

Wellbeing of Cancer Caregivers: Scoping Review

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INTRODUCTION & AIM

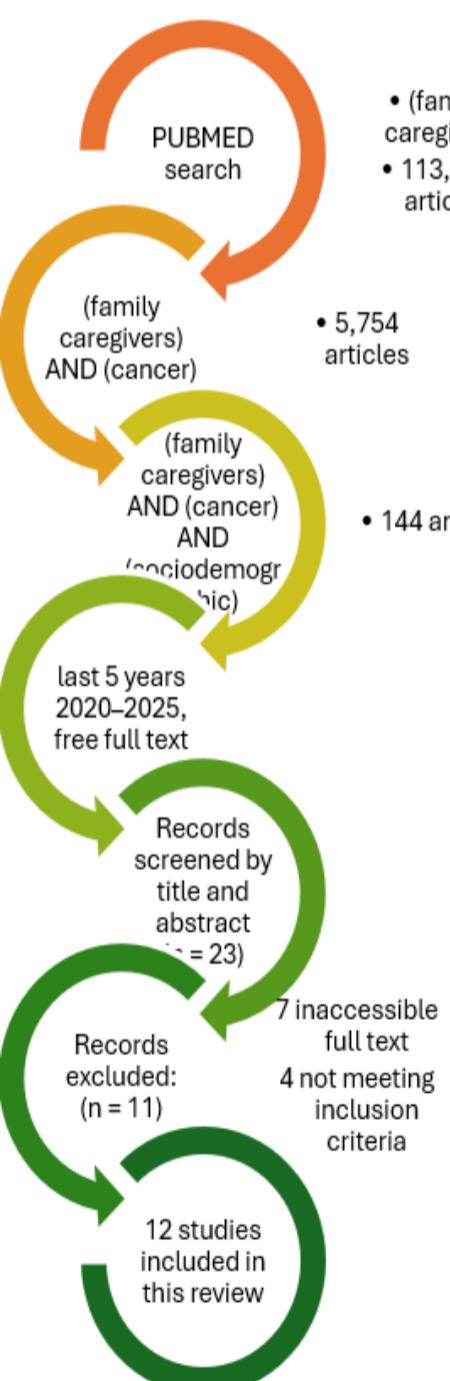
Cancer impacts both patients and their informal caregivers, who are often family members handling emotional, medical, and daily care tasks. Women, especially those with lower education and people facing economic hardship typically experience greater stress and worse mental health due to caregiving, a result of both personal strain and broader social inequalities.

While caregiving can be meaningful, it is commonly linked to emotional exhaustion and reduced quality of life.

Research on sociodemographic disparities in caregiver wellbeing is fragmented and not always specific to cancer.

This scoping review summarizes recent evidence on how these factors affect caregiver wellbeing in cancer care, aiming to highlight trends for future research and inform better support interventions.

METHOD



This scoping review was conducted in accordance with the PRISMA-ScR guidelines to transparently map the breadth of research regarding sociodemographic factors and cancer caregiver wellbeing. A systematic search of the PubMed database was performed using an iterative strategy with Boolean operators, targeting keywords such as "family caregivers," "cancer," "sociodemographic," and "wellbeing". The search was restricted to original research articles published between 2020 and 2025 that were available as full-text documents in English. Studies were included if they focused on informal caregivers and analyzed sociodemographic variables. Ultimately, 12 peer-reviewed studies were selected for the final synthesis. Data extraction focused on key variables including the type of cancer, caregiver characteristics, and psychological outcomes measured through validated tools. The captured outcomes were: stress, depression, anxiety, resilience, and preparedness for caregiving. This methodological framework allowed to identify how structural and social inequalities profoundly shape the caregiving experience in oncology.

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RESULTS & DISCUSSION

Most studies examined caregivers of breast, pediatric or oral cancer patients, primarily using cross-sectional designs and validated tools like DASS-21, SF-12, and PMHS. Key outcomes measured were stress, depression, anxiety, resilience, quality of life and preparedness.

The synthesized evidence from the 12 included studies reveals a strong correlation between sociodemographic factors and the psychological wellbeing of informal cancer caregivers. Across the reviewed literature, key findings indicate that low income, limited formal education, unemployment and female gender are the most consistent predictors of poor mental health outcomes, including heightened levels of stress, depression, and anxiety, caregivers from lower socioeconomic backgrounds reported high rates of depression (65.1%) and anxiety (69.5%).

Female Gender

A nearly universal finding: identifying as female was associated with poorer physical and mental well-being. Women reported higher stress levels and are often implicitly placed in caregiving roles.

(Bourissi et al., Sharma et al.)



Age

Mixed results: Older age (36–40 and above) was associated with greater levels of stress, depression, and anxiety. Younger caregivers reported higher life quality.

Marital Status

A double-edged factor: Being married was linked to greater resilience in some studies (Toledano-Toledano et al.). In contrast, one study found married caregivers had over twice the likelihood of depression (Sharma et al.).



Conversely, protective factors such as marital status and prior caregiving experience were associated with higher levels of resilience and better preparedness for end-of-life care. Also cultural resources, religious affiliation (particularly Catholicism) and spirituality emerged as important protective factors, alleviating part of the psychological burden, faith providing a structured framework for coping and a source of strength.

In 11 out of 12 reviewed studies...

... a statistically significant association was reported between sociodemographic factors and caregiver well-being.



Low income



Limited education



Lack of employment



Female gender

These findings underscore that caregiving well-being is shaped not only by clinical demands but also by structural and social inequalities.

CONCLUSION

Caring for oncology patients is not merely a medical or emotional task but a socially stratified experience. The burden is not universal; it is exacerbated by pre-existing disadvantages. Support systems that ignore these structural realities risk reinforcing existing social inequalities. There is a need to move beyond a purely clinical perspective on caregiver support toward a model that acknowledges and addresses the social determinants of health.

FUTURE WORK

Future research should adopt longitudinal, theory-driven approaches to clarify the mechanisms through which structural inequality shapes caregiver well-being over time, while explicitly including underrepresented caregiver groups and rigorously evaluating the effectiveness of interventions for those at highest risk.