



REVIEW ARTICLE

Cancer and immigrants: Same care, different approach.

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ABSTRACT... Objective: To examine the psychosocial issues that emerge in the patients and their spouses upon cancer diagnosis and during its treatment. Furthermore, to search the immigrant specific supportive approaches when providing cancer care. **Study Design:** Systematic Literature Review. **Period:** 2008 to 2020. **Material & Methods:** Thirty-three articles, which met the pre-set criteria, were analyzed, and employed as a reference in this paper. **Results:** The analysis of the literature reported that depression, anxiety and low quality of life are prevalent among cancer patients and their spouses. The well-established evidence strengthened that culturally competent care, social, as well as linguistic support, are the immigrant tailored strategies that can help satisfy the need of this vulnerable population. **Conclusion:** The key research findings presented in the paper concludes that immigrants experiencing cancer and their spouses are more prone to acquire psychosocial issues due to their unprecedented circumstances that demand specific immigrants' tailored approaches.

Key words: Cancer, Immigrants, Supportive Approaches, Spouses.

INTRODUCTION

Despite many advancements in the domain of cancer care and growing awareness regarding cancer, it is still one of the leading causes of deaths around the world. With high mortality and morbidity rate, cancer is responsible for one in six deaths globally.¹ The diagnosis and treatment course of cancer changes the life of a patient physically and emotionally. Additionally, it places the spouse of a patient, who is the primary caregiver in most of the cases, at substantial risks in terms of their mental and physical health.²⁻⁴ The likelihood of physical disability, the threat of losing relationships, fear of recurrence, and concerns about life and death are the challenges cancer diagnosis and treatment pose to a patient.³ Likewise, the spouse bears the burden of providing physical and emotional care, have concerns about the partner's treatment and face the uncertain possibility of losing a partner.⁴⁻⁶ The catastrophic effects of cancer do not remain confined solely to patients, rather impact spouses in parallel, which corroborates that the relationship

of the psychological and social issues of both partners is reciprocal.^{2,4} Even though the suffering of the patient is more severe in nature, the spouse also confront psychological stress, mental anguish and physical discomfort simultaneously, and requires the clinician's attention.⁶ Thus, it is imperative to address challenges and consider interventions for the patients and their spouses at an individual or at the dyadic level to enhance the quality of care delivered and facilitate better outcomes of cancer care.⁴

With the inclination in the immigration trend in recent years, the number of people who migrated globally in 2019 reported to be 272 million, which is equivalent to 3.5% of the world population.^{7,8} Migrating and resettling to a new country is a major life event.^{9,10} Where the dyads are striving to manage the life transformations with personal relations and social networks, the diagnosis of cancer in their circumstances can only make the situation more complex.^{9,10} It can be even more challenging when there is unfamiliarity

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with the healthcare system, the standards of care do not correspond with their beliefs and values, or there is a language barrier.³ With all these predicaments, immigrants and their families coping with cancer, appear to be more prone to have limited access or utilization of available cancer resources and, in turn, develop psychosocial issues. Patients and their families experiencing cancer can exhibit various reactions during their treatment, depending on their family, social, cultural, and religious values and beliefs.¹¹ Understanding the complexities of immigrants' experiences, cultural differences, religious values, and social norms can allow healthcare professionals (HCPs) to provide culturally, socially, and linguistically appropriate care.¹² Currently, most of the research concentrates on the issues encountered by a cancer patient. While due to a dearth of the literature, little is known about the experiences of the spouse of a cancer patient and the relevant supportive approaches that require in the case of ethnically and culturally diverse immigrants.^{3,5} Therefore, it is essential to examine the issues commonly experienced by cancer patients and their spouses' and to explore approaches obliged to meet the needs of an ethno-culturally diverse population.¹²

The main objective of this paper is to use existing literature to identify the common psychosocial issues that a cancer patient and their spouse endure as an individual or as dyads. Furthermore, it will suggest the approaches for healthcare professionals that are appreciative of immigrants' values, demands, circumstances, beliefs, and practices to assist the dyads or individuals that are immigrants and are receiving palliative or curative treatment.

MATERIAL & METHODS (Search Strategy)

A comprehensive search was conducted (see appendix A) to identify referenced content and gather pertinent papers as the knowledge foundation to formulate this paper. Searches were conducted using the academic databases PubMed, Science Direct, Cochrane Library and Google Scholar. Keywords and various combinations of key terms were utilized to search the potential eligible studies included "cancer"

"immigrants" and "spouse". The search strategy yielded hundreds of potential articles, which was further narrowed by reading titles for the articles focusing on depression, anxiety and quality of life among cancer patients and spouses. There was no restriction on keywords. All the articles that had any keyword or combination of keywords were included in the scanning process. The article titles were then screened for relevance to include only those that were discussing cultural competency, social support, and linguistic assistance as a supportive approach. The articles were hand-selected based on the relevance of the topic to conduct this literature review by a primary researcher. The study selection process was documented at each step of the search to minimize bias and inadvertently influence research findings. Following sifting, 33 articles that met the pre-set criteria were analyzed solely with an emphasis on identifying the most common psychosocial issues that cancer patients and spouses experience. Moreover, to recognize the immigrants' specific supportive approaches for cancer care. The inclusion and exclusion criteria are listed below:

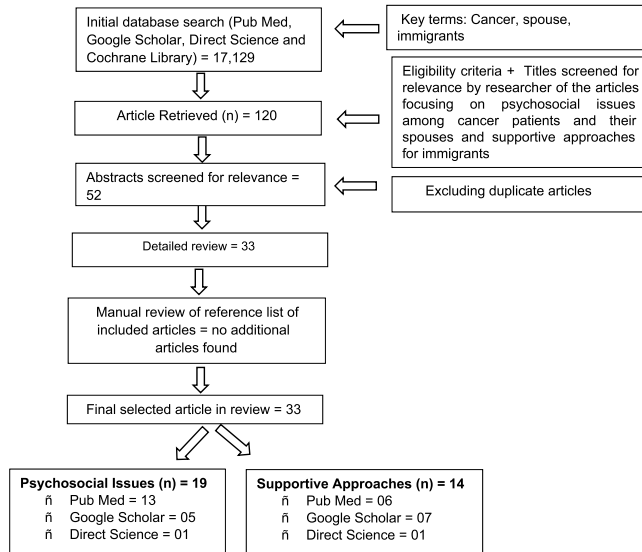
Inclusion Criteria

All publications selected for the literature review were published within the last 15 years (2008-2020), which allowed for the most up to date knowledge on the topic of interest. Only articles that are available in full text were preferred for the review. The English language was the sole limiter in the search criteria.

Exclusion Criteria

All the additional retrieved articles that were case reports, letters to the editor, studies conducted on the patients less than 18 years of age, and those discussed the screening process of cancer excluded from the review process. All the articles published in a language other than English eliminated despite meeting the pre-set criteria.

Appendix A: Search and Selection Process



RESULTS

The above search strategy yielded 33 articles that were classified into two categories one addressing the psychosocial issue (19 articles) and others suggesting the supportive approaches (14 articles) to enhance the quality of cancer care for immigrants. The extracted articles included qualitative and quantitative studies, cohort studies, pilot studies, cross-sectional studies and literature reviews. All the articles that were employed to strengthen the arguments are available in full text. The studies were from over a period of 15 years, the oldest one published in 2008 to the latest one issued in 2020. There was no geographical limitation while selecting the articles to gather diverse perspectives and information from around the world including Asia, the Middle East, Africa, Australia, the USA and Canada. The selected articles were reviewed, and the compiled data revealed depression, anxiety and low quality of life are the most common psychosocial issues that cancer patients and their spouses encounter. Despite the scarcity of research focusing on immigrants, the information gathered in the literature review provides the rationale that culturally competent care, social support and linguistic help are the specific support to optimize immigrants' cancer care.

DISCUSSION

Psychosocial Issues

The analysis of chosen articles ascertained that depression and anxiety are the most prevalent psychological issues from which both patients and their spouses suffer after the patient diagnosed with cancer. Besides that, the quality of life also appears to be low among cancer patients and their spouses.

Depression and Anxiety

The prevalence rates of depression and anxiety among the cancer patients are 20 to 50 %¹³ and 6% to 34%¹⁴ respectively. While, 10–53% and 16–56% of spouse manifest significant signs of depression and anxiety sequentially.¹⁵ A literature review estimated that depression is common among cancer patients, and routine screening and adequate evaluation are inevitable to alleviate the disastrous emotional and behavioural repercussions.¹⁶ Depression and anxiety in the patient can prompt more fatigue, poor adherence to cancer treatment and can likewise exaggerate the disease.^{17,18} The reasons for anxiety and depression in the patient are sudden distress due to diagnosis of cancer, the prolonged duration of treatment, side effects of therapy, frequent visits to hospital and alteration in the daily routine of life.¹⁸ The mental disturbance in the spouse of cancer patients isn't unusual, corroborating the research findings that 20-30% of spouses cope with the mood disturbances through the trajectory of illness.¹⁹

A study, using The Center for Epidemiological Studies Depression Scale (CES-D), assessed the quality of mood among the husbands of breast cancer patients found that 30% of them were dealing with depression.¹⁹ Although the spouses aren't having a disease, they have to accommodate to their spouses' disease and have to tackle their own worries.⁴ Few studies have even observed that spouses who are primary caregivers are at a greater risk than patients themselves of acquiring depression and anxiety over time.^{4,17} The strain of providing emotional and physical support, fulfilling other family responsibilities, with the fear of possibly losing partner, and being incapable of helping them with their disease can contribute

sufficient enough to ignite depressive and anxious symptoms in spouses.⁴ Depression and anxiety have shown to mutually exist with each other.¹⁸ The concurrence of anxiety and depressive disorders can make the situation complicated for healthcare workers with a patient manifesting a wide range of diverse symptoms, delayed recovery time and severity of symptoms.¹⁸ Patient and caregiver spouse are interdependent on each other; any mental disorder that appears in the spouse can reciprocally affect the patient or vice versa.^{4,17} In addition, depression and anxiety have been reported as causing the decreased quality of life in both caregiver spouses and patients.^{18,20}

Immigrant patients who have cancer have an increased risk of depression and anxiety. A recent analysis done at the University of Florida noticed that the prevalence of clinically significant depression was 27%, and the occurrence of anxiety symptoms was 52% among the Spanish-speaking Latina immigrant cancer. The key finding of the study highlighted that depression and anxiety become severe over the span of time after diagnosis particularly when it is arduous to assimilate in a host culture.²¹ The numerous ethnic groups of immigrants have their novel culture, social values and beliefs. In Asian culture usually seeking help from outside the family for patients is deemed impermissible. Therefore, caregiver spouses with Asian ethnicity bear more burden with no additional support and tend to exhibit more depressive symptoms than other immigrants' subgroups.³

Quality of Life

The fact of living with cancer disrupts the life of a couple in many ways. The demeanour to deal with cancer vary from person to person. For some, it can be a reason to strengthen their relationships wherein for few it can have deleterious effects on their quality of life as an individual or disseminate to a partner and make it a dyadic affair.²² The term Quality of Life refers to the overall health and wellness of an individual, and nowadays, frequently trusted by HCPs as a tool to evaluate the effectiveness of treatments.²³ The large body of evidence predominately sanctions that the couple responds to any ailment as a unit.^{2,23} The

broad range spectrum of side effects of cancer, cancer type, pain intensity, and fatigue are among the few factors that significantly affects the quality of life of patients.²³ Besides, due to bi-directional effects, the patient's physical and mental health and caregiving dependency is damaging to their spouses' quality of life.²² A cross-sectional study determined that the deteriorating health condition of a patient is directly associated with their decreasing quality of life.²³ In Europe, a multicenter qualitative study concluded that Quality of Life is perceived to be declining amidst the patient during active cancer treatment.²⁴ The results from another study among old cancer patients in the U. S.A. discovered depreciation in the overall quality of life.²⁵ A comparative analysis by Litzelman and colleagues and structured clinical interviews conducted by Lee and associates are the few articles that establish the evidence of decreased quality of life in spouses and its correlation with the patients' quality of life.^{22,26} Nonetheless, the same analysis applies to the foreign-born population. The outcome of the quality of life is poorer as compared to local-born that reverberates well with the recent cross-sectional study that found low quality of life among the first-generation immigrants in Australia experiencing cancer to be low as compared to non-migrants.²⁷

Supportive Approaches

Following the discussion of prevalent mental and social issues concerning patient who has cancer and spouses and worse psychological and quality of life outcomes in immigrants, the query emerges that what are the potential approaches that healthcare should employ when dealing with immigrant cancer patients and their caregiver spouses. A number of articles established evidence that cultural competency; communication with the interpreted information to defy language barrier; and providing social support are the relevant interventions that HCPs should be conscious of and be trained in to help immigrant patients and their spouses encountering cancer.^{3,12,27} The inadequacy or inability to satisfy these needs of immigrants can make the journey of cancer more challenging for them.²⁸

Cultural Competent Care

Cultural competence refers to an approach that requires “acquisition, integration, and application of awareness, knowledge, skills, and attitudes regarding cultural differences to effectively deliver expert care that meets the unique cultural needs of patients”.²⁹ Cultural competence in cancer care is multifaceted and requires effective cross-cultural understanding.³⁰ Expectations from HCPs, adherence to treatment, emotional and behavioural responses to the disease, and preferred method of procedures are all linked to the cultural factors related to individual perception of a cancer patient and family involved in caregiving.³¹ Since culture is an important social determinant of health and has an apparent impact on cancer outcomes, oncology professionals must be aware of cultural competency.³¹ Effectual cultural competency requires to have relevant information about different cultures concerning different health issues.³⁰ This awareness can be instilled in healthcare specialists through knowledge, skills and attitudes to satisfy cultural needs; moreover, to strengthen relationship with a cancer patient with an intention to enhance the quality of care delivered.³⁰ At present, the literature recommends that cognizance of cultural competence improves the quality of care, enhances the accessibility of healthcare, and helps mitigate or eliminate existing health disparities.²⁹ Additionally, neglecting cultural perspectives of patients can build a distrust for the HCP and lead to poor compliance and treatment failure.³ Knowledge enhancement and embodiment of cultural specific concepts, HCPs that correspond with patients’ culture, utilizing culture suitable material in providing care, involving families, and providing cultural competence training for providers are some of the strategies that can be implemented at an individual or organizational level for the provision of culturally competent healthcare.³²

Social Support

Social support is a multidimensional complex construct. It can be in the form of informational, financial, instrumental and/or emotional support which may be provided formally by HCPs and informally by family members and friends.³³ Social support in cancer care can serve to adjust

to psychological issues and accept cancer as a disease, contrarily, the unavailability of social support can lead to poor health behaviours and increase mortality of disease.³⁴ Hence, all HCPs need to understand the significance of social support and level of social support patients necessitate.³⁴ The appropriate, adequate, and timely social support provided to patients prevents them from depression and anxiety and enhances their overall quality of life; furthermore, it strengthens their relationship with family caregivers.^{33,34} It has also been noticed that informational social support is beneficial, particularly for spouse caregivers, to support patients effectively.³³

The provision of social support is more crucial for immigrants that appears to be more likely not fulfilled.²⁸ Migration to a new country result in the loss of informal social networks and support for immigrants. Further, many immigrants avoid available informal support due to fear and stigma related to the disease.³ The lack of knowledge regarding available health resources and unavailability of culturally or linguistically appropriate care makes health information access more challenging.³ A study performed in Canada on Portuguese speaking immigrant women highlighted that HCPs must incorporate formal and informal social support when caring for immigrants diagnosed with cancer.³³

Communication

Effective communication is a crucial tool and plays a pivotal role in providing quality cancer care to patients and satisfying their caregivers.³⁵ Delivering adequate care can be challenging when a language barrier exists and can produce pernicious effects on immigrant patient’s experience.³⁵ When patients and their caregivers have low language proficiency and insufficient access to language-appropriate resources, it impairs the communication that is required with a HCP. This results in the immigrants’ seeking help from the material available in their language or from other sources, relying on unauthentic advice, and/or employing their cultural and social healing practices that are not recommended or harmonious with the care providing in their

host country. All this ends up complicating the matter with diminishing confidence in ongoing care, weakening the relationship with HCPs and stimulate anxiety in patients and caregivers.³ The employment of professional interpreters improves healthcare access, reduces healthcare expenditures, increases medical safety, care quality and mitigates the stress of family and patient.³⁶ Hiring trained interpreters, utilizing external resources for interpretation like technology-based translator services (Audio/Video calls), requesting assistance from the coworkers able to speak the same language can ease the situation; moreover, the availability of educational material in multiple languages and connecting patients and their families with language assistance and culturally sensitive social support can facilitate HCPs and patient relationships and help overcome language and culture hindrances.^{3,37} Nevertheless, though the interpreters can help build a link, HCPs should also determine the linguistic issues and cultural demands to meet the need of the population and provide patient-centred care.³⁶

CONCLUSION

The journey of cancer is intertwined with many apparent side effects. Besides that, various invisible and unhidden concerns can be witnessed among cancer patients and their spouses which demand immediate attention. There was no assumption stated by the researcher while conducting this study. Although there is ample literature available concerning cancer, the studies focusing on the patient's spouse and immigrants' dilemmas were very restricted, which was a limitation of this study. Future in-depth research is warranted on the nature of problems and reasons for acquiring mental and social issues in the spouses of cancer patients; furthermore, analyzing the effectiveness of cultural, social, and linguistic aid with practical evidence for immigrants can facilitate competency-driven clinical care.

Relevance to Practice

Cancer is accountable for the highest number of deaths around the world, which is predicted to continue to increase and place a burden on healthcare.³⁸ Considering that, this study sheds

light on the experiences of cancer patients; furthermore, the ongoing potential affliction on spouses of cancer patients and their needs that demand to consider them as well when providing care to the patient.

This study encourages HCPs to include the spouse in their patient's plan of care for early interventions, and to alleviate the mounting physical and mental health concerns and enhance the care outcomes. A thorough understanding of the issues of cancer patients' spouses will allow HCPs to assist them timely that will ultimately improve the care quality and health outcomes for the patients; moreover, it will help reduce healthcare costs and strain on healthcare. Acquiring this model of thought would enable HCPs to create a comprehensive health environment and deliver optimum cancer care with a patient and family-centred care approach. HCPs are responsible for providing competent and safe care regardless of their patients' culture, language and beliefs. The knowledge of the cultural and social context of sick persons and their family members is a basic framework for patient-and family-centred care.³⁶ Understanding the cultural and social background and assisting them to overcome a language barrier by providing communication accessibility will allow HCPs' to assess their patients' needs and ways to suffice them; furthermore, it will strengthen the HCPs' relationship with patients and enhance the reliance on the healthcare system.

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
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AUTHORSHIP AND CONTRIBUTION DECLARATION

No.	Author(s) Full Name	Contribution to the paper	Author(s) Signature
1	Munazza Saleem	Conceived the presented idea, planned the investigations and was in charge of overall direction and planning, Developed the theory and performed the computation, Verified the analytical methods and analyses, Wrote the manuscript, Discussed the results and contributed to the final manuscript.	
2	Zuhera Khan	Helped out in writing the manuscript and proffreading the paper, Helped and contributed to the final manuscript.	