Facilitators of Resilience in Carers for a Midlife Partner with an Incurable Cancer: A Thematic Analysis

Opsomer S.1, Pype P.2,3, Lauwerier E.2,4, De Lepeleire J.1

1ACHG, Catholic University Leuven, Leuven, Belgium, 2Faculty of Medicine and Health Sciences, Ghent University, Ghent, Belgium, 3End-of-Life Care Research Group at the Vrije Universiteit Brussel and Ghent University, Ghent, Belgium, 4Faculty of Psychology and Educational Sciences, Ghent University, Ghent, Belgium

Background: Providing care for advanced cancer patients is often the responsibility of the partner. Being confronted with an incurable cancer diagnosis can be highly disruptive for the patient’s partner. However, most carers seem to adapt well and create a healthy path during the process of providing care, linked to the concept of ‘resilience’. Resilience is age-related with the elderly exposing higher levels of resilience. It can be assumed that middle-aged partners are more at risk for a non-resilient outcome. Moreover, resilience has been understudied in this age group of carers.

Aim: To explore what resources make caregiving for a midlife advanced-cancer patient a resilient process.

Methods: Nine partners of midlife patients who died at home of cancer were selected purposively and interviewed in depth within the first year following the death of their partner. A thematic analysis utilizing an inductive approach was conducted.

Findings: Resilience was challenged by the partner’s abrupt diagnosis of incurable cancer. All participants made use of a set of interacting, carer-specific and context-related resources, facilitating a resilient process and leading to positive feelings or even personal growth. The carers demonstrated individual competences: adaptive flexibility, positivism, a sense of self-initiative, and adaptive dependency, and they relied on their context: cancer-related professionals and long-time relatives. Context and situation were continuously interacting. The resulting dynamics were based on the context-availability, meaningful relationships and the patient’s role.

Conclusion: A resilient trajectory results from an interplay between individual and context resources. To build resilience in partners of midlife, advanced-cancer patients, health care professionals should address all available resources. Moreover, they should be aware of being part of the carer’s context, a complex adaptive system that can be either resilience-supporting or -threatening.