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Factors Associated with Resilience in Caregiving for Elderly Patients with Cancer: A Conventional Content Analysis

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Abstract

Background: Age-related physical and mental conditions in older patients with cancer, together with the circumstances of their family caregivers, create caregiving challenges that differ from those experienced in other age groups. Resilience, as a protective factor against caregiving burden, is associated with positive outcomes for caregivers.

Objectives: This study aimed to identify factors associated with caregiving resilience among older patients with cancer using a conventional content analysis approach.

Methods: This study was conducted in two general hospitals in Tehran. Participants included 15 individuals, comprising family caregivers, patients, physicians, and nurses from oncology departments. Participants were selected using purposive sampling. Data were collected through semi-structured interviews and analyzed using conventional content analysis based on the Graneheim and Lundman approach, including the identification of meaning units, coding, and category development.

Results: The findings indicated that factors associated with resilience among family caregivers of elderly patients with cancer include caregivers' individual characteristics, family-related factors, health system-related factors, characteristics of the care recipient, social factors, caregivers' spiritual health, and caregiving burden.

Conclusions: These findings suggest that resilience among caregivers of elderly patients with cancer is influenced by a complex, multidimensional set of factors spanning individual, familial, and community levels. The results indicate that strengthening caregiver resilience requires coordinated, multidimensional support for both patients and caregivers from families, communities, and healthcare systems. Consideration of these factors is essential for the design of educational, supportive, and caregiving service programs aimed at improving caregivers' quality of life.

Keywords: Resilience, Older Adults, Caregivers, Cancer, Qualitative Study

1. Background

Connor and Davidson (1) conceptualized resilience as the ability to "thrive in the face of adversity," emphasizing that resilience is not merely passive resistance but an active capacity for positive adaptation and personal growth despite significant stressors. In the context of family caregiving, resilience reflects the capacity to maintain psychological well-being, manage the caregiving burden, and adapt to the ongoing stress associated with disease progression. It manifests through a complex interaction between individuals and their social environments. Resilience is particularly evident among

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individuals confronted with adversity, such as family caregivers (2-4). Family caregivers have emotional and social bonds with patients and provide unpaid, nonprofessional care (5). In recent years, the increasing prevalence of chronic diseases and the shift of some care from hospitals to homes have led to greater involvement of family caregivers in caring for patients with chronic conditions, such as cancer (6). One of the age groups in which cancer is highly prevalent is the elderly population (7).

Caring for elderly patients with cancer exposes family caregivers to numerous challenges, including psychological distress, stress, depression, anxiety, reduced coping ability, sleep disturbances, irritability, decreased self-confidence, fatigue, financial difficulties, lifestyle changes, diminished quality of life, and an increased caregiving burden (8-10). The caregiving burden may lead to inadequate care provision for the patient, thereby exacerbating the patient's health problems and further increasing the burden (11). Increased caregiving burden also threatens caregivers' physical, psychological, spiritual, and social health (12). This issue is particularly significant in societies with strong traditional beliefs, such as Iran, where caring for the elderly is regarded as a valued responsibility (13, 14).

Resilience in caregivers is associated with numerous positive outcomes and is therefore recognized as a protective factor against the burden of caregiving (15, 16). Existing research emphasizes the importance of identifying and explaining factors associated with resilience among caregivers of elderly patients with cancer, as well as developing strategies to enhance resilience (15, 17). Strengthening resilience requires an appropriate theoretical framework to guide the development of interventions; however, such a framework is currently lacking for this specific group of caregivers (18). Existing frameworks, including Windle's resilience framework and Walsh's family resilience model, have been primarily developed for the general population and family crises and therefore give limited attention to the complexities of caregiving for older adults, as well as the cultural, familial, and spiritual dimensions of care that play a critical role in contexts such as Iran. Given that resilience is inherently context-dependent, this theoretical gap, combined with the scarcity of empirical evidence within the Iranian setting, highlights the necessity of conducting the present study (13, 19, 20).

Because family caregivers of elderly patients with cancer are often women, typically in middle age or older adulthood, they may themselves have chronic diseases (21). The presence of a chronic illness in the caregiver, alongside the responsibility of caring for an older adult with cancer, can significantly increase the overall caregiving burden. Moreover, the combination of cancer disease-related functional limitations with the natural functional declines associated with aging has expanded the scope of caregiving for this population. As a result, caregiving involves not only the management of cancer symptoms but also simultaneous attention to age-related issues, the presence of multiple chronic conditions in later life, dependency in daily activities, and the need for long-term care (22-24). Therefore, the caregiving experience in this context involves challenges that exceed those encountered in caring for other patients with cancer, which may influence caregivers' resilience and highlight the need for specialized investigation.

Most studies in this area have primarily employed quantitative methods, focusing on associations between resilience and selected variables while offering limited practical solutions (21, 25, 26). Nurses constitute the largest group of healthcare providers within the health system and therefore play a key role in enhancing patient and caregiver resilience (27). The North American Nursing Diagnosis Association emphasizes that comprehensive identification of factors influencing resilience is essential for developing diverse and effective intervention strategies (28). However, quantitative approaches often fail to capture the full scope and complexity of this phenomenon (29). Qualitative research is an effective approach for exploring complex and multidimensional concepts such as resilience and for developing appropriate conceptual frameworks (30). Through in-depth exploration of human experiences and relationships, qualitative methods can provide insights that are not attainable through quantitative research alone.

Most qualitative studies in this field and in family caregiving have focused on different patient age groups or on healthy populations, including adolescents, with findings varying across cultural contexts. Due to age-related physiological and psychological changes and the unique challenges faced by caregivers of elderly individuals, these results cannot be readily generalized to family caregivers of elderly patients (31).

2. Objectives

Therefore, this qualitative study was designed to explore factors associated with resilience in caregiving for elderly patients with cancer, using a conventional content analysis approach.

3. Methods

3.1. Study Design and Setting

This study explored factors associated with resilience in caregiving for elderly patients with cancer, drawing on family caregivers' experiences through conventional content analysis. Through collaboration between the Iranian Cancer Institute (MAKSA) and the research team, Hazrat Fatemeh (S) and Firouzgar hospitals, which are affiliated with this institute, were selected as the study setting. Although these centers are not subspecialized oncology hospitals, they have active oncology wards and clinics. Because of greater access to treatment facilities, patients from across the country seek care in medical centers located in Tehran. This characteristic facilitated access to diverse caregiving experiences and enabled maximum variation sampling.

3.2. Participants and Sampling

Family caregivers of elderly patients with cancer were selected as the primary participants through purposive sampling. However, based on ongoing data analysis and the interactive nature of the phenomenon under study, additional participants, including physicians, nurses, and patients, were recruited to capture broader perspectives and ensure maximum variation sampling. The number of nurses and patients exceeded that of physicians because of their more frequent and direct interactions with family caregivers.

After obtaining the required approvals, the researcher initiated purposive sampling by visiting oncology wards and clinics in person and reviewing patients' medical records. Participants were included based on the eligibility criteria, after receiving an explanation of the study objectives and providing informed consent. The inclusion criteria for family caregivers were having at least three months of caregiving experience for an older adult with cancer (32) and the ability to speak Persian. Nurses and physicians were selected based on long-term work experience in oncology wards. The inclusion criteria for older adults were being over 60 years of age, obtaining a score of seven or higher on the Hodgkinson cognitive assessment, and the ability to speak Persian. In all three groups, the exclusion criteria were voluntary withdrawal and changes in clinical status.

The primary participants were family caregivers of older adults with cancer; however, given the interactive nature of the phenomenon under study and to obtain broader experiences and achieve maximum variation sampling, interviews were also conducted with older adults and formal caregivers working in oncology wards. To increase sample diversity, efforts were made to select caregivers with different characteristics in terms of gender, socioeconomic status, type of relationship with the older adult, and the stage of the patient's illness. Sampling continued until data saturation was reached and no new categories emerged in terms of characteristics and dimensions. Data saturation was achieved after 11 interviews; however, to ensure that no new codes would appear, four additional interviews were conducted.

3.3. Data Collection

Data were collected from June 2024 to February 2025 through semi-structured interviews. After inviting participants to take part and explaining the study objectives, written informed consent was obtained, and participants were assured of the confidentiality of their information. Interviews were conducted face-to-face in a quiet environment, with the time and location determined by mutual agreement with the participants. Each interview lasted approximately 30 to 50 minutes. Interviews began with broad, open-ended questions and gradually progressed to more specific inquiries. An example of the interview guide is provided in Appendix 1 in the Supplementary File. During the interviews, follow-up and exploratory questions, such as "What do you mean by…?" or "Can you explain this more precisely?", were used to elicit richer and more detailed responses.

3.4. Data Analysis

Data were analyzed using the five-step conventional content analysis approach proposed by Graneheim and Lundman (33). First, the recorded interviews were transcribed verbatim. The transcripts were then read repeatedly to obtain an overall understanding of the data. Meaning units were identified within the text, followed by condensation and coding. Through constant comparison, codes were grouped into subcategories based on similarities and differences. Finally, the latent content of the subcategories was synthesized and organized into main categories.

3.5. Trustworthiness and Ethical Considerations

The rigor of the findings was ensured using the four criteria proposed by Guba and Lincoln (34). Accordingly, all stages of the study were described in detail, including participant characteristics, the sampling method, and the time and location of data collection. Additional strategies were used to enhance trustworthiness, including establishing effective communication with participants, recording and transcribing interviews verbatim, validating findings through member checking, and recruiting participants with diverse experiences, including family caregivers, elderly individuals, and healthcare team members. Prolonged engagement with the data and sustained immersion in the analysis process were also

undertaken. This study forms part of a dissertation and was approved by the Ethics Committee of the University of Social Welfare and Rehabilitation Sciences (approval code: IR.USWR.REC.1403.031).

4. Results

4.1. Participant Characteristics

A total of 15 individuals participated in the study, including 10 family caregivers, three formal caregivers (one oncology physician and two nurses), and two elderly individuals. The ages of the family caregivers ranged from 31 to 69 years; 80% were female (n = 8) and 20% were male (n = 2). The elderly individuals receiving care were between 61 and 72 years of age. The formal caregivers held educational qualifications ranging from a bachelor's degree in nursing to a medical specialty in oncology, with work experience spanning 4 to 15 years.

Overall, 300 codes were extracted from the data and subsequently organized into 34 subcategories and seven main categories, as described below.

4.2. Individual Characteristics of the Caregiver

Individual characteristics refer to personal traits and capacities associated with resilience. This category comprised eight subcategories: Caregivers' employment status, level of acceptance of the situation, positive personality traits, emotional attachment to the patient, self-advocacy, satisfaction with care services, perceived support, and caregiving experiences. Regarding emotional attachment to the patient, one participant stated: "My sister provides financial support for our parents and fulfills their wishes. These actions make my mother happy. Anything that makes my mother happy contributes to my resilience."

The sentence "Anything that makes my mother happy contributes to my resilience" was identified as a single meaning unit. The code reflected caregiver happiness arising from the patient's happiness and was placed under the subcategory of the caregiver's emotional attachment to the patient.

From this meaning unit, the code of the caregiver's emotional dependence on the patient was derived and categorized under the individual characteristics of the caregiver.

Another subcategory within this category was caregiving experiences, which refer to experiences arising from the interaction between individuals and their environment. Caregivers of elderly patients with cancer live within a social context, and increased interaction with the healthcare system leads to the formation of new experiences and relationships. One participant, a daughter caring for her mother, stated: "My mother's illness knocked me down. It caused me to develop heart disease. Enduring my own illness enabled me to withstand the challenges arising from my mother's illness."

The meaning unit "Enduring my own illness enabled me to withstand the challenges arising from my mother's illness" was coded as the caregiver's simultaneous experiences and classified under the subcategory of caregiving experiences.

4.3. Family-Related Factors

The category of family-related factors encompasses elements within the caregiver's family that influence resilience. This category includes seven subcategories: quality of patient-caregiver communication, quality of intra-family relationships, family functioning, instrumental family support for the caregiver, noninstrumental family support for the caregiver, instrumental family support for the patient, and noninstrumental family support for the patient. Higher-quality patient-caregiver communication and stronger family functioning are associated with greater caregiver resilience. In addition, increased levels of support for both the patient and the caregiver further enhance caregiver resilience.

Instrumental support refers to tangible, practical, and task-oriented assistance provided by family members to the patient. This includes financial and physical assistance, which helps reduce economic strain as well as the physical and psychological burden experienced by caregivers. Through this mechanism, instrumental support plays a significant role in strengthening caregiver resilience. One participant described this as follows: "Most of my mother's caregiving responsibilities are undertaken by me. My sister is married and therefore cannot accompany my mother to the hospital; however, when we return home, she helps with household tasks, does the shopping, and prepares meals so that I can get some rest."

In this study, noninstrumental support refers to emotional, psychological, and relational forms of support that help the patient feel valued, understood, and connected. This includes empathy, reassurance, active listening, companionship, encouragement, and fostering a sense of belonging. Unlike instrumental support, noninstrumental support is intangible. Noninstrumental support provided by family members to the patient influences caregiver resilience. Conversely, insufficient support for the patient negatively affects caregivers' resilience. One participant, a daughter caring for her mother, explained: "…Except for me, one sister and one

brother visit my mother. The others do not come. This makes me very upset and lowers my resilience."

The quality of patient-caregiver communication refers to the nature of the relationship between the caregiver and the patient. A 60-year-old woman caring for her husband stated: "My husband appreciates me. His words calm me and enable me to endure difficulties more effectively."

4.4. Health System-Related Factors

Health system-related factors arise from interactions among the caregiver, the patient, and the healthcare system. As patients and caregivers engage with the healthcare system for diagnosis and treatment, they are directly or indirectly influenced by the system and its personnel. This category includes five subcategories: level of health team support for the caregiver, level of health team support for the patient, caregiver access to care services, supportive insurance, and respect for human dignity.

The level of support provided by the healthcare team to caregivers includes both emotional and financial dimensions. Offering hope and providing reassurance contribute to strengthening caregiver resilience. One woman caring for her husband described this experience as follows: "Whenever my husband becomes aggressive, the nurses comfort me. The doctor says, 'Consider this as part of the illness and the prescribed medications; endure it so that he can recover sooner.' These words help strengthen my resilience."

Because of caregivers' emotional attachment to the patient, any action or behavior of the healthcare team toward the patient directly affects caregiver resilience. One participant, the spouse of a patient, stated: "When I see that physicians and nurses speak kindly to my spouse and avoid aggressive behavior, my spouse becomes happier and more encouraged. As a result, I also feel better, and my tolerance and endurance increase."

Participants also identified respectful behavior by healthcare professionals as a key factor influencing caregiver resilience. Such behavior reflects respect for human dignity. One participant explained: "When nurses come to attend to patients' needs, they gently call the patient's companion. They do not show aggression or inappropriate behavior."

4.5. Characteristics of the Patient Under Care

The characteristics of the patient under care refer to patient-related factors that influence caregiver resilience. This category includes five subcategories: reciprocal support provided by the patient to the caregiver, patient functional status, patient psychological and emotional condition, comorbidities, and the patient's economic status.

Reciprocal behaviors occur within human relationships. Caregivers who assume a caregiving role engage in close and continuous interaction with patients; as a result, mutual support from the patient toward the caregiver may develop. Such support includes both physical and emotional assistance provided by the patient. One participant explained: "Whenever my mother noticed that I had stayed awake all night and woke up late in the morning, she would quietly get up and take care of my child so that I could get some rest."

The psychological and emotional condition of patients also affects the physical and mental burden experienced by caregivers and, consequently, their resilience. An oncology nurse described this relationship as follows: "When patients treat their caregivers kindly, caregivers' mood improves and their resilience increases. However, when patients become aggressive, caregivers' tolerance decreases."

4.6. Social Factors

Social support refers to the assistance, resources, and sense of belonging that individuals receive from broader community networks, including friends, neighbors, peers, and informal social groups. In this study, social factors include the following subcategories: relatives' support for the caregiver, relatives' support for the patient, colleagues' support for the caregiver, and peers' support for the caregiver. Relatives' support for caregivers takes various forms, and physical, emotional, and financial assistance from relatives plays an important role in strengthening caregiver resilience. One participant described this support as follows: "My aunt embraced me and said, 'You cannot carry this burden alone; I will always stand by your side. Don't worry about anything.'"

Colleagues and friends of employed caregivers also provide financial, emotional, and physical support, which influences caregiver resilience. One participant explained: "The cost of my mother's radiotherapy was one hundred million. I did not have this amount of money, but my colleagues deposited this sum into my account. This support significantly enhanced my resilience."

Interaction with other caregivers of patients with cancer facilitates the exchange of emotional support and informational resources. In this regard, a daughter caring for her mother stated: "We were sad and did not know where to seek help. However, we met people who had a family member with the same illness. They guided us on where to receive medical care and informed us about the

side effects of chemotherapy. This support greatly contributed to my resilience and endurance."

4.7. Caregiver Spiritual Health

To cope with existing challenges, participants reported using strategies such as praying, performing religious rituals, reading the Quran, making vows, and adhering to their cultural and spiritual beliefs. They also sought to find meaning in caring for their patient. Based on the findings, three subcategories emerged within this category: meaningfulness of caregiving for the caregiver, caregiver spirituality, and a sense of responsibility toward others.

Regarding the meaningfulness of caregiving, one man caring for his mother stated: "Every individual has a mission in life. My mission is to care for my mother."

With respect to caregiver spirituality, another participant explained: "I find peace and tranquility when I recite the Quran and perform prayers. These actions greatly contribute to my resilience and endurance."

4.8. Caregiver Burden

Caregiver burden encompasses the physical and psychological stress associated with caregiving, as well as the economic pressures involved. Financial strain resulting from medication costs and the demanding process of obtaining medications, along with low mood, feelings of helplessness, and burnout caused by these challenges, were identified as key contributors to caregiver burden. One participant described this experience as follows: "Yesterday, my sister-in-law called me and asked, 'Are you still at the hospital?' I said yes, because for five days no one has come to stay with my husband in the hospital instead of me. I told her, 'The saying "a person who has relatives but feels alone" truly applies to me.'"

5. Discussion

This study explored factors associated with resilience in caregiving for elderly patients with cancer. The findings indicate that factors associated with resilience include caregivers' individual characteristics, family-related factors, health system-related factors, characteristics of the patient under care, social factors, caregivers' spiritual health, and caregiving burden.

Individual characteristics refer to behavioral, emotional, and cognitive patterns that distinguish individuals and are shaped by both internal and external factors. Caregivers' employment status emerged as a factor associated with resilience. This association may be attributed to higher income and the availability of support from colleagues, as employed individuals typically engage in broader social interactions. The findings of Kalomo et al. (35) are consistent with those of the present study. Acceptance of the caregiving situation facilitates stress management and contributes to reductions in stress and emotional difficulties (36). Other studies have also demonstrated an association between acceptance and resilience, supporting the findings of the present study (37). These findings underscore the importance of considering flexible and context-sensitive forms of support that may contribute to enhancing caregiver resilience.

Caregivers' emotional attachment to elderly patients is a common phenomenon in traditional societies such as Iran. Moreover, patients' emotional states influence caregivers' mood (38). Accumulating evidence indicates that attachment constitutes a core dimension of interpersonal relationships across the life course, with enduring implications for personality development, emotion regulation, and mental health (24, 39, 40). Higher levels of attachment have been associated with reduced caregiver burden. Because caregiver burden is, in turn, linked to resilience among caregivers, emotional attachment may be meaningfully related to resilience. Empirical studies further report that attachment styles are significantly associated with caregivers' psychological resilience and that secure attachment is linked to more adaptive coping strategies and greater resilience (41, 42). These discrepancies may be explained by cultural differences between traditional and more industrialized societies.

Self-support is associated with reduced caregiving-related stress. Resilience involves dynamic interactions among physical, emotional, cognitive, and social dimensions, enabling individuals to cope with adversity and achieve personal growth. Resilience is also described as a continuous caregiving experience shaped by both internal and external factors (43). Given that resilience is conceptualized as an experience, the influence of caregiving experiences on resilience is logical.

Positive personality traits are associated with mental health and resilience. Such traits, considered attributes of resilience, shape individuals' behavioral tendencies and influence their capacity for adaptation (44). Consistent with the present study, previous research has also confirmed the positive effect of perceived social support on the resilience of caregivers of elderly patients with cancer. This may be attributable to the role of perceived social support in reducing caregiving burden (45).

As a social structure, the family has a significant influence on individuals' mental, social, and physical health (46). Furthermore, families play a fundamental role in preparing their members to cope with life's challenges (47). Because family caregivers are integral members of the family unit, it is reasonable to expect that their ability to

cope with challenges is influenced by family functioning. Consistent with the present study, previous research has identified family functioning, particularly participation and adaptive capacity, as key factors influencing caregiver resilience (15). Accordingly, developing community-level educational programs from the early stages of family formation, along with initiatives aimed at strengthening family structures, represents an important responsibility for policymakers and planners.

Family emotional support plays a critical role in the well-being of caregivers of elderly individuals. Emotional support fosters a sense of security and perceived social support among caregivers. Instrumental support, including physical and financial assistance, further enhances caregiver resilience by reducing distress (48). Given that caregiving burden, encompassing caregivers' physical and psychological strain, is inversely related to resilience, instrumental support may strengthen resilience by alleviating this burden. Moreover, financial stability has been shown to facilitate caregiver resilience (49), suggesting that instrumental support, particularly financial assistance, can positively influence resilience through reduced caregiving burden. Consistent with these findings, Mohamed Abdelaal et al. (44) reported that family support is the most influential predictor of caregiver resilience.

The healthcare team, particularly nurses, plays multiple roles in supporting patients and their caregivers and assists them in adapting to challenges (50). Healthcare professionals identify caregivers' needs and provide educational, emotional, and practical support (51). Similarly, Salehitali et al. (52) demonstrated that healthcare teams effectively enhance caregivers' well-being and highlighted that one of the most important roles of nurses in chronic disease management is helping families adapt to new conditions. Existing studies indicate that supporting caregivers is a key responsibility of healthcare professionals in promoting caregiver resilience (53). In addition, access to cancer care services enhances resilience, as easier access reduces stress and alleviates caregiving burden (54, 55). Support provided by the healthcare team to patients can also reduce caregiver distress and thereby positively influence resilience, likely due to the strong emotional connection between patients and caregivers. Furthermore, previous studies have shown that a lack of patient insurance coverage is associated with increased financial dependence on caregivers, which may negatively affect caregiver resilience (18). Based on these findings, clinical managers can enhance caregiver resilience by developing in-service training programs for healthcare staff, particularly oncology personnel.

Consistent with the present study, McCauley et al. (56) reported that mutual support between patients and caregivers plays a significant role in caregivers' adaptation to challenges. Support received from patients may reduce caregivers' psychological stress and, in turn, strengthen resilience. Moreover, existing evidence indicates that patient functional status is associated with caregiver resilience, such that better patient functioning is linked to higher levels of caregiver resilience (57). Greater patient independence reduces the duration and intensity of caregiving, thereby alleviating caregivers' physical and psychological burden and potentially enhancing resilience.

Comorbidity has a significant impact on caregiver burden and resilience. Caregivers face different challenges depending on the type, nature, and progression of the disease, as well as the specific caregiving demands associated with each condition. Consequently, comorbidity can substantially influence caregiver resilience (58). Given variations in disease characteristics and caregiving requirements, caregivers encounter a range of physical, emotional, and practical challenges. Consistent with the present study, previous research has identified patients' unfavorable economic conditions and the resulting financial strain as important sources of stress that intensify caregiving burden (59). In addition, existing studies indicate that the emotional states of patients and caregivers are interrelated and serve as determinants of caregivers' mood. A significant correlation between emotional distress in patients with cancer and their caregivers has also been documented (60).

Evidence suggests that social support and effective communication are key contributors to the development of resilience (61). The benefits of social support include improved emotional well-being, practical assistance, better physical health, enhanced resilience, reduced psychological distress, and lower stress levels (62, 63). Social support is therefore recognized as an important attribute of resilience (64). Findings from previous studies are consistent with those of the present study (44). Accordingly, planning to establish supportive community resources and ensure adequate social support is essential.

Spiritual health is a significant component of overall health, enabling individuals to adapt to crises and stressful situations (65). Spirituality is recognized as a predictor of health outcomes, as it provides valuable insight into healthcare needs, individuals' ability to adjust to spiritual stressors, and appropriate interventions for coping with and managing health-related crises. Moreover, spirituality has been identified as an important source of resilience and an opportunity for the development of caregivers' coping skills (66, 67).

Meaningful caregiving is an essential aspect of caregivers' health and well-being (68). Evidence indicates that finding meaning in stressful situations is positively and significantly associated with resilience (69). Krok et al. (70) reported that a sense of meaningfulness is linked to higher levels of caregiver resilience. Altruism is another factor influencing mental health and has been shown to have a positive and significant relationship with resilience. Similarly, Sen et al. (71) demonstrated a significant positive correlation between altruism and resilience. These findings are consistent with the results of the present study. Based on these findings, incorporating programs that promote spirituality and cultural values into national health policies, as well as establishing community-based spiritual support and counseling services in hospitals, may contribute to enhancing caregiver resilience.

Another important factor associated with resilience is caregiving burden. Üzar-Özçeti and Dursun (72) reported a significant negative association between caregiving burden and resilience, and similar findings have been confirmed in other studies (16, 61). Mollaei et al. (73) also demonstrated that financial difficulties are associated with reduced resilience. As individuals age, functional abilities may decline, increasing dependence on caregivers, including financial dependence. As a result, caregivers are likely to experience greater economic, physical, and psychological pressures, which may further intensify caregiving burden and adversely affect resilience.

5.1. Study Limitations

This study has several limitations that should be considered when interpreting the findings. First, although patients from various cities travel to Tehran for treatment, the limited sample size drawn from a single city reduces the transferability of the results; caregivers' experiences in other regions may differ due to variations in cultural norms, structural conditions, or access to health services. Second, the researchers faced substantial challenges in accessing caregivers of adults aged over 80. Many older adults in this age group were unable to participate because they discontinued treatment, could not tolerate medication side effects, or experienced early mortality.

5.2. Conclusions

The present study is the first qualitative investigation to explore resilience among caregivers of elderly patients with cancer and to identify factors associated with resilience based on caregivers' lived experiences. The findings indicate that caregiver resilience is shaped by a complex and interconnected set of factors spanning individual, familial, and community levels. Therefore, adopting a comprehensive and multidimensional approach is essential when planning strategies to enhance resilience in this group of caregivers. In addition, the results provide a foundation for future research and the development of targeted interventions aimed at strengthening caregiver resilience.

During the treatment period, caregivers have extensive interaction with the healthcare system. Accordingly, the findings of this study can assist healthcare professionals, particularly those working in hospital settings, in implementing supportive measures for both patients and their caregivers. The results also highlight spirituality, family support, and cultural values as key pillars of resilience. Consequently, strengthening family structures, promoting spirituality within society, and preserving cultural values may inform policymakers. Based on the findings, policymakers may also implement community-level strategies to reinforce individual caregiver characteristics that are influenced by external factors.

Furthermore, the findings of this study may be valuable to researchers, healthcare managers, and clinical nurses, particularly those working in geriatric care. Future research is recommended to design and evaluate appropriate interventions informed by the study findings, especially within the spiritual, family, and healthcare domains. Overall, the results emphasize that enhancing resilience among family caregivers of elderly patients with cancer requires coordinated, multidimensional support for both patients and caregivers from families, communities, and healthcare systems. These factors should be incorporated into the design of educational, supportive, and caregiving programs to improve caregivers' quality of life. Notably, spirituality and cultural values in Iran play a distinctive role in caregiver resilience, and these findings offer a valuable perspective for the global literature.

Supplementary Material

Supplementary material(s) is available here [To read supplementary materials, please refer to the journal website and open PDF/HTML].

Footnotes

AI Use Disclosure: The authors declare that no generative AI tools were used in the creation of this article.

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