

Social support in cancer patients referring to Sayed Al-Shohada Hospital

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ABSTRACT

Background: Cancer diagnosis is an important event in an individual's life which has considerable outcomes and implications for patient and his/her family. Meanwhile, receiving assistance and support from family and friends has a significant impact on patients to help them to cope with disease-related stress and its treatment. This study aimed to assess the received social support and its correlation with demographic and medical variables.

Materials and Methods: This was a cross-sectional descriptive study on two hundred cancer patients referred to Sayed Al-Shohada Medical Center in Isfahan, Iran. The study subjects were selected through convenient sampling method and required information collected by questionnaire containing demographic and medical data and Multidimensional Scale of Perceived Social Support (MSPSS). Some of the inclusion criteria included age over 18 with no history of mental disorders and not being at final stages of the disease. Content validity of MSPSS was confirmed by experts and its reliability was evaluated by test-retest ($r > 0.85$).

Findings: The majority of cancer patients (94.5%) perceived a high rate of social support from their families, friends and relatives. Furthermore, the findings indicated a statistical significant correlation between the numbers of children with social support; however, no significant correlation was found between other demographic and medical variables with social support.

Conclusions: The findings of this study indicated receiving the maximum acceptable social support from family, especially children, in patients with cancer. However, conducting further extensive studies is recommended to find effective factors on social support of patients with cancer.

Key words: Social support, cancer patients, perceived

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INTRODUCTION

Cancer diagnosis is an important event in the life with significant physical, psychological, social and economic consequences for patient, his family members and relatives.^[1] Inasmuch, thus far cancer is known as an incurable and chronic complication that rarely cures; therefore, after the primary diagnosis and its confirmation by a physician, patients will be shocked or suffer from psychological complications. The incidence of these symptoms leads to lose abilities, feel weakness and pain and believing the fact that death gradually is close and closer.^[2]

Patients and families that face cancer diagnosis would experience various levels of stress and emotional concerns. Fear of death, disruption of life plans, change in imagination and self-confidence, change in social roles, lifestyle and financial concerns are important aspects of every cancer patient. Everyone with cancer would react differently to such aspects.^[3]

Flanagan and Holmes stated: encountering with a life threatening and risky disease such as cancer requires

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physical and emotional adaptation and adjustment with new situation and in this context, social support and relations effect as important factors for adaptability with disease and achieving mental health.^[4]

While social relations act as a major source in positive adjustment with disease; on the contrary, inappropriate social relations may have negative effects in adjustment with the disease. It should bear in mind that social support with facilitation in the process of cognitive and stressful events cause patients adjust with their situation; now if social reacts are negative and non-supportive against disease, the process will be inhibited.^[5,6]

Social support is defined as received assist and support from others, particularly certain people. It has been suggested that social support has a mediating role in the effect on adaptability style. If social support can reduce the effect of life's difficult stress and incidence of mood disorder, cancer patients certainly need such supportive mechanisms. For years, scientists have identified the positive correlation between social support and health.^[7]

In this regard, Meyerowitz et al. found that received social support from family members is associated with flexibility and emotional vitality in women with cervical cancer.^[8] Furthermore, Ashing-Giwa et al. also found that in order to increase disease improvement, American women have faith in God and rely on their families.^[9] The results of another study about experiences of patients after prostatectomy showed that men consider their spouses as an important supportive source to control their anxiety.^[10]

In addition, many studies indicate the fact that more survival, better adaptability and mental health and higher quality of life are seen in cancer patients receiving social support. Conversely, inadequate or unsatisfying social support leads to negative outcomes such as more stress and concern, more psychological and mental pressure and communication disorders.^[11,12]

In this regards, previous studies indicated some relationship between some of the demographic characteristics and its disease-related variables with the quality of a good adjustment with cancer. For example, researchers have realized that married people show lower distress and higher adjustment than single patients.^[13]

However, considering to the importance of social support in cancer patients, currently there are very few studies in Iran in this regard and it has been less discussed about its association with demographic

characteristics and disease-related variables such as cancer type, treatment and duration of therapy. In this respect, this study was dome based on the level of received social support from family and friends and its association with some demographic and medical characteristics so that herewith obtaining more information about the related causes with social support in cancer patients, healthcare and medical team, particularly nurses, can provide more support and care.

MATERIALS AND METHODS

This was a descriptive cross-sectional study done during 2007 to 2009 in Seyed Al-Shohada hospital in Isfahan, Iran. The study population included all he patients admitted in internal wards of males and females, surgical and intensive as well as patients referred to outpatient chemotherapy and radiation therapy of this hospital. Two hundreds cancer patients having inclusion criteria selected through convenient sampling method. Some of the inclusion criteria included age of over 18, no history of mental disorders (with diagnosis of physician and no history of antidepressants in the past or present), ability to read and write or speak, passing at least one month since diagnosis and not being at the final stages of the disease.

A questionnaire was used in order for data collection consisted of two parts: the first part was the medical and demographic characteristics and the second part was Multidimensional Scale of Perceived Social Support (MSPSS).

The demographic survey contained questions to evaluate age, sex, marital status, occupation, and education, number of children, average income of spouse and place of living. Medical information was about duration of disease since being diagnosed, disease site and treatment type obtained through interviewing and also patients records and files. Content validity of MSPSS was done through comments of ten faculty members and experts by some modifications and its reliability was confirmed by test-retest method with correlation coefficient over 0.85. The data were analyzed by SPSS software with descriptive (frequency) and inferential statistics (chi-square). Statistical significant p-values considered as less than 0.05.

FINDINGS

The average age of patients was 40 years most of whom were between 21 to 60 years old. The majority of

patients included females (63.5%) and married (72.5%). Most of them were housekeeper which probably was due to high number of women among the study subjects. Furthermore, they had the least level of literacy and were mostly high school graduates. The studied patients suffered from different types of cancers: breast cancer (33.5%), gastrointestinal (16.5%), leukemia (7%), bone cancer (7%), lung (5%) and kidney (4%) and others (27%). Moreover, most of the patients passed less than 6 months from their diagnosis. The most common treatment method of the study subjects was combined method (including surgery, chemotherapy and radiation therapy).

The results showed that most of the cancer patients (94.5%) received a high rate of social support from family, friends and relatives. Moreover, the results of chi-square test showed that there was a statistical significant correlation between the variable of the number of children with social support in cancer patients ($\chi^2 = 0.039$); however, there was no significant correlation between other demographic or medical characteristics with social support.

DISCUSSION

The findings showed that the majority of cancer patients received maximum social support from their family, friends and relatives. In this respects, the results of previous studies also indicated receiving the maximum acceptable social support from family. Because social support received by parents, spouse, children and other healthcare givers is the most important source of social support for adolescents and adults with cancer.^[14,15]

Furthermore, the results indicated that patients with more children generally received higher social support than others. In this regard, the study of Nausheen and Kamal indicated such a correlation.^[16] Han et al. also found that adequacy of social support through larger channel is associated with lower depression of cancer patients. In addition, the findings suggested that receiving support from family, particularly children, plays an important role in relieving depression symptoms in cancer patients. These cases were in accordance with other reports about the needs for social support.^[17]

The results showed that statistically there was no significant correlation between age and social support which was not in accordance with the results of the previous studies in this regard; for instance, the results of

a study in Pakistan showed that age of patients with breast cancer significantly correlated with social support.^[16] It seems that the reason is due to difference in the limited number of study subjects and/or due to cultural differences between Iran and other countries; because in Iran, young and old people almost receive similar level of high social support from others. Besides, the majority of the study subjects were males and in Iranian culture, woman is given high attention as mother and/or wife. However, conducting further extensive studies for more clarification is recommended.

In addition, there was no significant difference between gender and social support. Thus, there was no significant difference between men and women with cancer regarding social support receive. In this regard, Krishnasamy implemented a study about social support and its effect on cancer patients defined three parts of support as follows: 1. Tool support (i.e. providing money, facilities and services), 2. Informational support (i.e. providing guidance and information) and 3. Emotional support (i.e. expressing the positive effect and awareness from patient's feelings).^[18] Considering the effect of age on each of the above parts, conducting further studies on how male and female cancer patients benefit from social support in Iran is recommended.

Besides, there was no significant difference between scores of social support in single and married patients which was not in accordance with the results of previous studies.^[14] The reason is perhaps due to cultural differences in different communities. In Iran, usually single individuals live with their parents before marriage and receive their supports similar to supports of children and spouse for married patients. However, it seems that not only the number of people around patient, but also the quality of interaction is important too. Furthermore, the results indicated lack of a significant correlation between educational levels with social support. The results of previous studied were in accordance with the results of the present study; so that Tan and Karabulutlu in a study found that there was no correlation between education level of cancer patients with social support.^[14]

Besides, there was no significant correlation between average income level of family and social support. While previous studies have proven the opposite. For example, according to Hilton's study, financial support is an important way for adjustment improvement for patents. Financial problems limit adjustment of cancer patients and may confront them with many problems to provide

required medications and reduce cancer healing.^[15]

The reason of this difference might be because the average income of the study subjects was not determined accurately based on related indices. Because provided to do so, the correlation might be significant. In addition, this difference can be attributed to low number of subjects which requires conducting more extensive studies with higher study population and more accurate statistical indices. In addition, this study evaluated the association of place of living with social support which showed no significant difference in mean score of social support among urban and rural patients.

The results indicated lack of a significant correlation between disease-related variables (disease duration, treatment type and disease site) with social support. Previous studies raised a similar result in this regard. For example, the study of Tan and Karabulutlu also supported this correlation.^[14] Furthermore, a study by Nausheen and Kamal on patients with breast cancer indicated the fact that there was no correlation between social support with those who either underwent or did not undergo mastectomy.^[16] However, most of the results in some studies also were slightly different with this finding. E.g. a study titled as "The contribution of attachment security and social support to depressive syndrome in patients with metastatic lung cancer and gastrointestinal cancer" on 326 patients showed that disease-related factors inversely correlated with social support.^[19] However, it should be mentioned that one of the inclusion criteria for selection of the study subjects in this study was no history of metastatic disease which this was not considered in the study of Rodin et al. Therefore, re-implementation of such a study with higher study samples is recommended.

The results of this study showed that received social support from friends, family and relatives was in an acceptable extent; however, it seems that in order for higher social support in cancer patients, some continuous care interventions in clinical environments should be done for patients with new cancer diagnosis in Iran including reviewing the presence of supportive individuals in the family network and relatives as well as providing adequate information for more support from others by clinical nurses and psychiatric nurses.

Ultimately, it can be said given that nurses' practice and performance in cancer health medical centers still is discussable and controversial, therefore development of specialist cancer nurses based on needs of patients and

in order to provide specialized and comprehensive care as well as providing permanent interventions seems necessary so that patients can better adjust with their disease.

Furthermore, it is recommended that effective factors on social support of cancer patients investigated through more extensive studies. In addition, repeating the present study with more sample size and using systematic sampling method among Iranian men and women with different cancer is recommended to access generalization and more evidence.

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