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Coping strategies and quality of life in primary caregivers of cancer patients

Estratégias de enfrentamento e qualidade de vida em cuidadores primários de pacientes oncológicos

Estrategias de afrontamiento y calidad de vida en cuidadores primarios de pacientes oncológicos

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ABSTRACT

The primary caregivers of a cancer patient are essential in the recovery and fight against cancer, which is why there is a high risk that they present deterioration in their physical and mental health due to the innumerable amount of activities focused clearly on the patient that as a consequence put aside self-care to drastically change your daily activities. Objective: To determine coping strategies and quality of life in primary caregivers of cancer patients. Methodology: Corresponds to the quantitative, descriptive, correlational cross-sectional approach to establish the dimension of quality of life in primary caregivers of cancer patients through a descriptive survey of the quality of life test that addresses the physical, emotional, cognitive and social dimensions that influence the daily performance of the primary caregiver. Results: From the application of the Quality of Life Test, it was obtained in the sociodemographic characteristics that women with 58% in an age range of 28 to 37 years are mostly the primary caregivers of cancer patients, in terms of health status. In general, 70% of the caregivers consider themselves to be in good physical and mental condition, however, with the passage of time, considerable deterioration was observed in the caregivers of patients with a longer fight against cancer. Conclusions: Informal caregivers also require medical attention and psychological evaluation because they are the ones who face all the requirements of a cancer patient.

Keywords: coping strategies; quality of life; primary caregivers; cancer patients.

RESUMO

Os cuidadores primários de um doente oncológico são essenciais na recuperação e luta contra o cancro, pelo que existe um elevado risco de apresentarem deterioração da sua saúde física e mental devido à quantidade inumerável de atividades centradas claramente no doente que como consequência, deixe de lado o autocuidado para mudar drasticamente suas atividades diárias. Objetivo: Determinar estratégias de enfrentamento e qualidade de vida em cuidadores primários de pacientes com câncer. Metodologia: Corresponde à abordagem transversal quantitativa, descritiva e correlacional para estabelecer a dimensão da qualidade de vida em cuidadores primários de pacientes com câncer por meio de uma pesquisa descritiva do teste de qualidade de vida que aborda as dimensões física, emocional, cognitiva e social que influenciar o desempenho diário do cuidador principal. Resultados: A partir da aplicação do Teste de Qualidade de Vida, obteve-se nas características sociodemográficas que as mulheres com 58% na faixa etária de 28 a 37 anos são em sua maioria as principais cuidadoras de pacientes com câncer, em termos de estado de saúde. , 70% dos cuidadores consideram-se em boas condições físicas e mentais, porém, com o passar do tempo, observou-se uma deterioração considerável nos cuidadores de pacientes com mais tempo de luta contra o câncer. Conclusões: Os cuidadores informais também requerem atenção médica e avaliação psicológica porque são eles que enfrentam todas as exigências de um paciente com câncer.

Palavras-chave: estratégias de enfrentamento; qualidade de vida; cuidadores primários; Pacientes com câncer.

RESUMEN

Los cuidadores primarios de un paciente oncológico son indispensables en la recuperación y la lucha contra el cáncer, razón por la cual existe alto riesgo de que estos presenten deterioro en su salud física y mental por la innumerable cantidad de actividades enfocadas netamente al paciente que como consecuencia deja de lado el autocuidado por cambiar drásticamente sus actividades cotidianas. Objetivo: Determinar las estrategias de afrontamiento y calidad de vida en cuidadores primarios de pacientes oncológicos. Metodología: Corresponde al enfoque cuantitativo, descriptivo, correlacional de corte transversal para instaurar la dimensión de la calidad de vida en cuidadores primarios de pacientes oncológicos mediante una encuesta descriptiva del test de calidad de vida que aborda las dimensiones física, emocional, cognitiva y social que influyen en el desempeño diario del cuidador primario. Resultados: De la aplicación del Test de Calidad de vida se obtuvieron en las características sociodemográficas que las mujeres con el 58% en un rango de edad de 28 a 37 años son mayormente las cuidadoras primarias de los pacientes oncológicos, en cuanto al estado de salud en general el 70% de los cuidadores consideran estar en buena condición física y mental sin embargo con el transcurso del tiempo en los cuidadores de pacientes con mayor tiempo de lucha contra el cáncer se observó un deterior considerable. Conclusiones: Los cuidadores informales requieren también de atención médica y evaluación psicológica porque son quienes afrontan todos los requerimientos de un paciente oncológico.

Palabras clave: estrategias de afrontamiento; calidad de vida; cuidadores primarios; pacientes oncológicos.

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INTRODUCTION

Cancer is a chronic-degenerative disease with multiple causes that cause its condition, for example, the exposure of people to carcinogenic products (Becerra-Partida & Villegas Pacheco, 2020) Medical science develops constant studies in order to provide the population with treatments with greater efficacy, obtaining indicators that yield favorable results in the health of patients who go through this pathology (Martínez-Jalilie et al., 2020)

According to figures presented by the NCI (Instituto Nacional del Cáncer – EEUU) cancer is the leading cause of death in both men and women, with the highest mortality rate in men whose incidence corresponds to prostate, lung, and colorectal cancer. which constitute 43% of diagnoses and in women the most common types of cancer are: breast, lung and colorectal cancer which constitute 50% of cancer diagnoses, so in figures the new cases of cancer correspond to 158.3 patients per 100,000 both female and male (Instituto Nacional del cáncer, n.d.).

For cancer patients, family support is essential, and the favorable evolution and recovery is partly the direct result of the psychological and economic support provided by family members, or a family member in particular who is in charge of being the main support of the cancer patient through who is called the "primary caregiver". Primary caregivers are then the ones who drastically change their routines, which affects their emotional, physical and psychological capacity in the short or long term(Salazar-Barajas et al., 2019),), in addition to initially not having the necessary knowledge to develop their tasks within the treatment of the patient, this generates high levels of stress and exhaustion (Villarejo Galende et al., 2021), it should be noted that the negative consequences are very variable due to multiple factors such as academic preparation, physical and mental strength that these people possess (Rodríguez-Madrid et al., 2021)

On the other hand, when complications appear in cancer patients and they become terminally ill, the pressure increases on primary caregivers who are exposed to strong emotions and even frustration, and the most difficult part is to achieve calm and stability in the patient who It happens to be of a chronic state (Navarro et al., 2019). Coping strategies should reflect a better quality of life in the primary caregivers of cancer patients to avoid threats of physical and psychological diseases in them in the process of adaptation to the fight against cancer (Kobayasi et al., 2019).

Table 1. Coping strategies

Strategy Type	coping strategies	Description
adaptive	Problem solving	For caregivers, it is necessary to feel important and loved, so close people can be involved to allow them to take a short break, take care of their personal appearance, eat healthy and, above all, receive professional help that will allow them to identify their problems and work. in them (Fajardo-Ramos et al., 2019).
	Cognitive restructuring	The news of a cancer disease brings with it totally negative feelings not only for the patient but also for their relatives and who will be in charge of accompanying the cancer patient in the process, the cognitive reconstruction technique obtains information from the negative thoughts and the situation that provoke it to correct them (Rivera-Fong et al., 2022).
	Social support	For the primary caregiver, moral support is necessary to make them resilient so that they can face the conflict that concerns being the primary caregiver of a cancer patient. It is about turning adversity into a situation that promotes not only receiving support, but also being able to provide support to those who are just beginning the process of primary caregivers in order to feel comforted and supported by each other (Quesada Cali, 2022).
	emotional expression	Repressed emotions generate stress, anxiety and impatience, so expressing those emotions helps to obtain emotional well-being, however, when there is a complex situation, letting go of what is stormy can affect the other person, in the case of cancer patients for whom primary caregivers demonstrate their emotions of worry, anger and even disappointment, which is why it is necessary that there is a psychological guide to help express and control those repressed emotions. (Sierra Murguía et al., 2020).
maladaptive	wishful thinking	The difficult situation of being constantly exposed to uncertainty means that decision-making is not the most correct because instead of analyzing the situation from the real perspective, it is concluded based on what the caregiver wants and would like to see happen (Rivera-Fong et al., 2022).
	self criticism	The primary caregiver seeks to do more to improve the health of their family member all the time and by not being able to find a solution or a favorable alternative, feelings of inferiority may appear and even feel harassed by the overwhelming situations to which they are constantly exposed (Reyna-García et al., 2021).
	avoidance of problems	The amount of stress and pressure to which primary care is subjected is unimaginable (Hernández et al., 2020) which can cause them to seek a way to protect themselves by trying not to think about the problem and questioning the reason for the problem and even feeling that it's all his own fault.
	social withdrawal	The primary caregiver on many occasions decides to deprive themselves of the society that surrounds them by dedicating themselves fully to the care of the person they care for (Reyna-García et al., 2021). In addition, he isolates himself to avoid questions from his environment.

coping	problem-focused coping	Primary caregivers face a combination of emotions focused on the problem and emotion based on the patient's behavior, which causes distancing and seeking help with family members; for women, the feeling of avoidance is more present in this type of situation (Kobayasi et al., 2019).
	Avoidance-based coping	The primary caregiver resorts to avoiding reality when going through a stressful situation that they do not want to actively face because this type of situation generates various psychological and behavioral changes (Sierra Murguía et al., 2020).
	focused coping in emotion	It focuses on regulating all the emotions that appear when the primary caregiver experiences stress due to the difficult situation they are facing. This type of strategy is applicable to reduce the amounts of stress that are produced due to the tasks they perform (Griot et al., 2019).
Quality of Life	Physical Health	Due to the tasks that the primary caregiver performs daily, sometimes lack of sleep and fatigue are caused by emotional stress due to the several hours of their time spent providing care to a patient (Murguía et al., 2020)
	Psychological Health	Stress and anxiety are direct consequences of exposing the primary caregiver to the uncertainty that surrounds a patient who receives cancer treatment, where caregivers feel isolated by the demands that a patient requires to improve their quality. of current life (Rivera-Fong et al., 2022).
	Independence	It is affected by the high amount of time and energy dedicated to caring for the cancer patient, which limits carrying out economic activities or maintaining a stable job. This is reflected in the economic income received by the caregiver (Navarro et al., 2019).
	Social relationships	They undergo great changes because the primary caregiver requires a large amount of energy and time to carry out their social activities with family and friends, which generates isolation and loneliness, and in turn prompts the primary caregiver to request support from family members in order to being able to minimize the consequences that these activities bring to their daily routine (Salazar-Barajas et al., 2019).
	Atmosphere	It depends on multiple factors such as the stage of cancer that the patient is going through, who requires different care and it is essential to control aspects such as: personal care, storage and supply of medicines, food preparation among others, therefore, the primary caregiver You must be prepared to face each stage of cancer and endure the stress associated with the care your family member with cancer requires(Becerra-Partida & Villegas Pacheco, 2020).

Elaborated: Own elaboration
Source: Various authors

The studies analyzed show that the population will experience a high growth of patients with different types of cancer, which also indicates an increase in primary caregivers, who are usually the closest relatives who care for these patients and who must provide biological care, psychological and even look for alternatives in the economic factor to cope with the process of fighting cancer. Therefore, the objective of this research work is to identify coping strategies and quality of life in primary caregivers of cancer patients.

METHODS

The research was developed under a quantitative approach with objective measures that allowed obtaining data on the study variables and the participants that made up the selected sample. The quantitative approach is used for the elaboration of oriented questions that outline the delimitation of the objectives and the process to access the achievement of the same, the design of the investigation was based on a non-experimental model, due to the fact that a preconceived manipulation of the study variables and the data were obtained from the natural conditions in which the selected sample performs (Parreño Urquizo, 2019). In this same sense, it corresponds to a cross-sectional investigation, considering that it was carried out in a period of time limited to a specific temporality.

The quantitative research approaches can be carried out in the three scopes, in terms of the scope of the study, it was framed in the descriptive one, since data were obtained that were processed to develop a description of the conditions in which the variables studied in the selected sample manifest themselves.

The sample used consisted of 150 primary caregivers of cancer patients from SOLCA Núcleo de Tungurahua. This sample was obtained from the stratified sampling technique

Inclusion: Primary caregivers of cancer patients who sign the informed consent.

Caregivers of cancer patients who are treated at SOLCA Núcleo de Tungurahua.

Know the diagnosis suffered by your family member

Actively participate in the oncological process of a patient.

Exclusion: Primary caregivers of cancer patients who do not sign the informed consent.

Caregivers of cancer patients who are treated at SOLCA Núcleo de Tungurahua.

Not participating actively in the oncological process of a patient.

Information collection technique: The technique by which the information was collected was the survey, the survey represents the most used data collection mechanism in conducting research, to capture large volumes or on a smaller scale in specific studies of lesser scope.

Data tabulation:

The information collected was tabulated in a statistical software known as the Statistical Package for the Social Sciences (SPSS). This computer application allows the calculation of multiple internal consistency coefficients to evaluate the viability of the questionnaire of any research project. research (GARCÍA-CAPDEVILLA et al., 2021). The SPSS computer software allows the calculation of Cronbach's Alpha (See Table 3), which is an index that evaluates the consistency and internal reliability of the questions that make up the questionnaires or research tests(Serrano & Castellanos Granados, 2019); For the present investigation, a Cronbach's Alpha of 0.881 with 45 elements was obtained, which means that the measurement instrument applied in this investigation has consistency and reliability to be applied.

For the purposes of this research, the quality test for its acronym in English (QLQ-C30) was used, consisting of 30 associated items in areas such as: global state of health, area of functioning and area of symptoms; Each question contains key factors that indicate the quality of life of informal caregivers and is made up of a Likert scale with scores ranging from 1 to 4, where 1 = never, 2 = a little, 3 = quite a bit and 4 = a lot(Martínez-Jalilie et al., 2020). According to the authors (Hernández et al., 2020; Reyna-García et al., 2021), the QLQ-C30 questionnaire areas are the following:

Table 2. Questionnaire areas to measure quality of life

Areas	Scale	Item Evaluated
Global State of Health	Global State of Health	29-30
Area of Functioning	Physical Function	1 al 5
	Daily Activities	6 y 7
	Emotional Role	21 al 24
	Cognitive function	20 a 25
	Social function	26 y 27
	Fatigue	10,12,18
	Pain	9 y 19
Symptom area	nausea and vomiting	14 y 15
	Dyspnoea	8
	Insomnia	11
	Anorexy	13
	Constipation	16
	Diarrhea	17
	Economic impact	28

Elaborated: Own elaboration
Source: (Hernández et al., 2020; Reyna-García et al., 2021)

The application of the instrument was executed through the Google Forms tool in which the informed consent followed by the survey was presented. Once the results were obtained, we continued with the data processing using the Excel office tool and the IBM SPSS 25 statistical program, which allowed us to arrange the data obtained and perform calculations of the descriptive statistics, facilitating the preparation of tables of frequencies and percentages.

RESULTS

Table 3. Sample characteristics

Parameter	Result
Age range Men	28 a los 37 años
Women	42%
Age range Men	58%

Elaborated: Own elaboration
Source: Quality of Life Questionnaire QLQ-C30

Table 3 indicates that the characterization criteria of the primary caregivers in the oncology area to be taken into account are age and gender, of which 42% are men and 58% are women, the age range covers from 28 to 37 years old.

Table 4. Cronbach's alpha

Reliability statistics

Cronbach's Alpha	No. of elements
,881	45

Elaborated: Own elaboration
Source: Quality of Life Questionnaire QLQ-C30

Table 4 shows the result obtained from Cronbach's Alpha after processing the 30 questions of the QLQ-C30 quality of life questionnaire is 0.881, that is, there is an excellent internal consistency level, because this coefficient establishes that the The result obtained is greater than 0.7 is good, in the case of 0.8 and less than 1, the level of internal consistency is excellent, it should be emphasized that an investigation lacks reliability as long as the result of Cronbach's Alpha is lower to 0.70, the analysis of the data included the use of descriptive statistics through tables of frequencies and percentages, identifying average and extreme values in the behavior of the participants that made up the study sample (Miranda-Novales et al., 2019).

Table 5. Results of the General Health Status

Item Statistics			
Areas	**Functional Scale**	**Positive Feedback (%)**	**No.**
State global health	Health Status	70%	150
	Daily activities	51%	150
Scale functional	physical function	55%	150
	Emotional Role	55%	150
	Cognitive function	53%	150
	Social function	71%	150
scale of symptoms	Fatigue	13%	150
	Pain	5%	150
	nausea and vomiting	14%	150
	Dyspnoea	7%	150
	Insomnia	27%	150
	Anorexy	19%	150
	Constipation	12%	150
	Diarrhea	6%	150
	Economic impact	44%	150

Elaborated: Own elaboration
Source: Quality of Life Questionnaire QLQ-C30

It is observed that 70% of the 150 people surveyed affirm that they maintain a good state of health and that, in addition, 51% affirm that they maintain a regular rhythm in carrying out their daily activities. In the case of the functional scales, the physical function and the emotional role obtained a 55% response consecutively because physical function is one of the most affected areas and since several caregivers must put aside physical activity to care for their family member. in the oncology area. Finally, for the scale of symptoms it can be seen that the majority of informal caregivers suffer from insomnia with a concurrence of response of 27% and they consider relevant the economic factor that reached 44% of incurrences, which indicates that these factors influence mainly in the lifestyle of primary caregivers.

DISCUSSION

The primary caregiver is essential in any patient's fight against a disease, in the case of cancer it is not the exception, rather it is a pathology that involves greater tension and concern not only in the patient but also in the primary caregiver and their environment that affects on emotional, economic and social factors. In this way, it was obtained that the age range of primary caregivers in this research ranges from 28 to 37 years, where 58% of women are the ones who become primary caregivers, which agrees with another research called "relationship between unmet needs and emotional symptoms in caregivers of cancer patients" where the female sex also represents 58% of the population of primary caregivers with an average age of 49 years and average care time of 4.7% (Sierra Murguía et al., 2020). Knowing the demographic information will allow the search for better strategies focused on satisfying the needs of primary caregivers that include the necessary information, psychological guidance in the face of concern about the future, alternatives for the economy, and access to health of the primary caregiver in the face of fatigue and exhaustion

The questionnaire to measure the quality of life of the primary caregiver of cancer patients was applied to the 150 cancer patients at the SOLCA Hospital, where 27% of the population of primary caregivers of cancer patients claimed to suffer from insomnia due to quality of life. Therefore, the authors (Roth et al., 2020) consider that the coping of primary caregivers must have strategies to control their state of physical and emotional health, because in this way they will be able to control their routines and improve the type of assistance to their relatives, several of the health homes propose actions to control behavior using questionnaires, application of scales to measure stress, administrative programs to provide support personnel with whom short sports routines can be carried out, among others (Fuertes-Alpiste et al., 2023), due to the fact that a high level of commitment to the care requested by the patients is required, it is essential to identify the coping to which the primary caregivers are subjected because, based on this type of actions, the strategies with which their needs can be better met (Bennett et al., 2020). To cut in a study applied to primary caregivers of pediatric cancer patients within the piloting and adaptation, the participants were confused with the questions because sometimes they feel that their own emotions are not relevant to the true fight of their patient against cancer, however they they obtained answers that indicated discomfort in the alteration of routine activities, and concern about the impact that cancer has had not only on the patient and the caregiver but on all those who surround their family and social circle (Rivera-Fong et al., 2022). In this way, the pressure to which primary caregivers are subjected and the actions that they must take with their family and social environment are ratified.

It is confirmed that 70% of primary caregivers are in good health, however, with the passage of time it is likely that they present complications in their performance. The primary caregiver of cancer patients provides attention and care in many cases with long and exhausting days that can affect their physical and emotional health, it is necessary that primary caregivers can count on strategies to improve stress management and, consequently, , improve their quality of life (Fajardo-Ramos et al., 2019; Rodríguez-Madrid et al., 2021). Strategies for managing stress are: support network provided by close friends, relatives in the first degree of consanguinity, in order to reduce the responsibilities of the primary caregiver (Roberts et al., 2019). Another strategy occurs with the actions used to maintain a daily routine, which allows primary caregivers to maintain control of the activities they carry out daily in order to reduce the stress levels they handle when caring for this type of patient (Ditzel et al., 2020). Knowing about the primary and secondary effects that a cancer patient can experience is a task that a hospital can develop in order to improve the stress management of primary caregivers and allow them to more confidently handle all the challenges that this can provide. type of disease (Pusateri et al., 2020). Taking care of their own health and physical well-being is necessary for the primary caregiver to be able to handle any type of situation, therefore, the primary caregiver must stay in shape using aerobic exercises that are easy to do and that do not require long hours so that they can control time accurately (Moyano Lesama, 2022). Finally, one of the strategies with which stress can be managed is through exercises to improve personal relaxation or exercises to control breathing and yoga in order to control stress and reduce effects with which it is can keep the psychological health of these people in good condition (Fabian et al., 2019)

Another result that directly affects occurs with the strategies with which to face the quality of life, that is to say that the primary caregiver of this type of patients in the SOLCA hospital requires strategies that improve certain aspects, such is the case of the performance to carry out daily activities and physical function, due to 45% of people claiming to experience some kind of discomfort; The author (Moorhouse & Kohnke, 2021)) affirms that to improve the quality of life it is necessary to focus on activities that you enjoy as your hobbies and that give you personal satisfaction, even for short periods of time, and that you can escape from this type of situation, even for a short period of time. an instant. The creation of an internal schedule in which time is allocated to spend time with close friends and family in order to reduce the workload and provide the patient with a primary caregiver in good health, all these factors go hand in hand with the medical support provided. by the specialist doctor to plan activities and coordinate actions that benefit the health of this type of patient (Galvis & Carvajal, 2022). On the other hand, in a study carried out in Ibagué with a sample of 41 primary caregivers, it was found that the caregiver feels that their relative requires help more than they need, that is, sometimes they exaggerate and this causes tension because it implies a greater effort to provide help than to reality it is not necessary; Although this behavior of the cancer patient may be exaggerated, the respondents stated that it is not a reason for shame for the primary caregiver

(Fajardo-Ramos et al., 2019); In relation to this research, the results obtained in fatigue and insomnia may also be related to these actions of the patients that sometimes cause the primary caregiver to feel more pressure to seek alternatives for the well-being of their family member.

Another important aspect to highlight in a study carried out on 20 primary caregivers of cancer patients where it was found that those who live far from the urban area where the hospital specialized in cancer patients is located; In other words, they are from the provinces who present the greatest overload specifically due to being far from home and the need for greater planning, economic and social support. Coping strategies for primary caregivers are therefore of an active nature that generate cognitive changes in the face of cancer; This will allow primary caregivers to be prepared to face the disease of the cancer patient. In this way, the action plan will be to find solutions so that the caregiver can control the secondary symptoms of the cancer patient. On the other hand, regarding the family level, changing the perspective about cancer will strengthen family ties and, at a personal level, create a perception of self-efficacy that allows the primary caregiver to see beyond their abilities and motivation to fulfill their role. Recreational activities that promote the self-care of the primary caregiver are also proposed to reduce stress in the face of the illness of their family member, this in conjunction with other caregivers in their environment, the purpose of recreational activities will then be to generate more energy and both emotional and physical discharge for being able to care for cancer patients (Reyna-García et al., 2021).

The overload of the primary caregiver is also caused by the number of hours they dedicate to the care of their relative, which affects the organization of their time to carry out other activities and added to the hospital environment that they are in, their physical and mental health may be affected. primary caregiver. On the other hand, in a study "coping, family functioning and health-related quality of life in Venezuelan caregivers of cancer patients" it was found that primary caregivers develop styles of "rational coping and emotional detachment" this means that caregivers Primary children must make decisions more quickly and accurately, so they must objectively solve and evaluate problems, leaving their emotions aside (Hernández et al., 2020). Therefore, one of the most accurate strategies to deal with the overload of the primary caregiver is the use of emotional coping that starts from controlling the emotional impact such as hopelessness, fear, anguish and uncertainty caused by the news of cancer.

CONCLUSIONS

If evident that 58% of the primary caregivers that exist in the SOLCA Nucleo de Tungurahua hospital are women, whose average age is 28 to 37 years, this is due to the moral commitment that these relatives have to cover the needs that a patient experiences of the oncology area, in addition to the fact that with the new regulations it is the people included in the average age who consider themselves to be more qualified to take charge of the patient's fight against cancer.

The coping of primary caregivers allows physical, social and psychological aspects of those people who use the SOLCA hospital services to be controlled because thanks to this factor it will be possible to guarantee that this type of situation is more bearable for both the family and the family. and the patient establishing actions and administrative planning. The quality of life of the cancer patient can be measured using questionnaires, interviews and above all the medical evaluation, in which aspects such as physical, psychological and social will be controlled, in order to provide the necessary support by professionals such as doctors, nurses , psychologists or social workers and thus improve the quality of life of the caregiver and the patient.

The strategies with which the quality of life of the private caregiver can be improved must be related to aspects such as the physical and emotional, therefore, the most fundamental are: training, assistance in practical matters, training for the handling of medications and instruments for provide fluid therapy, schedule management to control social activities, request support from family and friends and above all short days of exercise. Finally, the limitations of this research have been mainly the difficult access to the study population and the limited predisposition of the primary caregivers to participate in the research, since being under the pressure of caring for their family member they consider that their time It should be clearly focused on helping the cancer patient, so it would be opportune to make the primary caregiver aware of the importance of self-care for future research and thus obtain more accurate answers to establish comparative studies about their overall health status. and quality of life.

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C. elaboration of figures and tables:	80%	20%
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