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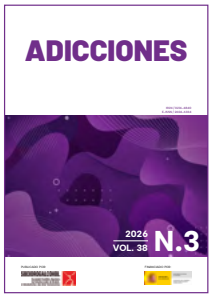

ORIGINAL

Caregivers under pressure: Burden, coping strategies, and alcohol consumption

Cuidadores bajo presión: Sobrecarga, estrategias de afrontamiento y consumo de alcohol

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Abstract

The high physical, emotional, and social demands of caring for a person with cancer can lead to elevated levels of burden among family caregivers, negatively impacting their mental health and self-care behaviors. In this context, some caregivers may respond to the challenges and emotional distress of caregiving by adopting coping styles that involve risky behaviors, such as alcohol consumption. *Objective:* To determine the relationship between caregiver burden, coping styles, and alcohol use among caregivers of individuals with cancer. *Method:* Descriptive and correlational study with a sample of 172 primary caregivers**.** *Results:* Alcohol consumption showed a positive and significant correlation with the level of caregiver burden (rs = .160, p = .027), and a negative correlation with emotion-focused coping (rs = −.190, p = .013) and dysfunctional coping (rs = −.206, p = .007). *Conclusion:* Alcohol consumption in caregivers is associates with high leves of burden. There is a need for culturally sensitive interventions that promote healthy coping strategies and prevent risk behaviors, especially in Latin American family contexts where social and emotional bonds are often mediated through alcohol-related rituals.

Keywords: caregivers, caregiver burden, coping skills, alcohol drinking, health risk behaviors, neoplasms

Resumen

Las altas exigencias físicas, emocionles y sociales de cuidar a una persona con cáncer puede inducir altos niveles de sobrecarga en los cuidadores familiares, repercutiendo en la salud mental y en las conductas de autocuidado. En este sentido, pueden haber cuidadores que ante la dificultad de cuidar y el sufrimiento adoptan algunos estilos de afrontamiento que implican conductas de riesgo como el consumo de alcohol. *Objetivo:* Determinar la relación entre el nivel de sobrecarga del cuidador, los estilos de afrontamiento y el consumo de alcohol en cuidadores de personas con cáncer. *Método.* Estudio descriptivo y correlacional, con una muestra de 172 cuidadores principales. *Resultados.* El consumo de alcohol mostró una correlación positiva y significativa con el nivel de sobrecarga (rs=,160, p=,027) y una correlación negativa con los estilos de afrontamiento centrado en la emoción (rs= -,190, p=,013) y disfuncional (rs= -,206, p=,007). *Conclusión.* El consumo de alcohol en cuidadores se asocia con altos niveles de sobrecarga. Se requieren intervenciones de afrontamiento saludable que prevengan conductas de riesgo con enfoque cultural al contexto familiar latinoamericano en donde los rituales de tejido social y afectivo están mediados por el consumo de alcohol.

Palabras clave: cuidadores, carga del cuidador, habilidades de afrontamiento, consumo de bebidas alcohólicas, conductas de riesgo para la salud, consumo de alcohol, neoplasias

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Cancer remains one of the leading global public health challenges. In 2020, approximately 20 million new cases and 10 million deaths were reported worldwide, and these figures are expected to rise steadily over the coming decades (Pan American Health Organization [PAHO], 2022). Although advances in cancer treatment have substantially improved survival, they have also shifted a considerable proportion of patient care to the home setting, where family caregivers assume complex responsibilities encompassing physical, emotional, social, and spiritual support (Sánchez Ramírez & Silva Espín, 2024).

Evidence consistently shows that assuming the caregiving role is associated with substantial caregiver burden, reflected in emotional distress, physical health deterioration, financial strain, impaired quality of life, and changes in health-related behaviours (Albrecht et al., 2022; Johnston et al., 2024; Sánchez Ramírez & Silva Espín, 2024; Son et al., 2023; Soriano et al., 2022). Systematic reviews in oncology have further demonstrated that caregiver burden is associated with greater psychological distress, unmet supportive care needs, and poorer overall well-being (Molassiotis & Wang, 2022; Thana et al., 2021). Female sex, being the patient's spouse or adult child, providing care for longer periods, financial difficulties, limited psychosocial support, and dysfunctional family functioning have all been consistently associated with higher levels of caregiver burden (Sánchez Ramírez & Silva Espín, 2024).

Although oncology research has extensively documented the emotional consequences of caregiving, considerably less attention has been paid to the health-risk behaviours adopted by caregivers in response to chronic stress. Kent et al. (2016) highlighted the need to broaden research on caregivers' health behaviours, including alcohol consumption, given its potential impact on both caregivers' health and the quality of care they provide.

Studies involving caregivers of individuals with cancer indicate that a meaningful proportion experience problematic alcohol consumption and that this behaviour is associated with greater caregiver burden. In a multicentre study conducted in the United Kingdom, 8% of caregivers screened positive on the Alcohol Use Disorders Identification Test (AUDIT), and those reporting problematic alcohol consumption exhibited significantly higher caregiver burden scores (Webber et al., 2020). However, these studies did not examine the combined interplay between caregiver burden and coping strategies.

Research on caregiving more broadly provides additional explanatory evidence. Rospenda et al. (2010) found that social and emotional dimensions of caregiver burden—rather than objective physical caregiving demands—were associated with problematic alcohol consumption. These findings suggest that the subjective experience of stress, particularly relational and emotional strain, may trigger coping responses involving alcohol use. Consistent with this interpretation, more recent studies indicate that dysfunctional coping strategies, such as avoidance and emotional dysregulation, increase the likelihood of hazardous alcohol consumption among caregivers facing high emotional demands (Hernández-Chilatra et al., 2024).

During periods of crisis, such as the COVID-19 pandemic, increased substance use was observed among caregivers as a coping mechanism, particularly in the presence of insomnia, anxiety, and depression (Varma et al., 2024). These findings further support the hypothesis that alcohol consumption may represent a behavioural response to sustained caregiver burden.

Evidence also indicates that morbidity among family caregivers increases as caregiver burden intensifies, adversely affecting both emotional and physical well-being while increasing the likelihood of adopting or maintaining unhealthy behaviours, including alcohol consumption (Kassem et al., 2022). Within the oncology setting, Webber et al. (2020) reported that higher caregiver burden scores were significantly associated with greater frequency and severity of alcohol consumption, suggesting that prolonged caregiver burden may act as a precipitating or exacerbating factor for problematic alcohol use.

Despite these findings, several important knowledge gaps remain. First, oncology research has primarily focused on outcomes such as depression, quality of life, and social support, while rarely examining caregiver burden, coping strategies, and alcohol consumption within the same analytical framework. Second, although evidence from Europe and North America is increasing, studies conducted in Latin American populations remain scarce, despite the fact that alcohol consumption may be culturally embedded as a means of social interaction and emotional regulation. Third, correlational studies examining these relationships are limited, restricting the development of evidence-based hypotheses to inform preventive interventions.

Accordingly, the present study aimed to examine the relationship between caregiver burden, coping strategies, and alcohol consumption among family caregivers of individuals with cancer. Based on previous evidence, we hypothesised that higher levels of caregiver burden would be associated with greater alcohol consumption; that dysfunctional coping strategies would be positively associated with alcohol consumption; and that the combination of high caregiver burden and dysfunctional coping strategies would be associated with an increased likelihood of problematic alcohol consumption.

Methods

Study design and participants

This descriptive correlational study included family caregivers of individuals diagnosed with any type of

cancer in the state of Chihuahua, Mexico. A systematic probability sampling strategy with a sampling interval of $k = 3$ was employed. The sampling frame comprised potential caregivers identified in the waiting areas of secondary- and tertiary-level public healthcare institutions during the data collection period. Eligible caregivers were consecutively listed according to the chronological order in which they were identified and met the inclusion criteria (Polit & Beck, 2017). A random starting point was selected, after which one out of every three eligible caregivers was invited to participate until the target sample size of 172 participants was reached.

Eligibility criteria included being the primary family caregiver of a person diagnosed with cancer, being aged 18 years or older, and providing unpaid care.

Voluntary participation was considered an additional ethical requirement and did not replace the eligibility criteria. Only caregivers who met all inclusion criteria were invited to participate. Those who agreed to participate provided written informed consent before enrolment. Individuals who did not meet the eligibility criteria, declined participation, or returned questionnaires with missing data were excluded from the study.

Intruments

Sociodemographic and caregiving characteristics were assessed using the Caregiver–Person with Chronic Disease Characterisation Form (GCPC-UN-D) (Chaparro et al., 2014). This instrument comprises 42 items organised into three domains: characteristics of the caregiver–care recipient dyad, including the sociodemographic profile; perceived burden and support; and information and communication resources available to the dyad. The questionnaire contains separate sections for the patient and the caregiver; however, only the caregiver section was administered in the present study. This section includes 11 items assessing personal and sociodemographic characteristics, including sex, age, years of education, place of origin, place of residence, marital status, occupation, socioeconomic status, whether the caregiver had been providing care since the patient's diagnosis, and religious affiliation. An additional item assessing current alcohol consumption (yes, no, or occasionally) was incorporated for the purposes of this study.

Caregiver burden was assessed using the Zarit Burden Interview (ZBI) (Marín et al., 1996), which consists of 22 items rated on a five-point Likert scale ranging from 1 (*never*) to 5 (*almost always*). Total scores range from 22 to 110, with higher scores indicating greater caregiver burden. Scores are interpreted as follows: ≤46, no caregiver burden; 47–55, mild caregiver burden; and ≥56, severe caregiver burden. The instrument has previously demonstrated good reliability among informal primary caregivers of children with chronic degenerative diseases in Mexico (Cronbach's $\alpha = .84$) (Pardo et al., 2014) and has also been used with primary caregivers of patients with cancer (Valencia et al., 2017). In the present study, Cronbach's alpha was .90.

Coping strategies were measured using the Brief COPE (Coping Orientation to Problems Experienced Inventory) (Carver, 1997), a 28-item instrument comprising 14 subscales: self-distraction, active coping, denial, substance use, emotional support, instrumental support, behavioural disengagement, venting, positive reframing, planning, humour, acceptance, religion, and self-blame. Responses are rated on a four-point Likert scale ranging from 0 (never) to 3 (always), indicating the frequency with which respondents engage in each behaviour or thought. The instrument yields three higher-order coping dimensions: problem-focused coping, emotion-focused coping, and dysfunctional coping.

The Brief COPE has been widely used to assess coping strategies among caregivers of patients with advanced cancer (Álvarez Pérez & Parra Rodríguez, 2019), as well as caregiving ability, caregiver burden, stress, and coping among family caregivers of individuals undergoing cancer treatment (Coppetti et al., 2019), and coping strategies and social support among caregivers of patients with cancer (Long et al., 2020). Previous studies have reported excellent internal consistency (Cronbach's $\alpha = .93$). In the present study, Cronbach's alpha was .78.

Alcohol consumption was assessed using the Alcohol Use Disorders Identification Test (AUDIT) (Babor et al., 2001), a 10-item questionnaire scored on a five-point Likert scale (0–4), with total scores ranging from 0 to 40; higher scores indicate greater alcohol consumption. The recommended cut-off scores were applied: 0–7, low-risk drinking or abstinence; 8–15, hazardous drinking; 16–19, harmful drinking; and ≥20, probable alcohol dependence. The AUDIT has been validated in the Mexican population, demonstrating good internal consistency (Cronbach's $\alpha = .81$) (Villamil et al., 2009). In the present study, Cronbach's alpha was .89.

Procedure and ethical considerations

Ethical approval was obtained from the Research Ethics Committee of the Faculty of Nursing at the Autonomous University of Nuevo León, Mexico (approval number FAEN-D-1761). Authorisation was also obtained from the administrative authorities of the participating cancer care institutions in the city of Chihuahua. Data were collected between February and May 2022 in the waiting areas of secondary- and tertiary-level public healthcare institutions.

Before participation, all eligible caregivers received information regarding the study objectives, their rights as research participants, and their right to withdraw from the study at any time without consequences. Written informed consent was obtained from all participants prior to data collection. The study was conducted in accordance with

the ethical principles established in the Regulation of the Mexican General Health Law on Health Research (Secretaría de Salud, 1987).

Data analysis

Data were analysed using IBM SPSS Statistics for Windows, Version 21.0. Descriptive statistics included frequencies, percentages, measures of central tendency, and measures of dispersion. The Kolmogorov–Smirnov test with Lilliefors correction indicated that the data did not meet the assumption of normality; therefore, non-parametric statistical tests were used. Differences according to alcohol consumption were examined using the Mann–Whitney *U* test. Associations among the study variables were analysed using Spearman's rank-order correlation coefficient.

Results

Sociodemographic characteristics of family caregivers of individuals with cancer

The sample consisted predominantly of female caregivers (73.3%), with a mean age of 39 years (SD = 12.8). Nearly half were married (47.1%), while 32.0% were single. Regarding employment status, 63.4% were employed, 20.9% were homemakers, and 11.6% were self-employed. Most caregivers identified as Catholic (85.5%). The most common relationships to the person with cancer were son or daughter (37.2%), mother (19.2%), and sibling (16.9%).

The average duration of caregiving was 12.5 months (SD = 14.2), with caregivers providing a mean of 9.7 hours of care per day (SD = 8.17). Most care recipients were women (75%) aged over 50 years. The most frequent cancer diagnoses were breast cancer (38%), cervical cancer (13%), prostate cancer (8%), and stomach cancer (7%). The most common caregiver–patient relationships involved mothers (24%), daughters (23%), and sisters (10%), and caregiving had generally been provided since the time of diagnosis, with caregiving duration ranging from one to seven years.

Caregiver burden, coping strategies, and alcohol consumption

According to the established cut-off scores of the Zarit Burden Interview, 75% of caregivers experienced severe caregiver burden, whereas the remaining 25% reported mild caregiver burden. The highest-scoring burden items reflected caregivers' perceptions that they could provide better care for their family member (29.1%), lacked sufficient financial resources to provide care (17.4%), feared for the future of their relative (17.4%), perceived that their social life had been adversely affected (16.9%), and wished they could leave caregiving responsibilities to someone else (15.1%).

Overall, caregivers showed the highest scores for problem-focused coping (mean = 50.8, SD = 21.1), followed by emotion-focused coping (mean = 46.7, SD = 17.5), whereas dysfunctional coping showed the lowest mean score (mean = 39.0, SD = 36.1).

Regarding problem-focused coping, 45.3% of caregivers reported taking action to improve the situation, 37.2% focused their efforts on addressing the problem directly, 36.6% attempted to develop a strategy to manage the situation, and 34.9% carefully considered the steps they should take.

For emotion-focused coping, 29.7% reported trying to find something positive in the experience, and a similar proportion indicated that they had learned to live with the situation. In addition, 27.3% sought guidance or advice, while 21.5% received emotional support from others.

Regarding dysfunctional coping, 33.7% reported distracting themselves through work or other activities, 30.2% openly expressed negative emotions, 28.5% attempted to avoid the situation through entertainment (e.g., watching television or films), and 21.5% reported engaging in self-criticism. Furthermore, 22.1% reported using alcohol or other drugs to feel better, whereas 17.4% reported doing so specifically to cope with the caregiving situation.

With respect to alcohol consumption, 36% of caregivers reported current alcohol use (95% CI [29, 43]). According to the AUDIT classification, 32% (95% CI [25, 39]) were classified as engaging in hazardous alcohol consumption, 16% (95% CI [10, 21]) as harmful alcohol consumption, and 22% (95% CI [15, 28]) met the criterion for probable alcohol dependence. Regarding the number of alcoholic drinks consumed on a typical drinking day, 20.0% reported consuming one or two drinks, 32.3% reported three to four drinks, 23.1% reported five to six drinks, and 24.7% reported consuming seven or more drinks.

Comparison of caregiver burden and coping strategies according to alcohol consumption

The Mann–Whitney U test revealed statistically significant differences between caregivers who reported current alcohol consumption and those who did not. Specifically, caregivers who consumed alcohol exhibited higher levels of caregiver burden and greater use of emotion-focused and dysfunctional coping strategies than non-drinkers (Table 1).

Correlations between caregiver burden, coping strategies, and alcohol consumption

Spearman's rank-order correlation analyses (Table 2) showed a positive and statistically significant association between caregiver burden and alcohol consumption, as measured by the total Alcohol Use Disorders Identification Test (AUDIT) score (rs=.168, p = .027), indicating that higher levels of caregiver burden were associated with greater alcohol consumption.

Table 1
Comparison of median caregiver burden and coping strategy scores by current alcohol consumption (Mann–Whitney U test)

Variable	Alcohol consumption	*n*	x̄=	*Mdn*	*SD*	*U*	*P value*
Caregiver burden	No	110	62.05	61.00	9.88	2736.0	.031
	Yes	62	65.08	63.00	9.04		
Problem-focused coping	No	110	53.88	52.77	18.91	2749.0	.034
	Yes	62	45.51	44.44	23.86		
Emotion-focused coping	No	110	49.72	50.00	15.62	2594.0	.009
	Yes	62	41.55	38.33	19.70		
Dysfunctional coping	No	110	41.01	38.88	12.73	2551.0	.006
	Yes	62	35.48	33.33	13.21		

Note. x̄= mean. Mdn= median. DE = Standard deviation, U= U de Mann Whitney. p= significancia, n=sample size.

Table 2
Spearman correlation matrix for caregiver burden. coping strategies. and alcohol consumption (AUDIT)

Variable	Alcohol consumption	*P value*
Caregiver burden	r_s=.168*	.027
Problem-focused coping	r_s =-.130	.090
Emotion-focused coping	r_s =-.190*	.013
Dysfunctional coping	r_s =-.206*	.007

Note. *p ≤ .05 indicates statistical significance. r_s= Spearman's rank correlation coefficient.

In contrast, statistically significant negative correlations were observed between alcohol consumption and both emotion-focused coping (rs= -.190, p = .013) and dysfunctional coping (rs= −.206, p = .007). These findings indicate that higher scores on emotion-focused and dysfunctional coping were associated with lower AUDIT scores in this sample of caregivers.

Discussion

The present study aimed to determine the relationship between caregiver burden, coping strategies, and alcohol consumption among family caregivers of individuals with cancer. The findings showed that a high proportion of caregivers experienced severe caregiver burden and that current alcohol consumption was common in this population, with a substantial proportion classified as engaging in hazardous, harmful, or dependent alcohol use. Consistent with the proposed hypothesis, a positive association was identified between higher levels of caregiver burden and greater alcohol consumption. In addition, significant differences were observed in caregiver burden levels and in the use of specific coping strategies between caregivers who consumed alcohol and those who did not. Taken together, these findings suggest that alcohol consumption may be associated with the subjective experience of caregiver burden and the coping strategies adopted by caregivers, providing preliminary empirical evidence on this triad within the oncology setting.

In the present sample, caregivers were predominantly women, most of whom were married and either employed or engaged in homemaking, and who provided care for prolonged periods exceeding eight hours per day. This profile is consistent with the well-established characterization of informal caregivers in oncology, where women and close family members—particularly daughters, mothers, and spouses—assume most caregiving responsibilities and experience higher levels of emotional burden (Sánchez Ramírez & Silva Espín, 2024). International evidence likewise confirms that being female, being a spouse or close relative, and combining paid employment with caregiving responsibilities are associated with greater caregiver burden and increased psychological distress (Chavarri Guerra et al., 2022; Combita & Chaparro, 2021; Ignat et al., 2025; Son et al., 2023). Collectively, these structural factors reinforce the greater vulnerability of female caregivers to the strain associated with the caregiving role.

One of the factors associated with caregiver burden is the number of hours devoted to caregiving. In the present sample, caregivers reported providing an average of 9.7 hours of care per day, equivalent to approximately 68 hours per week. This level of caregiving intensity represents sustained exposure to physical and emotional demands that may contribute to cumulative burden. Care demands become particularly intense when cancer treatment requires hospitalization or frequent outpatient visits, as caregivers must continuously monitor symptoms, accompany patients to specialized medical appointments, and actively participate in treatment and rehabilitation processes (Semere et al., 2021).

The findings of the present study indicate that more than half of the caregivers experienced severe caregiver

burden. This may be explained by the considerable physical and psychological demands associated with caring for a person with cancer, as well as by the uncertainty surrounding the disease, which may contribute to feelings of hopelessness (Guan et al., 2021). These findings are consistent with previous studies reporting severe caregiver burden syndrome among caregivers of older adults with advanced cancer, with potentially adverse consequences for both physical and mental health (Faronbi, 2018; Soriano et al., 2022).

Regarding the relationship between caregiver burden and coping, Faronbi (2018) reported that caregiver burden was associated with different coping styles, including problem-focused, emotion-focused, and dysfunctional coping, supporting the notion that increasing caregiving demands may activate both adaptive and maladaptive coping responses. In the present study, problem-focused coping was the predominant coping style, followed by emotion-focused coping and, to a lesser extent, dysfunctional coping, a pattern that is consistent with previous research. However, when examining the relationship between coping strategies and alcohol consumption, a negative association was observed between emotion-focused coping, dysfunctional coping, and AUDIT scores. These findings suggest that, in this sample, greater use of these coping styles was not necessarily associated with higher alcohol consumption. This observation is consistent with the findings of Bravo Bravo and Zuloaga Castellanos (2019), who reported that substance use was among the least frequently reported coping strategies used by caregivers. These divergent findings highlight the need for further research examining the relationships among the variables comprising this triad, as current evidence remains inconclusive.

Alcohol consumption is commonly classified as a dysfunctional coping strategy; however, this category encompasses a broader range of avoidant or maladaptive responses that do not necessarily involve substance use (Long et al., 2020). Therefore, dysfunctional coping should not be considered synonymous with alcohol consumption, but rather understood as a broader repertoire of behavioural responses to stress. In addition, social and cultural factors may influence the ways in which caregivers manage caregiver burden and their likelihood of resorting to substance use. The availability of social support networks may also moderate these behaviours. In contexts of greater emotional vulnerability, the coexistence of, or shift toward, the use of other substances, such as tobacco, cannabis, or opioids, has also been documented, underscoring the need for a comprehensive approach to risk assessment and intervention (Varma et al., 2024).

Therefore, the finding that caregivers who rely on emotion-focused coping do not necessarily exhibit problematic alcohol consumption suggests that caregivers also manage caregiver burden through other adaptive strategies, such as behavioural disengagement, denial, self-distraction, self-blame, and venting. Although these strategies do not necessarily involve substance use, they may still have a negative impact on caregivers' psychological well-being. In this regard, Huertas et al. (2021) found that caregivers tend to adopt maladaptive and dysfunctional coping strategies characterized by reduced social support seeking and decreased participation in recreational or leisure activities, which may further contribute to social isolation and emotional burden.

Although not all caregivers developed alcohol dependence, the evidence suggests that stress associated with the caregiving role may increase vulnerability to alcohol use as a coping strategy. Kassem et al. (2022) reported relatively low prevalence rates of alcohol use disorder among caregivers; however, more recent studies have shown that, in contexts of high emotional demand, such as the COVID-19 pandemic, nearly 20% of caregivers initiated or increased substance use as a means of coping with stress (Varma et al., 2024). Similarly, Rospenda et al. (2010) and Hernández-Chilatra et al. (2024) found that high levels of emotional burden and difficulties in emotional regulation were associated with a greater likelihood of hazardous alcohol consumption, which may, in turn, affect the caregiver–patient relationship (Ignat et al., 2025). Taken together, these findings support the need to integrate alcohol use screening and the promotion of adaptive coping strategies into caregiver support programmes.

According to the findings of the present study, a positive and statistically significant relationship was identified between caregiver burden syndrome and alcohol consumption: higher levels of caregiver burden were associated with greater alcohol consumption. Specifically, 38% of caregivers reported current alcohol consumption, of whom 22% showed signs of alcohol dependence and 16% were classified as engaging in harmful alcohol consumption. These findings indicate that alcohol consumption is not only present among family caregivers but is also directly associated with higher levels of emotional and physical burden derived from the caregiving role.

This relationship is consistent with the findings reported by Webber et al. (2020), who observed that caregiver burden scores were significantly higher among caregivers with alcohol use disorders, reinforcing the hypothesis that alcohol consumption may function as a dysfunctional coping strategy in response to the prolonged strain associated with caregiving.

It is important to note that, although a positive association was observed between caregiver burden and alcohol consumption, this finding primarily indicates that both phenomena coexist to a significant extent within this sample of caregivers. Given the cross-sectional and correlational design of the present study, these findings do not allow conclusions regarding directionality or causality.

Rather, the observed relationship should be understood as part of a broader network of individual and contextual factors influencing the caregiving experience. In Latin American settings, where caregiving is often regarded as a family responsibility and alcohol consumption forms part of socially accepted practices, these cultural frameworks may influence how caregivers manage caregiver burden.

These considerations should therefore be interpreted as hypotheses that require confirmation through longitudinal or more robust analytical studies. As noted by Murillo-Rojas (2021), alcohol consumption has historically been linked to rituals, celebrations, and shared social experiences, even in contexts of social crisis or the loss of cultural reference points. The author argues that the absence of protective environments and the normalization of alcohol consumption in family gatherings may facilitate both the initiation and maintenance of psychoactive substance use. Furthermore, by conceptualizing the family as a system in which roles, emotional bonds, and norms interact, family culture may either legitimize or discourage certain behaviours, including alcohol consumption. Within this framework, alcohol use among caregivers may be influenced not only by the emotional burden associated with the caregiving role but also by a cultural structure in which alcohol forms part of the social and emotional fabric, particularly during celebrations, bereavement, and shared family routines.

These findings underscore the need to develop intervention strategies that recognize the role of culture in caregivers' alcohol consumption patterns, where such patterns exist and have an impact on their quality of life. Understanding the symbolic, emotional, and relational dimensions of alcohol use within the family system is essential. Mental health interventions targeting caregivers should incorporate culturally appropriate approaches that not only promote healthy coping strategies but also address culturally normalized practices in a respectful manner.

The present findings provide an initial contribution to understanding alcohol consumption among family caregivers of individuals with cancer. In this sample, caregiver burden was positively associated with the severity of alcohol consumption, suggesting that both phenomena coexist in a substantial proportion of caregivers. In addition, differences were observed in coping strategies and the severity of alcohol consumption, although these did not follow a consistent linear pattern. Given the descriptive and correlational nature of the study, these findings do not establish directionality; however, they do highlight the importance of incorporating alcohol use screening and caregiver burden assessment into caregiver support programmes. Strengthening adaptive coping strategies and providing timely psychosocial support may contribute to addressing both the emotional and behavioural dimensions of caregiving in the context of chronic illness.

Implications

Among the practical implications of the present findings is the need to recognize alcohol consumption as a potential risk factor within caregiver support programmes and care policies, particularly in family settings where the caregiving role is characterized by high levels of emotional burden. Although the findings do not allow definitive conclusions to be drawn, they highlight an important avenue for future research regarding the cultural factors associated with alcohol consumption, particularly in relation to the grieving processes experienced by both caregivers and care recipients. This symbolic dimension of alcohol consumption has received limited attention in the scientific literature, underscoring the need for further research exploring these relationships from a culturally contextualized perspective. It is also important to emphasize that the findings obtained from this sample cannot be generalized to other populations and should be regarded as an initial contribution that warrants validation and replication in future studies, particularly within the Latin American context.

Limitations

This study has several limitations that should be considered when interpreting the findings. In particular, the use of self-administered instruments may have affected the accuracy of participants' responses because of potential social desirability bias, recall bias, or self-perception bias, which may have influenced the estimation of both alcohol consumption and caregiver burden.

Furthermore, the cross-sectional design limits the ability to establish causal relationships between the variables under investigation, allowing only the identification of statistical associations at the time of assessment. These limitations should be taken into account when considering the applicability of the findings to other settings or populations.

Future studies should employ longitudinal designs and incorporate multiple sources of information to strengthen the validity of the findings.

Conclusions

The findings indicate that most caregivers experienced severe caregiver burden and that 36% reported current alcohol consumption. Regarding coping strategies, problem-focused coping was the predominant coping style, followed by emotion-focused coping. Consistent with the study objective, higher levels of caregiver burden were associated with greater alcohol consumption, whereas greater use of emotion-focused and dysfunctional coping strategies was associated with lower severity of alcohol consumption.

These findings provide relevant evidence to inform the development of preventive interventions aimed at reducing

caregiver burden and facilitating the timely identification and management of alcohol consumption among family caregivers. They also underscore the need for a better understanding of the dysfunctional coping strategies used by primary caregivers of individuals with cancer as part of a complex response to the emotional burden associated with caregiving.

Conflict of Interest

The authors declare that they have no conflicts of interest.

Author Contributions

MVB: Conceptualization, formal analysis, methodology, project administration, resources, writing—original draft.
LCHD: Supervision, writing—review and editing.
FRGF: Conceptualization, methodology, supervision.

Declaration

All original ideas presented in this manuscript are the authors' own. Generative Artificial Intelligence (AI) (ChatGPT-4 Plus) was used solely to assist in improving the wording and translating the abstract. The authors take full responsibility for the content of the manuscript.

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