



## ONCOLOGICAL DISEASES IN THE FAMILY ENVIRONMENT: A VIEW FROM THE SYSTEMIC MODEL

### ENFERMEDADES ONCOLÓGICAS EN EL ENTORNO FAMILIAR: UNA VISIÓN DESDE EL MODELO SISTÉMICO

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#### ABSTRACT:

The study that is presented presents an analysis of the presence of oncological diseases and their main problems within the family dynamics resulting from the very nature of this disease, the approach was developed from the systemic model. The proposed objective was to determine the impact that oncological diseases produce in the family environment of patients who attended the Comprehensive Support Center for Cancer Patients and the Foundation for the Service of the Cancer Patient "FASEC" in the city of Cuenca, Ecuador. The methodology was quantitative, with the use of the deductive process through which statistical data was obtained that later allowed an analysis to be carried out, establishing specific characteristics from the general to the particular. The collection of information was carried out through a structured survey that was applied to both patients and relatives who attended the aforementioned centers. The description of the impact on family dynamics is the greatest finding to be presented, since a high rate of patients abandon their work activities due to suffering from an oncological disease presented in their body. It is important to mention that most of the patients come from other provinces to receive care in the city of Cuenca, since most of them are derived from other Public Health Institutions, however, most of them attend the consultations alone, according to the results obtained, it is due to the costs of mobilization and the activities carried out by their relatives, even because they have had to choose to be heads of household.

**Keywords:** Family environment, oncological disease, cancer, patient, family, vulnerability.

#### RESUMEN:

El estudio que se presenta, expone un análisis de la presencia de enfermedades oncológicas y sus principales problemas dentro de la dinámica familiar consecuentes de la naturaleza misma de esta enfermedad, el abordaje de desarrolló desde el modelo sistémico. El objetivo planteado fue determinar el impacto que producen las enfermedades oncológicas en el entorno familiar de pacientes que acudieron al Centro de Apoyo Integral para Pacientes con Cáncer y la Fundación al Servicio del Enfermo con Cáncer "FASEC" de la ciudad de Cuenca, Ecuador. La metodología fue de tipo cuantitativo, con la utilización del proceso deductivo mediante el cual se obtuvo datos estadísticos que permitieron posteriormente realizar un análisis estableciendo características específicas de lo general a lo particular. La recolección de la información fue realizada a través de una encuesta estructurada que se aplicó tanto a los pacientes como a los familiares que acudieron a los centros. La descripción del impacto en la dinámica familiar es el mayor hallazgo a presentarse, puesto que, un alto índice de pacientes abandonan sus actividades laborales a causa del padecimiento de alguna enfermedad oncológica presentada en su organismo. Es importante mencionar que la mayoría de los pacientes provienen desde otras provincias para recibir atención en la ciudad de Cuenca ya que en su mayoría son derivados de otras Instituciones de Salud Pública, sin embargo, la mayor parte de ellos acuden solos a las consultas, según los resultados obtenidos se debe a los gastos de movilización y las actividades que realizan sus familiares inclusive porque han tenido que optar por ser jefes de hogar.

**Palabras Clave:** Entorno familiar, enfermedad oncológica, cáncer, paciente, familia, vulnerabilidad.

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## **1. INTRODUCTION**

The study of oncological diseases in the family context significantly disrupts aspects of human life; Worldwide, cancer diseases affect all types of people; The World Health Organization (WHO) mentions that "cancer is the leading cause of death worldwide, in 2015 8.8 million deaths were attributed to it" (2018), due to these alarming data the prevention and awareness raising seek to provide timely, life-saving treatment.

The investigation of the impact of oncological diseases in the family environment is superlative, compared to studies of family dynamics and their interrelationships, this is imminently seriously affected and both the patient and the family need support, treatment and accompaniment. Although these diseases do not distinguish race, age, social condition, gender, etc. However, breast and prostate cancer are the most detected, frequently after the age of 40, according to data from the SOLCA Matrix Tumor Registry Web Portal, in 2012 there were 236 cases of mortality of women and 184 of men due to cancer in the city of Cuenca (2018). The present study was considered in order to identify the impact that cancer diseases

produce in the family environment, Focusing research on patients and relatives of the Cancer Patient Support Center and the Foundation for the Service of Cancer Patients "FASEC" of the city of Cuenca.

The Ministry of Public Health (MSP) mentions: "Oncological diseases, particularly cancer constitutes an important and growing public health problem in Ecuador, , this being the second cause of general mortality, after cardiovascular diseases " (2017, p.14), they can affect all human beings without any distinction, triggering the abandonment of daily activities, consequently affecting the economic, family and social situation; For this reason, the Constitution of the Republic of Ecuador designates them as catastrophic diseases, considering people who suffer from these diseases part of the vulnerable groups of society.

### **State of the art**

It is the duty of the Ecuadorian state to guarantee the rights of citizens, promoting policies that vulnerable groups of priority attention. Thus, the Constitution of the Republic of Ecuador in Art. 32 states:



*Health is a right guaranteed by the State, the realization of which is linked to the exercise of other rights, including the right to water, food, education, physical culture, work, social security, healthy environments and others that sustain good living. (2008)*

Access to health services is one of the fundamental rights; the Ministry of Public Health through the Organic Law of Health, in Chapter I On the right to health and protection in Article. 3 establishes that "Health is the complete state of physical, mental and social well-being and not only the absence of affections or diseases. It is an inalienable, indivisible and uncompromising human right, whose protection and guarantee is the primary responsibility of the State" (2012).

In addition, the Constitution of the Republic of Ecuador (2008) in the third chapter, section seventh, people with catastrophic diseases in Art. 50 states: "The State will guarantee to every person suffering from catastrophic or highly complex illnesses, the right to specialized and free care at all levels, in a timely and preferential manner" (p.43). On the other hand, the Organic Health Law in Chapter III-A of catastrophic and rare or

orphan diseases, published in Official Gazette 625 of 24 in January 2012, Art. 1 states:

*The Ecuadorian State will recognize catastrophic and rare or orphan diseases of national interest; and, through the national health authority, will implement the necessary actions for the health care of the patients who suffer from them, in order to improve their quality and life expectancy, under the principles of availability, accessibility, quality and warmth; and, quality standards, in the promotion, prevention, diagnosis, treatment, rehabilitation, habilitation and cure. (2012)*

The State, through health entities, promotes prevention and awareness campaigns on catastrophic, rare or orphan diseases; the dissemination of information about treatments that improve the quality of life and increase the life expectancy of the patient is important.

- **Cancer, types and treatments**

For greater precision, the terminologies used were those used by different institutions and specialized organizations in the study of oncological diseases; thus the



World Health Organization (2018) affirms that: "Cancer is a process of uncontrolled growth and dissemination of cells. It can appear almost anywhere on the body. The tumor usually invades the surrounding tissue and can cause metastasis in distant parts of the body, (...)". For its part, the definition of the Royal Spanish Academy (2014) defines it as "tumor is the mass of transformed cells, with abnormal growth and multiplication".

Regardless of the definitions, nor its variability of manifestations, what is currently alarming is the condition that it has caused and its growing data worldwide, being of vital importance, the campaigns and preventive measures that the State executes through its institutions responsible for the health field.

The World Health Organization (World Health Organization, 2018) points out that: "the five types of cancer that cause the highest number of fatalities are: lung (1.69 million deaths); liver (788,000 deaths); colorectal (744,000 deaths); gastric (754,000 deaths); mammary (571,000 deaths)", it is important to know and report on certain characteristics or warning symptoms known as risk factors.

There is a number of investigations carried out worldwide on the factors that affect the probability of suffering from cancer, without determining exactly the reasons why cancer only develops in certain types of people despite being exposed to the same conditions. However, studies have made it possible to establish contexts and factors that can develop and accelerate the growth of cancer cells in the body; such as the consumption of: alcohol, tobacco, marijuana, among other licit and illicit substances that can increase the risk of contracting the disease.

Some of the most widely used treatments are surgery for tumors that are localized and that have not spread to other parts of the body. The National Cancer Institute (2015) mentions: "Surgery can be minimally open or invasive; in open surgery, the surgeon makes a large cut to remove the tumor, (...); in minimally invasive surgery, the surgeon makes a few small cuts instead of a large one, (...)."

Radiation therapy is a type of treatment used to eliminate cancer cells, however, it is not applicable to all types of cancer, so factors such as: the type of cancer, size, location, age, etc. must be considered. On



the other hand, "Chemotherapy is a type of cancer treatment that uses drugs to destroy cancer cells" (National Cancer Institute, 2015).

In the presence of oncological diseases in the family environment, communication plays an important role when transmitting information to its members according to their needs and characteristics. According to Watzlawick, Beavin & Jackson (1985) cited by Mildred Puello, Marta Silva & Adriana Silva (2014) mention that:

*Communication becomes important because its meaning appears within a context and the study of people's relationships in that particular context fulfills a symbolic function (message, information), which is perceived and where it has sense and meaning. For this reason, communication is based on social conventions and reality is a product of communication. This is very important for the family, because it is an interaction process where horizontal and vertical relationships are built, messages, information, affections, behaviors are exchanged.*

Communication between the patient and his family group is a primary factor as support to cope with an oncological disease, it is important that the family nucleus, through communication and appropriate professional intervention, is a participant in the treatment, in addition, daily contact with the patient improves their emotional stability.

- **Palliative care**

In Ecuador there are several Institutions that provide support to patients and their families through various programs developed through the Ministry of Public Health, aimed at terminally ill people who require extenuating care whose cost is extremely high and even unattainable for many people. For its part, the Cancer Patient Care Center of the city of Cuenca provides care to people with oncological diseases for the control and management of symptoms, in addition, the professionals of the multidisciplinary team provide services in the social and psychological area promoting a life dignified; Likewise, the "FASEC" Foundation provides its services to people suffering from such a disease and maintains hospitalized patients with terminal diagnoses; the importance of the



multidisciplinary team is evident both in medical terms when offering palliative care and, working together, socially and emotionally with the patient and his family.

## 2. METHODOLOGY

The research was developed using a quantitative approach; its analysis responds to the deductive method, with the application of a survey directed to the relatives of the patients who attended the Cancer Patient Care Center and the Foundation for the Cancer Patient Service "FASEC" in the city of Cuenca during the period October 2018 - March 2019, allowed to determine the characteristics and impact of oncological diseases in the family environment.

With a framework in the activities carried out by the institutions, the research scenario

had a quantitative cut accompanied by a deductive analysis process, the characteristics of the general to the particular of the impact of oncological diseases in the family environment of the patients were determined, facilitating obtaining statistical data.

## 3. RESULTS

The universe of the population analyzed was 65 patients. Of the surveyed population, 50.77% (33) are female while 49.23% (32) are male. Regarding the occupations of the patients, 58.46% correspond to people who performed some type of work before being diagnosed with an oncological disease; 29.23% used to carry out household chores, 9.23% were studying, while 3.08% carried out another type of activity.

**Table 1.** Current occupation of the patient.

Value Tag	Value	Frequency	Percentage	Valid percentage	Accumulated percentage
Work	2	7	10,77	10,77	10,77
Housework	3	5	7,69	7,69	18,46
Abandoned their activities	4	52	80,00	80,00	98,46
Other	5	1	1,54	1,54	100,00
Total		65	100,0	100,0	

**Authorship:** Sandra Quiroga, Bachelor of Labor and Social Service.



Out of 100% of the patients, the results reflect that 80% correspond to people who abandoned their activities since the oncological disease was diagnosed, 10.77% continue to carry out their work despite the

complications of their disease, while the 7.69% carry out household chores, and 1.54% are engaged in other types of activities.

**Table 2.** Who covers the patient's expenses.

Value Tag	Value	Frequency	Percentage	Valid percentage	Accumulated percentage
own means	1	19	29,23	29,23	29,23
couple	2	26	40,00	40,00	69,23
parents	3	5	7,69	7,69	76,92
children	4	12	18,46	18,46	95,38
others	5	3	4,62	4,62	100,00
Total		65	100,0	100,0	

**Authorship:** Sandra Quiroga, Bachelor in Labor and Social Service.

Of the population universe, 40% receive financial support from their partner, 29.23% correspond to patients who have their own means to satisfy their needs, 18.46% cover

their expenses with the economic support of their children, and 7.69% have financial support from their parents, while 4.62% receive financial help from other people.

**Table 3.** Relationship between patient and family group.

Value Tag	Value	Frequency	Percentage	Valid percentage	Accumulated percentage
Good	1	37	56,92	56,92	56,92
Regular	2	22	33,85	33,85	90,77
Bad	3	6	9,23	9,23	100,00
Total		65	100,0	100,0	

**Authorship:** Sandra Quiroga, Bachelor in Labor and Social Service.



Of the 100% of the analyzed population, 56.92% report that the patient and the family group maintain a good relationship, 33.85% maintain a regular relationship and finally 9.23% have a bad relationship.

**Table 4.** Family reaction to oncological disease.

Value Tag	Value	Frequency	Percentage	Valid percentage	Accumulated percentage
Anger	1	7	10,77	10,77	10,77
Fear	2	26	40,00	40,00	50,77
Sadness	3	15	23,08	23,08	73,85
Denial	4	10	15,38	15,38	89,23
Acceptance	5	7	10,77	10,77	100,00
Total		65	100,0	100,0	

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Of the 100% of the surveyed population, 40% felt fear when they learned that their relative was diagnosed with an oncological disease, 23.08% experienced sadness, 15.38% presented a positive and accepting attitude, 10,77% perceived anger and denial with 10.77% as a form of rejection of the disease.

**Table 5.** Family functionality against oncological diseases.

Value Tag	Value	Frequency	Percentage	Valid percentage	Accumulated percentage
Economy	1	29	44,62	44,62	44,62
Recreation and healthy enjoyment.	2	21	32,31	32,31	76,92
Socialization	3	2	3,08	3,08	80,00
Conduct, habits, norms.	4	1	1,54	1,54	81,54
Independence.	5	7	10,77	10,77	92,31
All.	7	1	1,54	1,54	93,85
None.	8	4	6,15	6,15	100,00
Total		65	100,0	100,0	

**Authorship:** Sandra Quiroga, Bachelor in Labor and Social Service.





Family function presented serious alterations in the presence of oncological diseases, thus, it can be seen that 44.62% of respondents indicated that the economy is more affected at home, 32.31% Said

recreation and healthy enjoyment, 10.77% considered independence, 6.15% mentioned that family functions are not affected, 3.08% opted for socialization, due to the time they remain in medical institutions.

**Table 6.** Variable correlation.

**Summary cases**

	Valid		Lost		Total	
Occupation before current occupation	N	Percentage	N	Percentage	N	Percentage
	65	100,0%	0	0,0%	65	100,0%

Occupation \_before\* current \_ occupation [row %, column %]  
 Current occupation

Occupation before	Work	Housework	Abandoned their activities	Other	Total
Study	,00% ,00%	,00% ,00%	100,00% 11,54%	,00% ,00%	100,00% 9,23%
Work	18,42% 100,00%	,00% ,00%	81,58% 59,62%	,00% ,00%	100,00% 58,46%
Housework	,00% ,00%	26,32% 100,00%	73,68% 26,92%	,00% ,00%	100,00% 29,23%
Other	,00% ,00%	,00% ,00%	50,00% 1,92%	50,00% 100,00%	100,00% 3,08%
Total	10,77% 100,00%	7,69% 100,00%	80,00% 100,00%	1,54% 100,00%	100,00% 100,00%

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With the use of the Chi Square statistic with a level of similarity of 0.001, being located on the significant side, it allowed to verify the presence of oncological diseases if they affect the family environment in 78.46%, in

relation to the functions of the family the economy is one more affected within the family group with 44.62%.



#### 4. DISCUSSION

Cancer is a disease that afflicts society in general, regardless of the economic and social situation, this can be evidenced in the development of this research work Oncological diseases in the family environment: a view from the systemic model; Considering 33 female patients and 32 male patients attending the Comprehensive Support Center for Cancer Patients and the Foundation for the Service of the Cancer Patient "FASEC" in the city of Cuenca, Ecuador as the object of study; Those who dedicated their time to developing various daily activities were forced to abandon them due to illness. in some cases their studies, their work and, in general, their daily activities. What makes patients with this disease depend on the care of their relatives. According to Gómez Sancho & Ojeda Martín (2014) "The family can collaborate effectively and actively in the care of the patient if they are properly instructed in the control of symptoms, and in hygiene and comfort measures" (p. 14).

Patients with oncological diseases suffer from various ailments for which they present a variety of symptoms that do not allow them to function on their own, needing the

support of their relatives to meet their needs, both social and economic. Regarding the article Knowledge about palliative care of relatives of cancer patients (2007), it can be stated that:

*Every person, regardless of their health or condition, has the right to receive minimal care, just because they are a person, if their dignity is not to be underestimated. A terminal patient is no exception. The dying patient's physician, family, friends, nurses, social workers, and other close individuals are obligated to provide help or support including psychosocial and emotional care to the end.*

Interpersonal relationships are fundamental in the development of the human being, even more so, if it is a painful person who is going through an ontological disease; since they need both financial and emotional care and support. The disease causes in patients an alteration of their emotional state, the whole context to which they belong is affected. The support of the family group is essential when facing the disease, the individual needs both professional and family support. A person alone cannot face an oncological disease. According to



Rodríguez regarding palliative care received by cancer patients, he emphasizes that:

*You cannot live without hope, in the same way that you cannot die without those hopes and the family plays a crucial role in this task, the care and warmth provided by the family, as well as their reaction to the proximity of the death of the sick person will influence tolerance towards one's own death and the death of others. (2016)*

## 5. CONCLUSIONS

The research showed that there is a similar percentage of men and women who suffer from oncological diseases, 40% of the patients are seniors, most of the patients have a stable couple, and 44.62% are native from the province of El Oro, which is why the city of Cuenca is considered a relevant locality in the care of oncological diseases.

58.46% of patients performed their work activities before being diagnosed with an oncological disease, however, currently 80% of people abandoned their activities, therefore, and their expenses are covered mainly by their partner.

56.92% of those surveyed consider that the relationship between the patient and the

family group is good, on the contrary, 50.77% argue that communication between members of the family environment is regular. It should be noted that most of the people indicated that the norms, limits and hierarchies are respected.

Respondents indicated that they perceived feelings of fear and sadness upon learning that a member of their family suffers from an oncological disease, while 50.77% of the patients feel positive in relation to the treatment.

## RECOMMENDATIONS

Preparation of an action plan directing the intervention of the Social Work professional so that patients and their families have timely guidance and advice, supporting their work with the multidisciplinary team.

Development of informative workshops on the types of cancer, symptoms, causes, prevention measures, controls and treatments that contribute to the awareness of oncological diseases aimed at patients and families.

Provide care to the patient's family as part of the process of acceptance of the disease, since the intervention has focused primarily on the person with cancer.



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