing and asking that the elderly remain ignorant about the treatment, she wants it to be revealed in the hospital by a health professional. The metaphor used by the family member "tells it all" expresses that she hopes that, accidentally, the nurse will "slip" it when talking to the elderly, allowing the information about the illness and treatment to "be released." This is because the family member fears for the elderly's health when receiving the news about the cancer treatment. In addition, the family member wants to exempt herself from the responsibility to authorize the diagnostic disclosure, demonstrating self-protection.

Difficulties in cancer treatment in public health services

The speech of the family caregiver reveals the difficulties faced to access the services offered by the SUS (Unified Health System). She denotes that this reality has led them to seek private services to meet the needs of the elderly's treatment due to the delay in obtaining certain medical specialities, exams, and even treatment.

One said to the other: "But how we have not yet reached the oncologist?" Okay, then we did not wait for the treatment here in hospital X. We met, gathered money, and ended up having the exams conducted in the private sector and sought a private doctor so that he then could get the chemotherapy here (at hospital X). (F6, DCS TE)

The population that depends on the public health system is faced with several challenges confirmed by the speech of the caregiver. The need for families to mobilize and gather financial resources is observed to ensure specialized and fast exams and medical care to be provided to the elderly in the private system, only receiving chemotherapy in the public hospital.

Another situation experienced by the caregiver refers to the negligence of medical professionals, who did not value the story about her mother's health, confirming a negligent attitude because the seriousness of the elderly's health was proven later. The speech reveals that professional underestimated the information given by the family member, considering that this was a
routine situation only relevant to an elderly person.

This is a great hospital, but on June 26 I came here and said, “Doctor, mother is losing urine, mother has leg pain, mother is in pain.” The doctor simply said: “Take the folder, get the drugs and go home, come back in 21 days and get the medicine in the pharmacy. Because this is an age issue...” The aging issue in my mother was a tumor of about 14 cm between the bladder, left kidney, and the back. I went to hospital X (another hospital) and had my mother operated. Mother is alive. (F4, DCS LV)

The metaphor “aging issue” demonstrates the confusion on the part of the professional about aspects that tangent senescence and senility and indicates a lack of overall assessment, which is relevant to this age group. However, it is observed through the speech that the nonconformity of the caregiver with the medical referral led her to seek a private service in which the surgical procedure was performed. Still, she reports that the agility to seek another service was crucial to the survival of the elderly. The lack of resoluteness, a common problem in public health services, indicates that something is wrong in the treatment, which can be verified in another speech uttered in the Life Line dynamics.

Then, look what I will tell you. When I saw that things were going very wrong here in the consultation, such as with the display of a small voice (a cancer complication), we paid for him to be examined. The exam is expensive, but it had to be done. (F3, DCS LV)

The caregiver reveals that when she realizes that the public service does not solve the health problems presented by the elderly, she accesses the private service. Given the symptoms of the elderly, the family seeks for an examination outside the SUS service network, being necessary to have it despite its expensive cost. On these aspects, it is emphasized that the greatest family vulnerability is related to the economic issue because often people need to take time off work to carry out the treatment or care for a sick family member.15 Cancer is also a generator of financial loss in many families because, besides the expensive treatment, the disease can affect the member responsible for the family income, placing him outside of the working condition.16

* The coexistence of the family caregiver facing the elderly’s independence and autonomy

When cancer and its treatment, and individual physical and physiological conditions produce few side effects on the lives of elders, the situation enables the continuity of their daily activities and preservation of their status of independence. This was reported by the caregiver within the Almanac dynamics.

But he does not seem to have anything. His life is normal at home. It does everything he did before. You look at him, you will never say that he has cancer. (F10, DCS AL)

The polysemic speech of the caregiver reveals that the maintenance of daily activities by the elderly after the onset of the disease and treatment does not disclose the existence of the elderly cancer, which in its meaning seems to be an exception.

It is noteworthy that cancer develops differently for each individual, depending on their type and topography, which are factors that will also influence the treatment and its effects. The presence of several comorbidities, functional limitations, and disabilities are among other issues that are due to age and found as common in geriatric cancer patients. Thus, the therapeutic decisions tend to be more complex requiring greater knowledge about the anticancer drugs to be used and their adverse effects, in short and long terms.17 When the disease lightly affects the psychic, biological, and social domains, the elderly maintains his life scenario almost unaltered.18

Another part of the speech manifested within the Weaving Stories dynamics highlights the physical independence with the maintenance of daily activities by the elderly facing self-care.

He has no problem, has no difficulty. He is the first to get up at home. In winter, he sets the fire in the fireplace, heats the kettle, and prepares mate. He walks, dresses, and bathes. (F8, DCS TE)

The preservation of the elderly’s health allows the caregiver not to identify difficulties in the care provided at this time. This is because the elderly performs the basic daily activities such as daily tasks necessary to body care and instrumental daily activities, including activities related to intra-domiciliary or home care, which denotes the capacity for self-care.

Public policies aimed at the elderly person must provide actions that enhance the ability of elders to maintain their social life and well-being with dignity, seeking the extension of their state of independence.19 Most elders are carriers of diseases or organic disorders that are usually not related to the limitation of activities or restriction in social participation. Despite having diseases, the
elderly has the ability to exercise social roles. In this perspective, the person is considered healthy to carry out his own activities independently, autonomously, even being a carrier of one or more diseases.18

Contributing to a critical reflection on the Weaving Stories dynamics, the caregiver expresses that the elderly is respected in his choices and desires. My sister who lives in another city, she really wants to bring them to live in the city, but they do not like it, they do not like the city, they were born and raised outside the city. Father says that he does not want to come and live in the city because they do not like it, and they live well out here. And there is everything here; they have comfort, electricity, and a car. And thanks to God, they live well. And he is responding well to this treatment. (F8, DCS TE)

The caregiver’s speech reveals the concern of a family member (daughter) to keep the elderly (parents) closer to her, wanting to bring them to the urban environment where she lives, which somehow would facilitate caring for the elderly with cancer. However, to date, the parents’ desire to remain in the rural area is being respected because there is an understanding by a family member (son) that this is the place where they have the best quality of life.

The role of family caregivers is essential for maintaining the elderly’s autonomy because he becomes the reference in the care and often ends up imposing his decisions at the expense of the elderly. The elderly’s autonomy should be preserved to ensure his quality of life and dignity, and feel autonomous and recognized in his right to choose.20

Another report in the Almanac dynamics takes over the respect for the elderly’s autonomy discussing strategies to keep them close.

So in the day to day, I live next to her house. Thus, there is only a dividing wall, I have my house. I even asked her to open a door to have quick access to her house. And there is usually my son or another nephew who is there, sleeping in her house. She is alone in the house, but did not want to go to any of her children’s home, she wanted to stay home. (F11, DCS AL)

The caregiver, concerned about the care provided to the elderly, plans to facilitate access to the elderly’s residence as a means of being able to help her in the fastest way possible. Other family members are also committed to care who help staying overnight with the elderly, which allows her to keep her privacy and independence, living in her own home.

The elderly should not be considered an incapable individual even those who need continuous care; they can also be motivated to self-care and decision-making. Therefore, it is important that care is restructured according to the elderly’s health status providing opportunities for his participation in care management.21

Motivations of family caregivers: retribution, closeness, and bond

In the space of the Life Line dynamics, the caregiver refers to the elderly care as retribution for the care received in other stages of life. Now we can give back a little of what they did, you know. He (father) says: ‘I never expected that my children would do what they do for me. They carry me there, in the palm of their hands’ I think that the love he’s feeling that we’re giving him is more than he expected, but that’s because he taught us back then. He gave it to us, so now we know how to give it back, have patience, they need our patience, right. (F1, DCS LV)

The care provided by caregivers to elderly with cancer is portrayed as an opportunity to return the affection and love received in the course of life. The enunciation of the caregiver finds resonance in studies22 considering that the care provided by children to their parents is related to the sense of accomplishment, feelings of love, satisfaction, and retribution, and the sense of social responsibility, satisfaction in fulfilling this role as a child responsible for the care. The caretaker says that neither her father expected to be so well taken care of by his children and exemplifying her father’s voice using the metaphor, “they carry me there, in the palm of their hands”, demonstrating the sensitivity and delicacy of the family members to perform the elderly care.

Following the participants’ speeches, another component arises on the account of caring, bringing to the discussion the importance of family co-responsibility for the elderly welfare in the old age stage and not only due to the disease condition. Now she is in need. It’s my turn to help her. It is the children’s turn to help their parents. Surely, if all children would care, even if the elderly is not sick and it is just the age, if all children care as we care for the elderly and sick relatives, there would not be abandoned elderly. (F4, DCS LV)

The care for the elderly emerges as an action that should not be restricted only to the moments of sickness, such as with cancer,

English/Portuguese
J Nurs UFPE on line., Recife, 10(9):3265-74, Sept., 2016

DOI: 10.5205/reuol.9571-83638-1-SM1009201611

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but a habit cultivated by families because according to the speech, it could minimize situations of fragility and vulnerability in the elderly population in general.

The right of the individual to enjoy a personal welfare should occur at any age. It is worth noting, “the inevitable changes that aging brings to family relationships can mean: suffering, dealing with the unknown … but it can also bring poetry.”

Care is a form of interaction that involves dedication, interest, involvement, and responsibility. Among people, the care can be demonstrated by means of gestures, postures, looks, and touches. Thus, closeness and bond also constitute ways to perform care for the elderly, which is the thought expressed in the speech of the caregiver in the Life Line dynamics.

I am a mother too. I do not know if my son will take care of me. We raise them, of course, not with that intention, but we expect. I think everyone expects a little bit. So, being there, beside him, helping him. He chose me. He wants me always to come to the "chemo" with him. Because I'm calm. So, I'm sure he feels loved. I think that this is the most important at this stage. (F1, DCS LV)

The elderly care is unveiled by the feeling of reciprocity by the caregiver. As a mother, she also hopes her son to follow her example who cares with devotion and love for her father. Therefore, to take care of parents is expected of children as it is a value passed on the family's culture.

The choice of who will be the elderly caregiver reaches every family system and requires a movement at the family's core to determine the elected caregiver, which is a process influenced by the family's culture. Nursing must remain attentive regarding the elderly caregiver definition because there may be situations in the family in which a member becomes overprotective in relation to the patient’s care judging himself as the only person able to exercise the care.

In a study developed with caregivers in senescence, women were the primary caregivers; female figures were responsible for maintaining the care due to the standard designed as socially natural. Among the reasons to explain senescent women to become caregivers are conformity, compassion, fear of losing the loved one, and imposition by the family and the elderly.

Cancer in the family context causes a series of setbacks related to fear of treatment, prognosis, and loss of the family member. The caregiver’s speech shows the attitude of giving the elderly a better quality of life and well-being by minimizing sufferings related to the disease.

Ah! You have to leave just the way he wants. Sometimes it's something that he had never had the habit of doing. I do everything he asks for. (F3, DCS LV)

The caregiver’s speech demonstrates the concern, as far as possible, to fulfill all requests, even when they seem unusual. This attitude reflects the warmth and zeal in doing things that please the elderly. The family dedicates the care for the patient so he can feel better physically and emotionally in the situation.

Concern for the welfare of the elderly is a recurrent theme in the three dynamics; within the Weaving Stories dynamics, the caregiver’s speech reveals that the elderly has become the center of the family’s attention.

So everything, everything is around him, right. And we try so live each moment. We go outside, play because we just want him to be happy. Right now, Christmas is coming, I've even talked to the doctor that he likes to drink a glass of wine, and the doctor said, "Look X", do not say that I told you this, but he can have a sip of wine." (F7, DCS TE)

Facing the delicate moment experienced by the family and the elderly, the caregiver expresses that what becomes important is to value the everyday living with the elderly without suffering and worrying. It is the willingness to provide happy and relaxed moments, without so many restrictions, easing the strain experienced by the family related to the disease and associated with the aging process.

The aging process itself refers to the finitude of life, and when related to cancer it builds other meanings as suffering related to death. Often times, the family searches for efforts to minimize the changes caused by the disease and its treatment. The disease produces varied reactions that cause discomfort in the elderly, leading him to weaken, reflecting in the family’s quality of life.

Adaptation of family caregivers: the approach of the terminality in the elderly with cancer

In the care for the elderly with cancer, caregivers experience the proximity to the
The caregivers' speech refers to life's finitude as an evolution of the life cycle that brings death as a natural step. However, the approach of death generates suffering in the elderly and serves as a warning to the caregiver, who seeks to meet all of the elderly's wills, prioritizing his happiness. The final stage of life brings specific needs that transcend the physical needs; patients and their families have psychological needs to live with this terminality. Thus, it is understood that the needs of families and patients in the process of sickness and death become wide and global. 9

The feeling of solidarity, compassion, and protection related to cancer and coping with life's terminality have been revealed by the caregiver in the context of the Life Line dynamics.

Unfortunately, we cannot take this away from him (...) we try to help in what he's going through. We look after him, give strength at that time. Father said... "You know, I have raised you, you are already well established. You have to worry... Look, you got your daughter to raise, have your life to live. Thank God, father already had his life. He is in a certain age... So, I do not want to see him suffer. But die, everyone will die some way or the other. So, it is just the suffering. That, unfortunately, they have to go through, no one wants it. And you cannot take it away. (F1, DCS LV)

Part of the caregiver's speech expresses that the elderly seeks to assist families in coping with the disease and its finitude, saying that his duties as a father have been fulfilled and that the daughter must follow the course of life. The care for the elderly has been directed towards supporting him, keeping him close, trying to ease his suffering. The finitude of human life is not commonly addressed in normal life situations; the terminality is only conceived before unexpected events of suffering and incurable disease such as cancer. In this situation, terminality is experienced more closely by the people who surround the sick individual, seeking some form of comfort for the living moment. 26

CONCLUSION

The data built within the context of the dynamics showed the diversity of factors and attitudes related to the care provided to elders with cancer undergoing outpatient chemotherapy. In their speeches, family caregivers show different reactions to the elderly with cancer as well as changes and adaptations undertaken to manage to care for the elderly.

The work showed that the experience of caring for a family member begins at the diagnosis of cancer and is associated with those already in the individual condition of being an elderly. The diagnosis and treatment of disease in this age group accounted for stages generating conflict to the family with associations to cancer as a fatal and frightening disease; and those related to the old age showed greater complexity, including the approach to life finitude and terminality.

Study participants reported difficulties in solving public health services issues due to delays in getting care, treatment, medical specialty, or specific exams performed. Another portrayed fact related to the care spent by the family shows reciprocity and link.
to care factors, demonstrating that the affection received by the elderly throughout life and the relationships established manifest themselves in the way of caring.

The aging process associated with changes imposed by the illness does not exclude the possibility of preserving the elderly’s autonomy. Autonomy represented a factor for the elderly care and their quality of life. Independence manifests itself in different ways and was conditioned to physical, physiological, and social aspects.

Knowing the experiences of family caregivers of elders undergoing outpatient chemotherapy allowed learning the reality of the life of these people in their various aspects. The consideration of nursing as a profession aimed at the implementation of care indicates the relevance and contribution of these results to implement and mark out actions to ensure better assistance to these families and their elders.

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