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Supportive and Palliative Care: Addressing the Unspoken Burden of Cancer on Significant Others

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Abstract

A diagnosis such as cancer can cast a long-lasting gloom that affects not only the patient but also their loved ones. This concept analysis represents an effort to understand and explore the nuanced world of supportive and palliative care for significant others of cancer patients, a population that has often been overlooked. Rodgers' evolutionary model of concept analysis was utilized to examine the concept of supportive and palliative care for significant others of cancer patients. Positive outcomes for both significant others and patients included improved coping mechanisms, reduced caregiver burden, enhanced communication, and better quality of life. However, several challenges remain, including limited access to and awareness of these services. In addition, societal stigma surrounding palliative care and the traditional patient-centered focus may hinder broader integration of such services.

Keywords: palliative care, significant others, supportive care

Abstrak

Keperawatan Suportif dan Paliatif: Menelaah Beban Derita Kanker yang Dialami Orang Terdekat Pasien. *Diagnosa penyakit seperti kanker dapat menimbulkan rasa sedih yang berkepanjangan pada pasien dan orang terdekat si pasien sebagai subyek yang sering terabaikan. Model evolusioner analisis konsep* Rodgers *digunakan dalam penelitian ini untuk meneliti konsep keperawatan suportif dan paliatif bagi pasangan, sebagai orang terdekat si pasien kanker. Dampak positifnya dirasakan baik oleh orang terdekat pasien maupun pasien itu sendiri, termasuk meningkatnya mekanisme koping, berkurangnya beban* caregiver*, meningkatnya komunikasi, serta meningkatnya kualitas hidup. Namun, tantangan tetaplah ada, seperti keterbatasan akses dan kesadaran akan adanya layanan ini. Stigma sosial seputar perawatan paliatif dan fokus terpusat pada pasien dapat menghambat integrasi layanan ini.*

Kata kunci: *keperawatan paliatif, keperawatan suportif, pasangan*

Introduction

A diagnosis of cancer casts a long-lasting shadow that affects not only the patient but also their loved ones. Significant others (frequently spouses, partners, or adult children) must navigate a complicated medical system while witnessing the physical and emotional toll of the illness. While medical care is naturally centered on the patient, the well-being of significant others is equally important. Supportive and palliative care play a vital role in this context by alleviating the multifaceted burdens experienced by these caregivers (Adejoh et al., 2021). However, a significant research gap exists. Although the role of the caregiver is widely recognized, the specific conceptual boundaries of supportive and palliative care tailored to significant others remain unclear. As a result, their needs are often treated as secondary to those of the patient, leaving their "unspoken" burden insufficiently addressed within clinical frameworks.

Supportive and palliative care, although sometimes used interchangeably, represent distinct yet complementary approaches to enhancing quality of life. Supportive care encompasses a broad range of services aimed at managing physical symptoms, psychosocial distress, and practical challenges throughout the cancer journey (National Cancer Institute [NCI], 2025). This holistic approach empowers both patients and their loved ones to maintain a sense of control. Palliative care, delivered by specialized teams, addresses the physical, emotional, and spiritual challenges experienced during illness. Although often associated with end-of-life care, palliative care is beneficial from the early stages of illness, fostering clearer communication and informed decision-making within the family unit (NCI, 2021).

The rationale for conducting a concept analysis in this context is rooted in the need for structural clarity. Before targeted interventions can be developed, it is essential to move beyond general descriptions of "caregiver burden" and systematically define the components of care that are unique to significant others. Rodgers' evolutionary approach is particularly well-suited for this purpose, as it facilitates exploration of how these care concepts have evolved to address the changing needs of contemporary oncology care.

The aim of this paper is to clarify the meaning and use of supportive and palliative care for the significant others of cancer patients, as presented in the literature. By employing Rodgers' evolutionary model, this analysis identifies the core attributes, antecedents, and consequences of the concept. Ultimately, this study seeks to provide a foundational definition that can inform the development of targeted interventions, improve access to support services, and foster broader awareness of the often-invisible role these caregivers play throughout the cancer journey.

Methods

Design. This study utilized Rodgers' evolutionary model of concept analysis to systematically explore the role of supportive and palliative care in addressing the needs of significant others of cancer patients. Unlike static methods of analysis, Rodgers' (1989) model conceptualizes phenomena as dynamic and context-dependent, evolving through use across various healthcare disciplines. This approach was selected to identify the attributes, antecedents, and consequences of the concept, thereby providing clarity on its meaning as currently applied in nursing and oncology literature.

Review Question. The analysis was guided by the following question: How is the concept of supportive and palliative care for significant others defined and applied in the current literature, and what are its defining characteristics within the modern cancer care journey?

Eligibility Criteria. Strict inclusion criteria were applied to ensure a robust and credible sample. Articles were included if they were (1) peer-reviewed journal articles, (2) written in English, and (3) focused specifically on supportive or palliative interventions for significant others rather than exclusively on patients. To ensure the analysis reflected the contemporary evolution of the concept, the search was limited to literature published between 2015 and 2025. Editorials, grey literature, and studies focusing solely on curative medical treatments were excluded.

Information Sources and Search Strategy. A comprehensive electronic search was conducted across four primary databases: Philippine E-Journal, EBSCO, Google Scholar, and PubMed. The search used a combination of keywords in the title and abstract, including "Supportive Care," "Palliative Care," "Significant Others," "Cancer Patients," and "Needs of Significant Others."

Selection Process. The search yielded a broad pool of literature. Following a multistage screening of titles, abstracts, and full texts for relevance to the core concept, a final sample of 27 unique articles was selected for analysis. This sample size was considered sufficient to achieve thematic saturation and to identify the evolutionary trajectory of the concept within Rodgers' framework.

Data Charting and Synthesis. Data were extracted using a standardized charting tool to identify recurring features across the included literature. The synthesis followed an inductive thematic approach. Attributes were refined by identifying essential characteristics consistently reported across studies. Antecedents were categorized as necessary conditions (such as increased cancer prevalence and caregiver strain) that precede the concept, while consequences were defined as outcomes resulting from supportive and palliative care interventions. This systematic categorization facilitated the development of a refined conceptual definition and model cases.

Ethical Considerations. This study did not require review by an Institutional Ethics Review Board, as it involved only the analysis of existing publicly available literature and did not include direct interaction with or data collection from human participants. Therefore, ethical principles governing human subjects research, including those outlined in the Declaration of Helsinki, were not directly applicable, and the study was considered exempt from formal ethical oversight.

Results

The methodological characteristics and geographical distribution of the 27 unique peer-reviewed articles included in this study are synthesized in Table 1.

Table 1. Characteristics of Included Studies (n = 27)

Author (Year)	Country	Research Design	Sample/Participants	Purpose/Focus of the Study
Antone et al. (2021)	Eastern Europe & Central Asia	Descriptive Study	Advocacy summit participants	Advancing breast cancer advocacy and empowerment.
Chan et al. (2020)	Malaysia	Quantitative (Cross-sectional)	Cancer survivors	Preferences for patient-centered care post-diagnosis.
Demirsoy (2017)	Turkey	Theoretical/Conceptual	N/A (Book Chapter)	Holistic care philosophy and patient-centered approaches.
Etkind et al. (2017)	United Kingdom	Modeling/Projections	National mortality data	Projecting future palliative care needs through 2040.
Fox et al. (2021)	USA	Conceptual Framework	N/A (Review)	Family dynamics during the transition to end-of-life care.
Greer et al. (2020)	USA	Review/Clinical Guide	Patients with advanced cancer	Role of coping mechanisms in palliative care.
Henson et al. (2020)	United Kingdom	Clinical Review	Patients with advanced cancer	Management of common distressing physical symptoms.
Ho et al. (2022)	Hong Kong	Qualitative Study	Bereaved siblings and parents	Dynamics and interactions following the loss of a sibling.

Table 1. Characteristics of Included Studies (n = 27) (cont'd)

Author (Year)	Country	Research Design	Sample/Participants	Purpose/Focus of the Study
Hunt et al. (2019)	Ireland	Quantitative (Cross-sectional)	Healthcare professionals	Relationship between empathy and compassion fatigue.
Johansen et al. (2018)	Norway	Quantitative (Prospective)	Patients and family caregivers	Effect of patient symptoms on caregiver burden.
Johnson et al. (2024)	United Kingdom	National Survey	Patients and family carers	Unmet supportive and palliative care needs in prostate cancer.
Khalid et al. (2023)	Pakistan	Theoretical/Conceptual	N/A (Book Chapter)	Psychological support strategies for cancer patients.
Lin et al. (2018)	Taiwan	Review/Analysis	Older people with cancer	Advance care planning and relational autonomy in Asia.
Lin et al. (2020)	Taiwan	Mixed Methods	Patients and families	Feasibility of culturally adapted advance care planning.
Luo et al. (2020)	Switzerland/Australia	Concept Analysis	N/A (Literature)	Analyzing the concept of individual resilience in cancer care.
Menon et al. (2018)	Singapore	Qualitative Study	Professionals, patients, and caregivers	Perspectives on advance care planning in multicultural settings.
Molassiotis & Wang (2022)	Hong Kong	Literature Review	Informal caregivers	Understanding and supporting informal cancer caregivers.
Muñoz et al. (2018)	USA	Descriptive Analysis	Oncology patients	Impact of nurse navigation on multidisciplinary care outcomes.
Ochoa et al. (2019)	USA	Systematic Review	Informal cancer caregivers	Impact of caregiving on quality of life (QoL).
Schneider et al. (2023)	Germany	Evaluation Study (PIKKO)	Oncology patients	Empowering patient competence and communication.
Sheridan et al. (2021)	USA	Retrospective Analysis	Older adults with cancer	Cost savings are associated with early palliative care.

Table 1. Characteristics of Included Studies (n = 27) (cont'd)

Author (Year)	Country	Research Design	Sample/Participants	Purpose/Focus of the Study
Smith et al. (2022)	USA	Multidisciplinary Review	Patients with cancer	Managing financial toxicity through a navigation approach.
Sriati et al. (2021)	Indonesia	Quantitative (Cross-sectional)	Cancer patients	Impact of spiritual and nutritional needs on well-being.
Treml et al. (2021)	Germany	Systematic Review	Caregivers of terminally ill patients	Pre-loss grief and preparedness for death.
Tsai et al. (2021)	Taiwan	Quantitative (Cross-sectional)	Family caregivers	Stressful experiences and attitudes toward care planning.
van Benten (2021)	Netherlands	Master's Thesis	Patients and relatives	Impact of the physical medical environment on well-being.
Yadav et al. (2020)	USA	Systematic Review	Patients with cancer	Health care costs associated with palliative care.

The evolutionary analysis of these sources provided a comprehensive framework for understanding the role of supportive and palliative care for significant others, with findings categorized into antecedents, attributes, consequences, and related concepts, as summarized in Table 2.

A total of six related concepts were identified that share conceptual boundaries with the core concept but remain distinct in their application: caregiver burden, resilience, coping mechanisms, family dynamics, bereavement, and compassion fatigue. These concepts provide the contextual framework within which supportive and palliative care operates. The analysis identified six antecedents that act as necessary triggers or conditions for the development and implementtation of this care model. These include increased cancer prevalence and the resulting high burden on caregivers, a shift in cancer care from curative to holistic models, advances in palliative science, active advocacy efforts, and an evolving healthcare landscape that increasingly recognizes the value of family-centered interventions. The concept is defined by 10 core attributes that characterize the intervention itself. These include patient and family-centered care, multidisciplinary teamwork, effective symptom management, psychosocial and emotional support, educational support and skills training, strategic communication, practical and logistical support, respect for autonomy, cultural sensitivity, and continuity of care. The positive consequences of the concept are categorized into 10 specific outcomes, divided into two groups. For significant others, these include improved coping mechanisms, reduced caregiver burden, enhanced communication, improved quality of life, and reduced risk of compassion fatigue. For patients and families, the outcomes include improved clinical outcomes, reduced hospital admissions, stronger family support systems, reduced financial burden, and improvement outcomes.

Table 2. Elements, Descriptions, Sub-Elements and Key Supporting Studies

Element	Description	Sub-Element	Key Supporting Studies
Antecedents	Pre-existing conditions or triggers that necessitate the concept.	1. Increased Cancer Prevalence	Etkind et al. (2017); Muñoz et al. (2018)
		2. High Caregiver Burden & Burnout	Menon et al. (2018); Tsai et al. (2021)
		3. Shift from Curative to Holistic Care	Demirsoy (2017); Sriati et al. (2021); van Benten (2021)
		4. Advances in Palliative Science	Lin et al. (2018); Sheridan et al. (2021); Yadav et al. (2020)
		5. Caregiver Advocacy Efforts	Antone et al. (2021)
		6. Evolving Healthcare Landscape	Chan et al. (2020); Muñoz et al. (2018)
Attributes	Defining characteristics and actual components of the care intervention.	1. Patient- and Family-Centered Care	Johnson et al. (2024)
		2. Multidisciplinary Teamwork	Muñoz et al. (2018)
		3. Effective Symptom Management	Henson et al. (2020)
		4. Psychosocial & Emotional Support	Khalid et al. (2023)
		5. Educational Support & Skills Training	Muñoz et al. (2018)
		6. Strategic Communication	Muñoz et al. (2018)
		7. Practical & Logistical Support	Smith et al. (2022); Schneider et al. (2023)
		8. Respect for Autonomy	Lin et al. (2020)
		9. Cultural Sensitivity	Lin et al. (2020)
		10. Continuity of Care	Muñoz et al. (2018)
Consequences	Outcomes observed after successful care implementation.	For Significant Others:	
		1. Improved Coping Mechanism	Demirsoy (2017); Greer et al. (2020)
		2. Reduced Caregiver Burden	Molassiotis & Wang (2022)
		3. Enhanced Communication	Muñoz et al. (2018)
		4. Improved Quality of Life (QoL)	Demirsoy (2017); Greer et al. (2020)
		5. Reduced Risk of Compassion Fatigue	Molassiotis & Wang (2022)
		For Patients and Families:	
		6. Improved Patient Clinical Outcomes	Demirsoy (2017); Greer et al. (2020)
		7. Reduced Hospital Admissions	Molassiotis & Wang (2022)
		8. Stronger Family Support Systems	Greer et al. (2020)
		9. Reduced Financial Burden	Smith et al. (2022)
		10. Improved Bereavement Outcomes	Demirsoy (2017); Treml et al. (2021)
Related Concepts	Terms sharing features but distinct from the core concept.	1. Caregiver Burden (General)	Johansen et al. (2018); Ochoa et al. (2019)
		2. Resilience	Luo et al. (2020)
		3. Coping Mechanisms	Greer et al. (2020)
		4. Family Dynamics	Ho et al. (2022); Fox et al. (2021)
		5. Bereavement	Ho et al. (2022); Treml et al. (2021)
		6. Compassion Fatigue	Hunt et al. (2019)

Discussion

Related Concepts. To develop a deeper understanding of the concept, it is important to distinguish it from related terms in the literature. Caregiver burden refers to the physical, emotional, psychological, and financial strain experienced by individuals caring for loved ones with chronic illnesses such as cancer (Johansen et al., 2018; Ochoa et al., 2019). While supportive care seeks to alleviate these pressures, resilience focuses on the caregiver's internal capacity to adapt and thrive in the face of adversity (Luo et al., 2020), and coping mechanisms refer to the specific strategies used to manage stress (Greer et al., 2020). Furthermore, family dynamics describes the functioning of the family unit and how a cancer diagnosis affects the sysem as a whole (Ho et al., 2022; Fox et al., 2021). Finally, bereavement refers to the grief experienced following a loss (Ho et al., 2022; Treml et al., 2021), while compassion fatigue, which is traditionally examined among healthcare professionals, captures the emotional exhaustion associated with prolonged exposure to suffering (Hunt et al., 2019).

Antecedents. The analysis identified specific triggers that necessitate the implementation of supportive and palliative care. Primarily, increased cancer prevalence has resulted in a larger population requiring complex care, highlighting the need for models that address the family unit (Etkind et al., 2017; Muñoz et al., 2018). This rise contributes to a substantial burden on caregivers, including physical and financial strain that may lead to burnout and reduced quality of life (Menon et al., 2018; Tsai et al., 2021). Consequently, there is a shift in cancer care from traditional curative approaches toward holistic models that prioritize family well-being (Demirsoy, 2017; Sriati et al., 2021; van Benten, 2021). This evolution is supported by advances in palliative care, which have expanded beyond end-of-life services to broader family-centered support systems (Lin et al., 2018; Sheridan et al., 2021; Yadav et al., 2020). Furthermore, advocacy efforts by support organizations have influenced healthcare policies to better address caregiver challenges (Antone et al., 2021). Finally, the evolving healthcare landscape increasingly recognizes the cost-effectiveness and value of patient- and family-centered interventions that reduce healthcare utilization (Chan et al., 2020; Muñoz et al., 2018).

Attributes. The defining attributes of supportive and palliative care for significant others represent the core essence of the concept and are characterized by a shift from task-oriented services to holistic, relational care frameworks.

Family-Centered Holism. This attribute integrates a family-centered perspective with a holistic scope, treating the patient and significant other as a single unit of care (Johnson et al., 2024). Within this framework, effective symptom management is prioritized; by alleviating the patient's physical suffering, the intervention also reduces the "witnessing burden" and vicarious distress experienced by caregivers (Henson et al., 2020). This holistic approach is reinforced through respect for autonomy and cultural sensitivity, ensuring that care plans are collaboratively developed in alignment with the family's belief systems (Lin et al., 2020).

Multidisciplinary Integration. Rather than fragmented care delivery, this attribute reflects seamless coordination among physicians, nurses, and psychosocial professionals (Muñoz et al., 2018). This integration ensures that the complex, multidimensional needs of significant others are addressed through a unified and consistent care strategy.

Psychosocial Scaffolding and Educational Support. This attribute functions as an emotional support framework encompassing counseling, psychosocial interventions, and stress management strategies (Khalid et al., 2023). Within this structure, educational support equips significant others with essential skills, such as medication administration and healthcare system navigation, enabling them to sustain their caregiving role with-out excessive psychological strain (Muñoz et al., 2018).

Relational Communication and Continuity. Communication serves as the central mechanism through which care is delivered, facilitating advance care planning and discussions on treatment goals and end-of-life preferences (Muñoz et al., 2018). This relational continuity is maintained across the illness trajectory, from diagnosis through bereavement, while practical support (such as financial and logistical assistance) operates as a tangible expression of sustained care (Lin et al., 2020; Smith et al., 2022).

Consequences. For significant others, the successful application of this concept results in improved coping mechanisms and a measurable reduction in caregiver burden. By equipping individuals with the tools to manage caregiving responsibilities more effectively, the intervention mitigates the physical and emotional exhaustion often associated with long-term cancer care (Demirsoy, 2017; Greer et al., 2020; Molassiotis & Wang, 2022). Furthermore, enhanced communication fosters a climate of transparency and shared decision making, strengthening trust within the family unit. This holistic support framework contributes directly to improved quality of life, empowering caregivers to prioritize their own health and wellbeing. Ultimately, by addressing these needs early, the risk of compassion fatigue (the emotional exhaustion resulting from prolonged exposure to vicarious trauma) is significantly reduced (Demirsoy, 2017; Greer et al., 2020; Molassiotis & Wang, 2022).

For patients and families, the outcomes include im-proved patient outcomes through better symp-tom control and treatment adherence. Effective support systems also lead to reduced hospital admissions and lower unnecessary healthcare costs. Furthermore, addressing the family unit fosters a stronger support system, creating a more positive environment for coping with serious illness. Finally, effective palliative care prepares families for the end-of-life journey, resulting in improved bereavement outcomes following the loss of a loved one (Demirsoy, 2017; Greer et al., 2020; Molassiotis & Wang, 2022).

Nurses should move beyond patient-centered care to treat the family as a single unit by implementing systematic caregiver assessments at the point of diagnosis to identify risks of burden and burnout. As primary architects of psychosocial scaffolding, nurses must provide targeted interventions such as clinical skills training, cultural mediation for shared decision-making, and multidisciplinary coordination to support the long-term resilience and quality of life of significant others.

Proposed Definition. Supportive and palliative care for significant others has evolved from a traditional, terminal-phase intervention into a dynamic, family-centered holistic framework initiated at the point of diagnosis. This concept reflects a shifting paradigm that treats the patient and significant other as a single unit of care, extending beyond clinical assistance to include psychosocial scaffolding and relational communication. The definition further adapts across cultural contexts, transitioning from Western individualistic autonomy toward a more collective decision-making model, particularly relevant in Asian healthcare settings. By integrating multidisciplinary support throughout the cancer trajectory, the concept expands its scope from end-of-life care to a comprehensive resilience-building strategy for the family system.

Case Analysis: Supportive and Palliative Care for Sarah. Sarah's experience serves as a model case, as it contains all the essential conditions and defining features of the concept. The antecedents are clearly evident, including her husband's advanced cancer diagnosis and the resulting high caregiver burden. The intervention extends beyond standard medical care by employing family-centered holism, in which the care plan addresses Sarah and her husband as an integrated unit. The healthcare team's multidisciplinary integration ensures that Sarah is not navigating the healthcare system in isolation. Through psychosocial scaffolding, including caregiver training and peer support, and relational communication that facilitates discussions around end-of-life preferences, the concept is fully operationalized. As a result, Sarah experiences the positive consequences of empowerment, a strengthened family bond, and a significantly improved quality of life.

Case Analysis: The Impact of Limited Access – Mark. Mark's situation represents a related case that shares the antecedents of a parent's cancer diagnosis but lacks the essential attributes of the core concept. While Mark is in the same "trigger" situation as Sarah, the absence of multidisciplinary integration and educational support indicates that supportive and palliative care, as defined in this analysis, is not being fully applied. This case serves as a theoretical contrast. It demonstrates that when key attributes are missing, the outcomes shift away from the intended positive consequences, leading instead to financial strain, social isolation, and compassion fatigue. As such, it underscores that the identified attributes function as necessary mechanisms driving the successful realization of beneficial outcomes.

Case Analysis: The Challenges of a "One-Size-Fits-All" Approach - The Garcia Family. The Garcia family provides a contrary case, which is essential in Rodgers' model for defining the boundaries of what the concept is not. In this case, the antecedent of caregiver distress is present, and some logistical support is provided; however, the defining attribute of cultural sensitivity is absent. Because the intervention relies on a "one-size-fits-all" approach rather than relational communication and respect for autonomy, the care is ultimately rejected by the family. This case demonstrates that without cultural competence, the intervention cannot be considered truly "supportive." As a result, the intended outcome of reduced caregiver burden is not achieved, illustrating that cultural tailoring is a critical attribute for the effective realization of the concept.

This analysis has three primary limitations. First, restricting the search to English-language articles published from 2015 to 2025 across four databases omits greys literature and non-English perspectives, potentially limiting generalizability. Second, the 27-articles sample represents a bounded dataset that may not capture the most recent shift in oncology care workflows. Lastly, because Rodgers' model relies on inductive thematic synthesis, the framework is inherently shaped by the author's interpretations. Future empirical studies are required to quantitatively validate these conceptual attributes across diverse clinical settings.

Conclusion

This evolutionary concept analysis clarifies the shifting paradigm of supportive and palliative care for significant others, moving from a terminal-phase service to a family-centered holistic framework initiated at diagnosis. By synthesizing the core attributes of multidisciplinary integration, psychosocial scaffolding, and relational communication, this study establishes that caregiver inclusion is not a peripheral service but a clinical necessity for effective cancer management. The findings demonstrate that when significant others are treated as an integral unit of care, situational stressors are transformed into positive outcomes, including improved caregiver resilience, enhanced family communication, and optimized clinical outcomes for patients.

Despite these benefits, challenges such as fragmented access and the need for cultural adaptation in collective decision-making contexts remain. This analysis provides the theoretical groundwork for moving beyond a "patient-only" focus toward a model that empowers the entire family unit. Future research should focus on the development of validated assessment instruments based on the identified attributes, as well as the design of longitudinal intervention studies to evaluate the long-term impact of psychosocial scaffolding on caregiver health. By advancing these areas, healthcare systems can support a more comprehensive, sustainable, and dignified cancer journey for both patients and their loved ones.

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flow and correct minor grammatical errors. The core intellectual work including literature search strategy, data extraction, thematic coding, case studies, and final interpretations, was performed entirely by the human authors. The author remain fully accountable for the accuracy, scholarly integrity, and originality of the research presented here.

Data Availability Statement

All data supporting the findings of this study are derived from publicly available, peer-reviewed literature cited within the article. No primary datasets were generated or analyzed.

Author Contributions

The author, **E.D.A.,** was solely responsible for the conceptualization, methodology, investigation, formal analysis, data curation, validation, original drafting, and final reviewing and editing of this manuscript.

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