


## SYSTEMATIC REVIEW ARTICLE

## Factors influencing the adaptation of families, as systems and clients, to cancer: A scoping review

*Condicionantes da adaptação das famílias enquanto sistema e cliente face à situação de cancro: Scoping review*

*Condicionantes de la adaptación de las familias como sistema y cliente ante la situación del cáncer: Scoping review*

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Received: 10.09.20

Accepted: 06.01.21

**Abstract**

**Background:** Cancer is associated with loss and threat to life, so the emotionally charged diagnosis of cancer brings about psychological distress and suffering to individuals and families, influenced by multiple factors conditioning the adaptive processes.

**Objective:** To determine the factors influencing family adaptation to the cancer of a family member.

**Review method:** This scoping review followed the methodology of the Joanna Briggs Institute. It included articles published between 2015 and March 2020 in Portuguese, English, and Spanish.

**Presentation and interpretation of results:** Based on the 13 articles included, this review identified the following factors influencing family adaptation to the cancer of a family member: family assessment of the event, family resources, and coping.

**Conclusion:** Identifying these factors is essential to intervene with the families as clients and systems and promote adaptive processes in patients with cancer and their families.

**Keywords:** adaptation psychological; family; cancer; review

**Resumo**

**Contexto:** O cancro está associado a perda e ameaça à vida, pelo que o seu diagnóstico configura carga emocional, tensão e sofrimento psicológico dos indivíduos e famílias, mediados por múltiplos fatores condicionantes dos processos adaptativos.

**Objetivo:** Conhecer quais os fatores condicionantes da adaptação das famílias face à situação de cancro em um dos seus membros.

**Método de revisão:** Trata-se de uma *scoping review* seguindo a metodologia do *Joanna Briggs Institute*. A pesquisa incluiu artigos publicados entre 2015 e março de 2020 em português, inglês e espanhol.

**Apresentação e interpretação dos resultados:** A partir dos 13 artigos incluídos identificaram-se os seguintes fatores condicionantes da adaptação familiar ao cancro de um dos seus membros: avaliação familiar do acontecimento, recursos familiares e *coping*.

**Conclusão:** A identificação destes fatores é fundamental a práticas clínicas com as famílias enquanto cliente e sistema, promotoras de processos adaptativos dos indivíduos com cancro e suas famílias.

**Palavra-chave:** adaptação psicológica; família; cancro; revisão

**Resumen**

**Contexto:** El cáncer está asociado a la pérdida y a la amenaza de la vida, por lo que su diagnóstico constituye una carga emocional, una tensión y un sufrimiento psicológico para los individuos y las familias, mediados por múltiples factores que condicionan los procesos adaptativos.

**Objetivo:** Conocer qué factores condicionan la adaptación de las familias ante la situación de que uno de sus miembros padezca cáncer.

**Método de revisión:** Se trata de una revisión sistemática exploratoria que sigue la metodología del *Joanna Briggs Institute*. La búsqueda incluyó artículos publicados entre 2015 y marzo de 2020 en portugués, inglés y español.

**Presentación e interpretación de los resultados:** A partir de los 13 artículos incluidos, se identificaron los siguientes condicionantes de la adaptación de las familias al cáncer de uno de sus miembros: evaluación familiar del acontecimiento, recursos familiares y afrontamiento (*coping*).

**Conclusión:** La identificación de estos factores es fundamental para las prácticas clínicas con las familias como cliente y sistema, las cuales promueven los procesos adaptativos de los individuos con cáncer y sus familias.

**Palabras clave:** adaptación psicológica; familia; cáncer; revisión



**How to cite this article:** Santos, C. A., Costa, K. S., Dantas, M. J., & Morais, C. (2021). Factors influencing the adaptation of families, as systems and clients, to cancer: A scoping review. *Revista de Enfermagem Referência*, 5(8), e20149. <https://doi.org/10.12707/RV20149>



## Introduction

Cancer is strongly associated with loss and threat to life, bringing about an intense emotional burden and psychological suffering (Pereira & Branco, 2016) and potentially causing distress and destabilization in families. Increasingly more families are experiencing this reality, which poses renewed challenges to the specialized clinical practice in family health, particularly regarding the underlying conceptions of family.

According to Hanson and Kaakinen (2018), there are several approaches to the family: family as context of individual development, where the focus is on one of its members; family as client, where the focus is on all family members; family as system, where the family is viewed as an interactional system in which the whole is more than the sum of its parts, constantly interacting with other systems; and family as a component of society, where the family is viewed as one of many other institutions of society and interacts with them.

The clinical practice of family health nursing, based on the interaction with families as a guarantee of the (co) construction of adaptive processes inherent to health-illness transitions, requires an understanding of the multiplicity of elements involved and the complexity of family systems (Figueiredo, 2012). From a systemic perspective, the family is viewed as a system in reciprocal interaction within and between systems, influencing each other, with a self-organizing capacity that maintains a dynamic balance between crisis and stability and ensures its continuity. The illness of a family member triggers a health-illness transition that changes its dynamics, initiating an adaptive process (Figueiredo, 2012; Kaakinen et al., 2018; Martins, 2014). Family adaptation is defined as the degree to which the family system changes to achieve its adjustment, evolving continuously over time, with long-term consequences in the system, and reflects the family's ability to make the necessary changes to recover from stress or crisis (McCubbin & McCubbin, 1993). It is thus the representation of continuity of biopsychosocial normality and the achievement of the intended outcomes through coping strategies (Ramírez-Perdomo et al., 2018). The level of stress that the disease causes in the family and its ability to adapt are influenced by several factors that, although not decisive, increase or decrease the likelihood of effective and positive responses (Pereira & Branco, 2016). These factors include the disease, in this case, cancer, as the main stressor with the potential to cause changes and lead to disruption, stress, or crisis in the family system by interacting with several stressors resulting from simultaneous normative transitions in the family's life cycle, internal and external demands, and perception (McCubbin & McCubbin, 1993; Price et al., 2016; Walsh, 2016; Kaakinen et al., 2018). Perception influences the whole process of family adaptation to illness. According to McCubbin and McCubbin (1993), through perception, the family sees, feels, and attributes subjective meaning to the present situation and foresees the difficulties, resources, and skills it may have to cope with the illness. These constraints interact with family

resources, which include the traits and skills of the individual, the family unit, and the community that the family can use to cope with adverse situations (Price et al., 2016). Together, these elements influence coping, which incorporates patterns and cognitive and behavioral efforts to develop strategies that enable families to respond to stressful situations (Lazarus & Folkman, 1984, as cited in Kaakinen et al., 2018; Pereira & Branco, 2016).

Based on these conceptual assumptions and considering the family as client and as system as suggested by Hanson and Kaakinen (2018), the following starting question was formulated: "Which factors condition families' adaptation to the cancer of a family member?" Thus, this study aimed to identify the factors influencing the adaptation of families, as clients and systems, to the cancer of a family member and intends to contribute to improving clinical practices in the area of health and specialized family nursing.

## Systematic review method

The methodology used here was the scoping review because it aims to map the existing evidence but does not aim to assess the studies' methodological quality (Peters et al., 2017). First, a preliminary search was conducted in the Joanna Briggs Institute (JBI) Database of Systematic Reviews and Implementation Reports, Cochrane Database of Systematic Reviews, and CINAHL Complete, and no studies were found that systematized the factors influencing family adaptation to cancer from a perspective of the family as system or client.

The scoping review followed the methodological guidelines proposed by the JBI (Peters et al., 2017) using the *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews* (PRISMA-ScR) checklist (Tricco et al., 2018) and the Participants/Context/Concept (PCC) search strategy. Qualitative studies, quantitative studies, case studies, and literature reviews were included. Thus, in line with JBI and based on the theoretical assumptions mentioned above, the following inclusion criteria were applied: studies focusing on all members or at least two family members or a family subsystem (participants), with an approach to the family as client and/or system, that addressed factors influencing family adaptation (concept) to the cancer of one of its members, regardless of the family's environment (context). Studies focused on only one family member (participants), with an approach to the family as context, and addressing family adaptation to an illness other than cancer or a situation other than the illness were excluded.

## Search strategy

The studies analyzed in this review were obtained through a four-step strategy: identification, screening, eligibility, and inclusion (Peters et al., 2017) based on inclusion criteria and search limiters. All research phases, including data extraction and interpretation of results, were performed independently by at least two reviewers. Any doubts and disagreements were discussed jointly by the four authors.



A search was performed between November 2019 and March 2020 in CINAHL Complete (via EBSCO), MedLatina (via EBSCO), SciELO, and PubMed databases to identify open access articles with abstract and full text available in English, Portuguese, or Spanish. Gray literature was not considered in this review. This review considered articles published between 2015 and March 2020 to access the most recent evidence in this area of knowledge.

The search was divided into three phases. The first phase was an initial search of SciELO and CINAHL Complete databases, followed by an analysis of the text words in the title and abstract of retrieved articles and the index terms. The second phase consisted of a search in all the databases

established in the protocol (Table 1), using common language and the MeSH terms *psychological adaptation*, *family*, and *cancer* in Portuguese, English, and Spanish. Once the articles were identified, they were screened and excluded based on duplication and title. Finally, the abstract and the full text of eligible articles were screened, thus obtaining the articles included in this review. The reference lists of these articles were analyzed, but none were found relevant to be included. Data were extracted using a tool adapted from JBI, taking into account the starting question and the objective of this review. It was not deemed necessary to contact the studies' authors for further information or clarification.

**Table 1**

*Search strategy and limiters applied by database*

Limiters: publication in indexed journals between 2015 and March 2020, with abstract and full-text available in open access, in English, Portuguese, or Spanish.
Database: CINAHL Complete (Via EBSCO) Search date: November 2019 - March 2020
(Adaptation, psychological) [Full text] AND (Family)[Title] AND (Cancer)[Abstract] (Adaptação psicológica) [Full text] AND (Família) [Title] AND (Cancro)[ Abstract] (Adaptation, psychological) [Full text] AND (Famil*) [Title] AND (Cancer)[ Abstract] (Coping behavior) [Full text] AND (Famil*) [Title] AND (Cancer)[Abstract] (Coping skill) [Full text] AND (Famil*) [Title] AND (Cancer)[Abstract]
Database: SciELO Search date: November 2019 - March 2020
(Adaptation, psychological) [All indices] AND (Family) [All indices] AND (Cancer) [All indices] (Adaptação psicológica) [All indices] AND (Família) [All indices] AND (Cancro) [All indices] (Adaptação psicológica) [All indices] OR (Comportamento adaptativo) [All indices] OR (enfrentamento) [All indices] AND (Família) [All indices] AND (Cancro) [All indices] (Adaptação psicológica) [All indices] OR (Estratégias de enfrentamento) [All indices] AND (famil*) [All indices] AND (Cancer) [All indices]
Database: MedicLatina Search date: November 2019 - March 2020
(Adaptation, Psychological) [Full text] AND (Famil*) [Full text] AND (Cancer) [Full text] (Adaptación psicológica) [Full text] AND (Famil*) [Full text] AND (Cancer) [Full text]
Database: PubMed Central Search date: November 2019 - March 2020
(Adaptation, Psychological) [Full text] AND (Famil*) [Full text] AND (Cancer) [Full text]

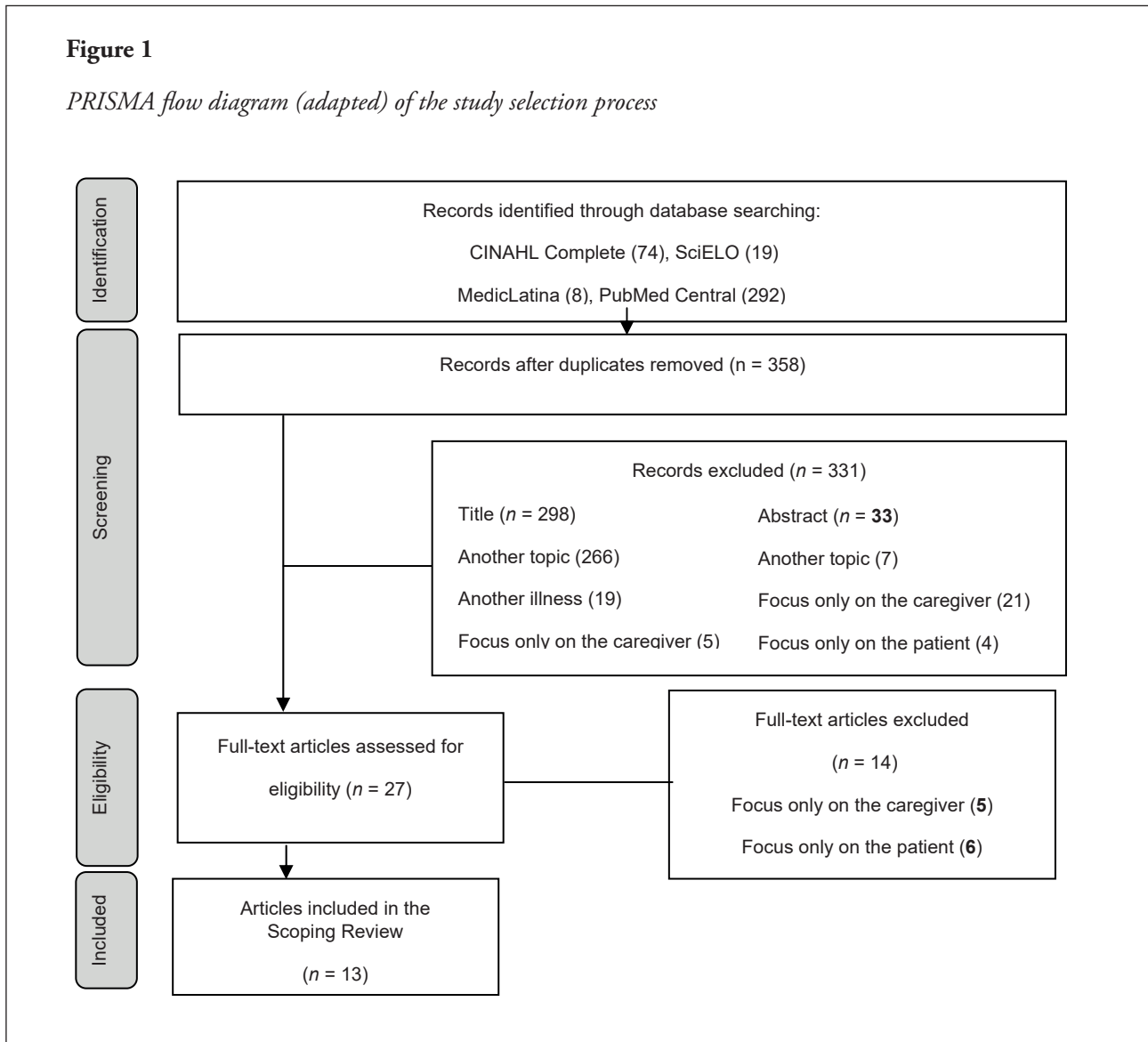
**Presentation of results**

The results will be presented in narrative form, using tables and flow diagrams where relevant. A total of 393 studies were identified by searching the CINAHL Complete ( $n = 74$ ), SciELO ( $n = 19$ ), MedicLatina ( $n = 8$ ), and PubMed ( $n = 292$ ) databases. After 35 articles were excluded for being duplicates, 358 were selected. Of these, 298 were excluded

by title analysis and 33 by abstract analysis. The following were reasons for exclusion: focus on family adaptation to a situation other than an illness ( $n = 273$ ), on an illness other than cancer ( $n = 19$ ), and on an approach to family as context ( $n = 39$ ). Of the 27 articles eligible for full-text analysis, 14 were excluded because they focused on family as context. Thus, after the study selection process, 13 articles were included for analysis (Figure 1).

**Figure 1**

PRISMA flow diagram (adapted) of the study selection process



As shown in Table 2, the 13 included studies are characterized as follows: eight were found in CINAHL, four in PubMed, and one in MedicLatina; five were conducted in the United States of America (USA), two in Belgium, and one each in Spain, Switzerland, Germany, Australia,

China, and Colombia; one article was published in 2015, one in 2016, three in 2017, five in 2018, three in 2019, and none in 2020. Eleven studies were written in English and two in Spanish.

**Table 2**

Characterization of the articles according to bibliographical reference, database and country

Bibliographical Reference	Database/ Country
Acero L. F., & Barboza, C. F. (2019). "Nuestra enfermedad": Revisión sistemática sobre coping diádico en cáncer de mama. <i>Psicooncología</i> , 16(2), 251-272. <a href="https://doi.org/10.5209/psic.65590">https://doi.org/10.5209/psic.65590</a>	MedicLatina (CO)
Ajamil, E. G. (2018). Arteterapia familiar en oncología pediátrica. <i>Psicooncología</i> , 15(1),133-151. <a href="https://doi.org/10.5209/PSIC.59183">https://doi.org/10.5209/PSIC.59183</a>	CINAHL (SP)
Ellis, K. R, Janevic, M. R., Kershaw, T., Caldwell, C. H., Janz N. K., & Northouse, L. (2017). The influence of dyadic symptom distress on threat appraisals and self-efficacy in advanced cancer and caregiving. <i>Support Care Cancer</i> , 25(1), 185-194. <a href="https://doi.org/10.1007/s00520-016-3385-x">https://doi.org/10.1007/s00520-016-3385-x</a>	PubMed (US)

Garrard, E. D., Fennell, K. M., & Wilson, C. (2017). We're completely back to normal, but I'd say it's a new normal': A qualitative exploration of adaptive functioning in rural families following a parental cancer diagnosis. <i>Support Care Cancer</i> , 25, 3561-3568. <a href="https://doi.org/10.1007/s00520-017-3785-6">https://doi.org/10.1007/s00520-017-3785-6</a>	CINAHL (US)
Gunter, M. D., & Duke, G. (2018). Reducing uncertainty in families dealing with childhood cancers: An integrative literature review. <i>Pediatric Nursing</i> , 44(1), 21-37. <a href="https://www.proquest.com/openview/231afba258a7aa801edcbd6967d2efd3/1?pq-origsite=gscholar&amp;cbl=47659">https://www.proquest.com/openview/231afba258a7aa801edcbd6967d2efd3/1?pq-origsite=gscholar&amp;cbl=47659</a>	CINAHL (US)
Inhestern, L., & Bergelt, C. (2018). When a mother has cancer: Strains and resources of affected families from the mother's and father's perspective: A qualitative study. <i>BMC Women's Health</i> , 18(1)72. <a href="https://doi.org/10.1186/s12905-018-0562-8">https://doi.org/10.1186/s12905-018-0562-8</a>	CINAHL (DE)
Katapodi, M., Ellis, K., Schmidt, F., Nikolaidis, C., & Northhouse, L. L. (2018). Predictors and interdependence of family support in a random sample of long-term young breast cancer survivors and their biological relatives. <i>Cancer Medicine</i> , 7(10), 4980-4992. <a href="https://doi.org/10.1002/cam4.1766">https://doi.org/10.1002/cam4.1766</a>	PubMed (CH)
Katz, L. F., Fladeboe K., Lavi, I., King, K., Kawamura, J., Friedman, D., Compas, B., Breiger, D., Lengua, L., Gurtovenko, K., & Stettler, N. (2018). Trajectories of marital, parent-child, and sibling conflict during pediatric cancer treatment. <i>Health Psychology</i> , 37(8), 736-745. <a href="https://psycnet.apa.org/doi/10.1037/hea0000620">https://psycnet.apa.org/doi/10.1037/hea0000620</a>	PubMed (AU)
Liu, Y., Li, Y., Chen, L., Li, Y., Qi, & Yu, L. (2018). Relationships between family resilience and posttraumatic growth in breast cancer survivors and caregiver burden. <i>Psychooncology</i> , 27(4), 1284-1290. <a href="https://doi.org/10.1002/pon.4668">https://doi.org/10.1002/pon.4668</a>	CINAHL (CN)
Phillips, F., & Prezio, E. A. (2017). Wonders & Worries: Evaluation of a child centered psychosocial intervention for families who have a parent/primary caregiver with cancer. <i>Psychooncology</i> , 26, 1006-1012. <a href="https://doi.org/10.1002/pon.4120">https://doi.org/10.1002/pon.4120</a>	CINAHL (US)
Prouty, A. M., Ficher, J., Purdom, A., Cobos, E., & Helmeke, K. B. (2016). Spiritual coping: A gateway to enhancing family communication during cancer treatment. <i>Journal of Religion and Health</i> , 55(1), 269-287. <a href="https://doi.org/10.1007/s10943-015-0108-4">https://doi.org/10.1007/s10943-015-0108-4</a>	CINAHL (US)
Senden, C., Vandecasteele, T., Vanderberghe, E., & Versluys, K., Piers, R., Grypdonck, M., & Van Den Noortgate, N. (2015). The interaction between lived experiences of older patients and their family caregivers confronted with a cancer diagnosis and treatment: A qualitative study. <i>International Journal of Nursing</i> , 52(1), 197-206. <a href="https://doi.org/10.1016/j.ijnurstu.2014.07.012">https://doi.org/10.1016/j.ijnurstu.2014.07.012</a>	CINAHL (BE)
Van Schoors, M., Paeppe, A., Norga, K., & Cosyns, V., Morren, H., Vercruyssen, T., Goubert, L., & Verhofstadt, L. L. (2019). Family members dealing with childhood cancer: A study on the role of family functioning and cancer appraisal. <i>Frontiers in Psychology</i> , 10, 1405. <a href="https://doi.org/10.3389/fpsyg.2019.01405">https://doi.org/10.3389/fpsyg.2019.01405</a>	PubMed (BE)

Of these 13 articles, seven were quantitative studies, all of them were cross-sectional, five were correlational, and two were descriptive. Six articles used a qualitative methodology, three of which were exploratory, descriptive, one was based on the grounded theory, and two were systematic and integrative literature reviews.

Eight articles focused on the family as system: four focused on the family system, one on the marital subsystem, and three on the parental subsystem. The remaining studies ( $n = 5$ ) focused on the family as client. In these studies, the ill family member(s) consisted of women in four studies, children in four studies, and parents in one study. Four studies did not specify the ill family member. Concerning the context where the studies were conducted, six studies

took place in the hospital, three at home, one in a hospital/household, and one in the community. Two studies did not specify the context. The number of families involved in these studies ranged from 10 to 486.

As shown in Table 3, three factors were identified in the studies as influencing family adaptation to the cancer of one of its members: Family assessment of the event, Family resources, and Coping. Family assessment of the event consists of an understanding of the event as stressor, the family perception, and the accumulation of demands. Family resources emerge in articulation with individual aspects and aspects related to the family as a unit and the community. Finally, Coping includes joint problem solving and several other strategies.



**Table 3***Factors influencing family adaptation to cancer*

Influencing factors	
Family assessment of the event	<p>Event as a stressor</p> <ul style="list-style-type: none"> <li>Emotional disturbance (Van Schoors et al., 2019; Gunter &amp; Duke, 2018; Inhestern &amp; Bergelt, 2018; Ellis et al., 2017)</li> <li>Course of the illness (Katapodi et al., 2018; Katz et al., 2018; Garrard et al., 2017; Phillips &amp; Prezio, 2017; Inhestern &amp; Bergelt, 2018)</li> </ul> <p>Perception of the event</p> <ul style="list-style-type: none"> <li>Degree of threat (Van Schoors et al., 2019; Ellis et al., 2017)</li> <li>Performance of the roles (Inhestern &amp; Bergelt, 2018)</li> <li>Degree of uncertainty (Van Schoors et al., 2019; Gunter &amp; Duke, 2018; Katz et al., 2018; Ellis et al., 2017)</li> </ul> <p>Accumulation of demands from the event</p> <ul style="list-style-type: none"> <li>Changes in family processes: <ul style="list-style-type: none"> <li>Relational pattern (Garrard et al., 2017; Ajamil, 2018; Inhestern &amp; Bergelt, 2018; Van Schoors et al., 2019)</li> <li>Interaction of roles (Inhestern &amp; Bergelt, 2018; Liu et al., 2018; Gunter &amp; Duke, 2018; Senden et al., 2015)</li> </ul> </li> <li>Economic difficulties (Gunter &amp; Duke, 2018; Garrard et al., 2017; Katapodi et al., 2018; Phillips &amp; Prezio, 2017)</li> <li>Demands from other situations (Ajamil, 2018)</li> </ul>
Family resources	<p>Individual</p> <ul style="list-style-type: none"> <li>Sociodemographic characteristic (Katapodi et al., 2018; Liu et al., 2018; Van Schoors et al., 2018)</li> <li>Individual self-efficacy (Ellis et al., 2017)</li> </ul> <p>Family as unit</p> <ul style="list-style-type: none"> <li>Family self-efficacy (Ajamil, 2018)</li> <li>Communication (Inhestern &amp; Bergelt, 2018; Phillips &amp; Prezio, 2017; Garrard et al., 2017)</li> <li>Family resilience (Liu et al., 2018)</li> <li>Family support (Katapodi et al., 2018)</li> <li>Social status (Garrard et al., 2017; Inhestern &amp; Bergelt, 2018; Katapodi et al., 2018)</li> </ul> <p>Community</p> <ul style="list-style-type: none"> <li>Professional support (Garrard et al., 2017; Senden et al., 2015)</li> <li>Support network (Senden et al., 2015)</li> </ul>
Coping	<ul style="list-style-type: none"> <li>Joint problem solving: (Inhestern &amp; Bergelt, 2018; Ajamil, 2018; Phillips &amp; Prezio, 2017; Garrard et al., 2017)</li> <li>Family communication (Inhestern &amp; Bergelt, 2018)</li> <li>Spending time as a family (Inhestern &amp; Bergelt, 2018)</li> <li>Spiritual coping (Prouty et al., 2016)</li> <li>Maintenance of hope and optimism (Senden et al., 2015)</li> <li>Dyadic coping (based on the reaction of each partner to stress (Acero &amp; Barboza, 2019)</li> <li>Ability to identify/mobilize community resources (Garrard et al., 2017)</li> </ul>

**Interpretation of the results**

This scoping review aimed to identify the factors influencing family adaptation to the cancer situation of one of its members from the perspective of the family as system and client. Of the 13 studies included, around 38.5% ( $n = 5$ ) were carried out in the USA and the remainder in several countries, mostly one per country. No studies were found in Portugal. They were mostly carried out in hospital settings, and more than half of them included families with ill women or children. The family as system is addressed in 62.5% ( $n = 8$ ) of the studies, half of them focusing on the marital and parental subsystems and the other half on the family as client. Considering the international and national guidelines on health and family nursing, these results highlight the need for further studies focused on the family from broader perspectives

and conducted in primary health care settings where families remain and (co)construct most of their health and life projects, while seeking to uncover the interconnections between gender and care. Horta and Fernandes (2018) argue that focusing only on a family member does not allow understanding the whole family system or capturing the different perceptions, attitudes, and behaviors. Therefore, as promoters of family empowerment and facilitators of the (co)construction of more positive adaptation processes, family nurses should be aware of the multiplicity of factors involved and the complexity of the family as system, in line with the recommendations of the International Family Nursing Association (IFNA, 2017) and Regulation no. 428/2018 of the Portuguese Nursing and Midwifery Regulator (*Ordem dos Enfermeiros*, 2018). Health-illness processes, namely the cancer of a family member, are a non-negligible stressor (Price et al., 2016).

In response, the family begins a process of reaction and adjustment that is influenced by several factors that may contribute to a successful or unsuccessful adaptation (McCubbin & McCubbin, 1993). The following factors emerged from the analyzed studies: Family assessment of the event, Family resources, and Coping.

The family assessment of the event includes cancer as a stressor, the perception of the event, and the accumulation of its demands. Cancer is a stressor in most studies analyzed, in line with McCubbin and McCubbin (1993). In these studies, it is associated with emotional disturbance (Ellis et al., 2017; Gunter & Duke, 2018; Inhestern & Bergelt, 2018; Van Schoors et al., 2019) and the difficulties experienced throughout the disease (Garrard et al., 2017; Inhestern & Bergelt, 2018; Katapodi et al., 2018; Katz et al., 2018; Phillips & Prezio, 2017). There is a consensus in these studies and in the literature on the association between a cancer diagnosis and emotional disturbances such as feelings of devastation, shock, and anger. Gunter and Duke (2018) highlight stress, anxiety, and distress as the most common symptoms related to the degree of uncertainty. Distress is also associated with lower individual and family coping, a perception of the disease as more threatening (Ellis et al., 2017; Katz et al., 2018; Van Schoors et al., 2019), and loneliness, which is common to all family members (Van Schoors et al., 2019). Thus, and in line with Tackett et al. (2016), distress covers several domains of suffering and is an indicator of psychological dysfunction and inadequate adjustment and adaptation processes. Although perception is mentioned in most studies, it is further explored in only two of them (Ellis et al., 2017; Van Schoors et al., 2019) where the illness is associated with more negative feelings, which, according to Ellis et al. (2017), indicates a lower individual and family coping. Van Schoors et al. (2019) also analyzed the perception of each family member based on age, gender, role within the family, and previous experiences. Moreover, McCubbin and Patterson (1985, as cited in Price et al., 2016) argue that the construction of meanings is influenced by the family's perception of the impact and the trust in their resources and ability to manage potential difficulties. The accumulation of demands from the event, which implies changes in family dynamics, emerges in these studies as an aspect influencing the family's assessment of the experience of cancer of one of its members from different perspectives. First of all, there are concerns related to the family's adjustment to hospitalizations and treatments, resulting in an increase in family responsibilities (Gunter & Duke, 2018) inherent to the change of routines, role reorganization (Ajamil, 2018; Inhestern & Bergelt, 2018), less proximity between members, and less compliance with rules (Garrard et al., 2017; Van Schoors et al., 2019). Families with ill mothers and minors are confronted with the dual role of sick person and mother and the accumulation and assumption of new roles and, in turn, increased responsibilities by the father, with distress for both of them. Single mothers face even greater more due to the difficulty in dividing caregiving times with the children's fathers (Inhestern & Bergelt, 2018). In other studies, the accumulation of the caregiver role

with other roles represents a challenge for these families (Senden et al., 2015), with the burden being greater the shorter the time since diagnosis (Liu et al., 2018). Other studies (Garrard et al., 2017; Katapodi et al., 2018; Phillips & Prezio, 2017) found other economic problems that affect the family due to treatment costs, travel, and work repercussions. These results are in line with those reported by Kaakinen et al. (2018), who identified these factors as causing increased stress and family vulnerability. If, as Ajamil (2018) mentioned, hospitalization is a major destabilizing factor, the phase that the author calls *return home*, in which families are faced with the demands of family reunion and the return to work and school, is no less important. Another influencing factor is the time of diagnosis. Katz et al. (2018) found that families show greater vulnerability and increased family conflict in the first year of treatment, being more likely to reverse their usual patterns of interaction over time. These results align with those found by Kaakinen et al. (2018), who found family vulnerabilities, functioning, and strengths depending on the stage of the illness.

These factors influence the families' assessment of the severity of the situation, which, according to McCubbin and McCubbin (1993), determines the degree of tension to which they will be subjected and how they will seek, identify, and use resources. This is the starting point for a practice oriented towards promoting families' ability to solve their problems and suffering, and challenges family nurses to implement collaborative practices leading to successful adjustment and adaptation processes (Bell, 2016; IFNA, 2017; Kaakinen et al., 2018; Martins, 2014; Regulamento n.º 428/2018 da Ordem dos Enfermeiros, 2018). Considering the various aspects mentioned above, the previous therapeutic relationship allows for an early and continuous assessment of the family reactions and perceptions inherent to the complex health-illness transition in order to effectively manage the feeling of insecurity that characterizes this process.

Another influencing factor is the available family resources and/or the ability to use them to cope with stress, whether individual, family, or community resources. Based on the analyzed studies, the individual resources include individual characteristics such as the patient's age, education level, occupation (Katapodi et al., 2018; Van Schoors et al., 2019), unemployment, or retirement, or the caregiver's burden (Liu et al., 2018). Only patients' sociodemographic characteristics were considered to the detriment of those of other family members. Also, no studies were found on the knowledge, skills, personality traits, and physical and emotional health as characteristics that could directly influence how families understand and overcome the challenges they face (McCubbin & McCubbin, 1993). At the individual level, self-efficacy emerges as a mediator of the association between symptoms and the perception of threat, indicating the ability to manage the demands associated with cancer (Ellis et al., 2017) and promote family learning to cope with losses and limitations (Ajamil, 2018). For Dias and Silva (2019), self-efficacy reflects self-confidence in one's own abilities, influencing both behaviors and responses.

From the analysis of the studies, and in line with Walsh (2016) and Kaakinen et al. (2018), there are resources of the family as unit that refer to its structure such as social class; its functioning in the dimension of the family process such as communication, the interaction of family roles and their usual patterns. Social class refers to several aspects, including the family's financial resources and place of residence. The former is associated with access to care and family economic management, particularly in single-parent families (Inhestern & Bergelt, 2018). The second is associated with the distance to services (Garrard et al., 2017) and the family support also influenced by family income (Katapodi et al., 2018). This result is in line with the literature that points to an association between the family's social class and how it organizes and accesses community services (Figueiredo, 2012; Kaakinen et al., 2018; Walsh, 2016). The following aspects are highlighted in family functioning: the family's ability to communicate and adjust (Zhang, 2018), problem solving (Garrard et al., 2017), and individual coping skills (Inhestern & Bergelt, 2018; Phillips & Prezio, 2017). Families with lower scores on functioning are less able to recognize needs and mobilize resources. Greater family support, resulting from role interaction, was perceived by patients with higher individual self-efficacy, older patients, and patients with more resourceful relatives. Conversely, less family support was associated with younger patients and patients with depression (Katapodi et al., 2018). Liu et al. (2018) associated family resilience with increased posttraumatic growth among cancer survivors and decreased caregiver burden. These results are in line with several authors (Martins, 2014; McCubbin & McCubbin, 1993; Price et al., 2016; Walsh, 2016) who reported the existence of family resilience when families are able to respond to the demands they are subjected to, making the necessary changes to restore family stability and well-being by mobilizing available resources.

The identified community resources are related to social support, professional support, and community services. Senden et al. (2015) identified professional support as being associated with the importance assigned by the families to receiving adequate information throughout the disease process and the helping relationship as a reassuring factor. Community services emerge from a perspective of access, with all authors agreeing that more important than the existence of resources is their availability and the families' ability to seek and obtain them. On the other hand, families with more intense community relationships prior to the disease situation found this support more useful.

Concerning Coping, several of the analyzed studies highlighted the strategies as adaptive responses to stress-triggering changes, such as those experienced in a situation of cancer of one of the family members (Acero & Barboza, 2019; Gunter & Duke, 2018; Liu et al., 2018; Van Schoors et al., 2019). Some studies suggest an investment in the improvement of adaptive processes, namely in terms of family coping (Inhestern & Bergelt, 2018), dyadic coping (Acero & Barboza, 2019), family involvement in problem solving and resource use (Garrard et al., 2017;

Inhestern & Bergelt, 2018), hope and maintenance of a positive story (Senden et al. 2015), spiritual coping (Prouty et al., 2016), and the perception and mobilization of community resources such as health professionals, help groups, associations, and the social network (Garrard et al., 2017; Price et al., 2016). These strategies are in line with those proposed by several authors (Lazarus & Folkman, 1984 as cited in Kaakinen et al., 2018; Martins, 2014; McCubbin & McCubbin, 1993; Pereira & Branco, 2016; Walsh, 2016) to promote adequate positive, cognitive, and behavioral responses from families, based on the effective mobilization of internal resources.

## Conclusion

Cancer affects most families, adding to the multiple challenges that they face. This study allowed identifying factors influencing family adaptation to the cancer of one of its members based on three dimensions: Family assessment of the event; Family resources; and Coping. By viewing the family as a system and/or as a client, this systematization allows redirecting the clinical focus towards the families' strengths, thus contributing to the development and consolidation of clinical practices in the area of health and family nursing.

A limitation of this study was its methodological strategy, namely the non-inclusion of grey literature and restricted access articles. This review leaves room for future studies that can overcome the limitations and further explore this issue, particularly in primary health care settings and with other types of families to uncover gender and caring relationships.

## Author contributions

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Redação - análise e edição: Santos, C. A., Costa, K. S., Dantas, M. J., Morais, C.

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