RESEARCH COMMUNICATION

Perceived Family Support of Women with Breast Cancer and Affecting Factors in Turkey

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Abstract

Background: The purpose of this study was to examine the percieved family support of the women with breast cancer and the affecting factors. Methods: The subjects were breast cancer cases undergoing treatment (n=240). The sample for this study was formed by women who accepted participation, were in the facility between the dates and hours when the study was applied, and who were selected with a nonprobability sampling technique (n=120). Results: Two thirds of the women with breast cancer were in the 40-59 age group. The lowest score women with breast cancer for perceived family support scale was 0.00, and the highest was 40.0, with a mean of 30.1 ±8.85. Conclusion: In this study, it was determined that perceived family support of Turkish women with breast cancer was reasonable.

Keywords: Breast cancer - women - perceived family support - Turkey

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Introduction

The prevalence of cancer, which is one of the most important health problems of our age, is increasing gradually in our country (Banaz, 1992). According to World Health Organization (WHO) data; it is stated that cancer is among the top three causes of death occuring after the age of 5, and %10 of whole deats are occuring because of cancer (Okyayuz, 1999).

Breast cancer is one of the most important health problems of the women in the industrialized nations and it also takes the top spot with a rate of %26.28 in the cancer cases seen in women in our country (Gocgeldi et al., 2008). The superiority of the breast cancer compared to other types of cancer is the fact that the number of women dying due to breast cancer can be decreased with early diagnosis and prognosis (Early Breast Cancer Trialists Collaborative Group, 1995).

In many societies, breasts of the women are accepted as a vital organ for sexuality, attractiveness, esthetic outlook, fertility, baby feeding and the sustainable body completeness (Hordern, 2000; Kaner, 2003). The most important health problem threatening the breasts, the symbol of motherhood and sexuality, is the breast cancer. In the United States of America (USA), one of each 8 women are reported to have breast cancer (Crowe et al., 1992; Havell et al., 1998; Kaner, 2003).

Although the cause of breast cancer is not certain; it is accepted that genetic, environmental, hormonal, sociobiological, and psychological factors are all playing a role in its occurence (Darendeliler and Yaman, 2003). Despite being known as a disease occuring in late-ages, one quarter of the breast cancer cases are occuring in women in the 40-49 age group. Breast cancer is detected in earlier ages in the recent years (Cam et al., 2009).

Breast diseases have emotional and psychological effects other than the affected tissue organ. Personality structure of the women, her understanding about her gender and the attitude of her spouse will all increase these effects. There are medical and psychosocial factors playing roles in the compliance of the women with breast cancer. These are; symptoms and findings of the disease, prognosis and the treatment type, previous experiences about the disease, threat level of the disease for the age period of the women, plans about work and family, environmental support systems, cultural attitude towards the disease, personality structure, coping strength and skills (Ataseven, 1990; Kutlu and Pektekin, 1999).

Breast cancer may bring on negative emotions like social isolation, hatred, anger, the concern about whether to return to the healthy level before the disease in the future, the fear of any possible metastas and surgical procedures, hopelessness and it may also cause physiological disorders. Meanwhile, patients may have a serious psychiatric problem like depression, anxiety disorder or a majör mental illness. Moreover, it causes some other problems like being a financial burden on the family and causing role shifts inside the family as well (Reele, 1994; Ozbas, 2006).

Dankus et al. (2002) have determined that hopelessness and isolation levels are increasing as the family and social support is decreasing. O'Baugh et al., (2003) have

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determined in their study about the opinions of the cancer patient related to positivity that one of the factors affecting the patient attitudes is the family and social support. In another study made by Crothers et al., (2005) made a research about the relationship between social support and hope in cancer patients and found a statistically significant relationship between their hope levels and their life satisfaction. On the other hand, Vellone et al., (2006) found a statistically significant relationship between the hope scores and family support levels of the cancer patients (Cam et al., 2009).

The first step to be followed by a women with breast cancer and her family is to discuss the subject of breast cancer in family environment, adapt the inevitable changes brought by the disease and make a research about coping ways with breast cancer. Having a healthy communication between the family members is crucial at this point. In families with undeveloped communication abilities, a trauma like breast cancer is determined to be overwhelming the family members and pushing them to a dead end (Ataseven, 1990).

Major problems women with breast cancer facing are; physical losses, emotional disturbances, and destructions in the family, work and social roles. In addition, the intense and prolonged treatments of cancer and the heavy side-effects of these treatments are also effecting the daily living functions of women in a negative way and cause various psychological problems (Onat and Basanar, 2003). Prognosis of breast cancer is effecting the patient, her family and also her friends in a big way. Kubler Ross claims that the psychological steps experienced by the patients (Denial, Anger, Bargaining, Depression, Acceptance) are being experienced by the family members as well. The success of the patients and their families in coping with breast cancer is an important factor which influences the female patient's coping ability in a positive way (Ozkan and Turgay, 1992). As previously stated in many other studies, the husband of the patient willing to participate in difficult decisions with the patient and being with his wife in taking all of the steps about the disease is an important support power for the female patients (Ataseven, 1990; Ozkan and Turgay, 1992; Ozgur,1993; Havell et al., 1998).

Being diagnosed with cancer is percieved as a threat towards the future. Breast cancer is a disease which is percieved as a threat towards both life and femininity. The existence of cancer causes disruption in all aspects of life for the patient and her loved ones. The purpose of this study is to examine the percieved family support of the women with breast cancer and the affecting factors.

Materials and Methods

Sample

The universe of the study is formed by the women with breast cancer who are getting treatment at the Aegean University Tulay Aktas Oncology Hospital (n=240). The sample of the study is formed by the women who have accepted to participate, who were in the facility between the dates and hours when the study was applied, and who were selected with the nonprobability sampling technique (n=120).

Instruments

In order to collect the data in the study, Percieved Family Support Scale was used with the questionnaire which included the identifier information about the women.

Identifier Information Questionnaire: Questions were prepared in order to obtain the introductive information about the women with breast cancer participating in the study (15 questions) and these infomartion was tried to be collected: age, educationa status, occupations, marital status, educational status of the spouse, giving birth status, having children status income levels, location of residence.

Percieved Family Support Scale: The scale used for the evaluation of the percieved family support was developed by Procidano and Heller, and traslated into Turkish by Oya

Table 1. Distribution of the Sociodemographic Features of the Women with Breast Cancer

Sociodemographic features	No (n)	Perc. (%)	Mean
Age group			48.7±9.76
29-39 years old	27	22.5	
40-59 years old	76	63.3	
60-69 years old	17	14.2	
Occupational status			
Retired	9	7.5	
Own business	10	8.4	
Student	2	1.7	
Official	16	13.3	
Worker	7	5.8	
Housewife	76	63.3	
Marital status			
Married	96	80.0	
Single	7	5.8	
Widow/Divorced	17	14.2	
Spouse educational status			
Do not know how to read/write	5	4.2	
Can read/write	14	11.7	
Elementary/Middle school	46	38.3	
High school	23	19.2	
College	32	26.6	
Giving birth status			
Yes	102	85.0	
No	18	15.0	
Number of births given			2.50±1.43
1-2	65	54.2	
3-4	27	22.5	
5 or more	10	8.3	
Don't giving birth	18	15.0	
Having children status			
Yes	108	90.0	
No	12	10.0	
Income status			
Income less than spending	47	39.2	
Income=spending	60	50.0	
Income more than spending	13	10.8	
Longest residing location			
Village	21	17.5	
Town	4	3.3	
County	16	13.3	
City	39	32.5	
Big city/metropolis	40	33.4	
Total	120	100.0	

Table 2. Answers Given by the Women with Breast Cancer to the Percieved Family Support Scale

Percieved Family Support Scale	Yes		No		Partially	
	No (n)	Perc. (%)	No (n)	Perc. (%)	No (n)	Perc. (%)
My family and my relative support me in a spiritual way when I need it.	85	70.8	11	9.2	24	20.0
I take beneficial ideas from my family members on how to act or what to do.	76	63.6	28	23.3	16	13.3
Most of the people are closer to their families than me.	29	24.2	75	62.5	16	13.3
When I share my problems with the close family members, I think this bothers them.	45	37.5	50	41.7	25	20.8
People in my family like to hear my thoughts.	82	68.3	18	15.0	20	16.7
My family shares most of my special interests.	88	73.3	14	11.8	18	15.0
Some people in my family come to me when they have a problem or when they need to ask for advice.	85	70.8	18	15.0	17	14.2
I confide in my family's love and closeness.	101	84.2	7	5.8	12	10.0
I have a relative who I can call when I feel bad and never regret this behavior later.	75	62.5	30	25.0	15	12.5
My family and I speek freely about anything	89	74.2	14	11.7	17	14.2
My family understands my personal desires.	88	73.3	17	14.2	15	12.5
People in my family call me when they need love and closeness.	97	80.8	15	12.5	8	6.7
I got help from my family to solve my problems.	93	77.5	13	10.8	14	11.7
I share a lot of things with some of my family members.	80	66.7	28	23.3	12	10.0
People in my family benefit from me on how to act or what to do	85	70.8	17	14.2	18	15.0
I feel uncomfortable when I share my secrets with my family.	48	40.8	45	37.5	27	22.5
People in my family call me when they feel uncomfortable.	85	70.8	24	20.0	11	9.2
I feel the people in my family think that I help them a lot in solving their problems.	85	70.8	15	12.5	20	16.7
I do not feel the people in my family think that I help them a lot in solving their problems.	19	15.8	85	70.8	16	13.3
I wish I had a different family.	23	19.3	88	73.3	9	7.5

Sorias. Percieved Family Support Scale consists of 20 "Yes/No/Partially" questions. While questions 3,4,16,19, and 20 were scored as "no(2), "yes(0), "partially (1), all of the remaining questions were scored as "no(0)", "yes (2)", "partially (1)". The mean score of the scale changes between 0-40. The more the score patients get, the better the family support is (Kaner, 2003).

Data collection and analysis

Study data were collected by using the face-to-face interview technique. Questionnaires were distributed to the women who have accepted to participate, who were in the facility between the dates and hours (08:00-16:00) when the study was applied, and then collected back after they were filled. Response time for the questionnaire is 15 mins.

Coding of the questionnaire was made by the researcher, and coded data were analysed in computer by using the SPSS 15.0 software package program. Numeric and proportional distributions, t-test, one-way variance analysis (ANOVA) and advanced variance analysis (Tukey Least Significant Difference Test) (LSD) were used in data analysis.

Ethical considerations

The questionnaire which included the purpose and content of the study was prepared by getting written permission from the Aegean University Nursing School Headship. Research permit was shown to the patients who were being treated in the Aegean University Tulas Aktas Oncology Hospital, information was given and their verbal consent was taken for the application of the questionnaire. Women with breast cancer who have participated in the study were informed verbally about being free to decide participating in the study, terminating their participation at any point, denying to give information and that they have rights to be informed about the study.

Results

Some 22.5% of the women with breast cancer were in the 29-39, 63.3% in the 40-59, and 14.2% in the 60-69 age groups. Sociodemographic factors are listed in Table 1.

In Table 2, the results of the answers given by the women with breast cancer to the percieved family support scale. It was determined that age, marital status, educational status of the spouse, giving birth status, having children status and the income of the women were all factors affecting perceived family support ($p<0.05$) (Table 3).

Discussion

In the treatment of breast cancer, it is quite important for patients to know that their families are with them and supportive of them. Findings obtained from this study also clearly shows that families are supportive, they give confidence, they listen to the patients, and support them in every other way possible. In the study made by Ozbas (2006), it was emphasized on the fact that the spouses of the patients being with them in examinations and supportive of them in the decision making process about the treatment is also quite important. It was observed that loved ones of the patients participated in the decision making process, and they were informed sufficiently to help the patient in the treatment and recovery periods (Ozbas, 2006). In the study made by Roberts and Cox (1994) on 135 women with breast cancer, stress symptoms were determined to be less in the patients who have high percieved spouse support. The most important sources of support are patient's spouse, family members and close relatives (Roberts and Cox, 1994). In the study made in our country by Tuna (1993) on 89 cancer patients, when the close relative support status of the patients were examined, patients stated that in the first place they

Table 3. Distribution of the Sociodemographic Features of the Women with Breast Cancer in Accordance with Their Effect Capability on the Percieved Family Support Scale Score Average

Sociodemographic features	In accordance with the percieved family support scale			
Age group	N	Mean	F /t	P
29-39 years old	27	25.03±2.20	6.396	0.002
40-59 years old	76	31.82±0.80		
60-69 years old	17	29.94±2.16		
Occupational status				
Retired	9	29.77±3.31	0.761	0.580
Own business	10	29.10±2.42		
Student	2	19.00±6.00		
Official	16	31.37±1.79		
Worker	7	31.71±3.16		
Housewife	76	30.03±1.06		
Marital status				
Married	96	31.87±0.66	13.311	0.000
Single	7	25.85±3.86		
Widow/Divorced	17	21.35±0.80		
Spouse educational				
Cannot read/write	5	19.00±3.42	2.513	0.045
Can read/write	14	29.50±2.51		
Elementary/Middle	46	30.06±1.29		
High school	23	29.82±2.17		
College	32	32.09±1.16		
Giving birth status				
Yes	102	30.99±0.77	2.166	0.043
No	18	24.61±2.84		
Number of births				
1-2	65	31.61±0.99	0.784	0.459
3-4	27	29.37±1.48		
5 or more	10	31.30±2.30		
Having children status				
Yes	108	30.77±0.78	2.845	0.005
No	12	23.33±3.47		
Income status				
Income < spending	47	27.29±1.60	4.486	0.013
Income=spending	60	32.30±0.72		
Income > spending	13	29.46±2.82		
Longest residing location				
Village	21	26.66±2.01	1.422	0.231
Town	4	29.00±3.85		
County	16	31.43±1.32		
City	39	32.00±1.02		
Big city/metropolis	40	29.42±1.79		
Total	120	30.03±8.85		

were getting support from their spouses (67.1%), and in the second place they were getting support from their children (35.8%). It was also determined that the change in the relative relationships of the patients was 59.6% for relatives who were not close before and they were getting support from %80.9 of their relatives (Tuna, 1993).

The mean score women with breast cancer got from the percieved family support scale was 30.05 ±8.85. The general score changes between 0-40. The more the score patients get, the better the family support is (Kaner, 2003). It was determined that percieved family support of the women with breast cancer was close to a fairly good level 95% of the breast cancer cases are occuring after the age of 40 in the USA (Dixon, 2001). In our country majority of the breast cancer cases are seen in the age of thirties. In this study, the mean percieved family support scale scores of the women with breast cancer in the 40-59 age group are higher compared to the scores of the women with breast cancer in the 29-39 and 60-69 age groups. This result makes us think that the percieved family support of the women in the middle age group is higher.

Majority of the women who have participated in this study are housewives. Likewise, in the study made by Kocyigit (2007), majority of the female participants (70.7%) were also housewives. However, percieved family support scale scores of the working class women were found significantly higher compared to the women working in other occupational areas. This result makes us think that working class women get more family support compared to others. Married female participants with breast cancer were found to have higher percieved family support scale scores. In the study made by Orford (1995) on the patients who had mastectomy; similiar to the present study, it was seen that the support women got from their spouses was much more significant compared to the support they got from their friends and other patients who had mastectomy (Orford, 1995).

In this study, it was determined that women with breast cancer who had college graduate spouses, had higher percieved family support scale scores. Likewise, in the study made by Tuna (1993), patients stated that in the first place they were getting support from their spouses and in the second place they were getting support from their children (Tuna, 1993). This result makes us think that the stress and physical losses experienced by the patients are understood by the educated spouses in a better way, thus, the support given is also much more.

In this study, percieved family support scale scores of the women with breast cancer who gave birth for 1 or 2 times were found to be higher. Similiarly, perceived family support scale scores of the women with breast cancer who had children were also found to be higher. Likewise, in the study made by Cam et al., (2009), %45.1 of them women seemed to have two kids (Cam et al., 2009). This result makes us think that women with breast cancer who gave birh and had children get more support from their families.

In this study, percieved family support scale scores of the women with breast cancer who had more income than their spending were found to be higher. In the study made by Dankus et al., (2002), similiar to our study, cancer patients with good economical status were found to have higher social support scores (Dankus et al., 2002). Likewise, Kahraman et al., (2006) also proved that social support is higher in the working class individuals (Kahraman et al., 2006). The reasons behind this finding are thought to be these facts; patients with good income levels can have their treatments with no interruptions, they can get better care and they can have better life standards. The findings of similiar our studies made about this subjects are also supportive of our study. In this study, percieved family support scale scores of the women with breast cancer who had the longest residing location in the city were found to be higher compared to the percieved family support scale scores of the women with breast cancer who were residing in other locations. In another study, contradicting with the findings of our study, percieved family support scale scores of the women with

breast cancer who were living in the county were found to be higher (Vellone et al., 2006). The reason behind this finding in our study is the fact that patients can benefit sufficiently from the health care services in the city with the help of their families. In conclusion in this study, it was determined that percieved family support of the women with breast cancer was close to a fairly good level. All of the women are sharing their experiences with at least one family member. It was also determined that age, marital status, educational status of the spouse, giving birth status, having children status and the income of the women were all affecting factors on their percieved family support. These may be advised to increase the percieved family support of the woman:

- Consedering the emotional states of the patient and her relatives is quite beneficial for the treatment of breast cancer.
- After the prognosis of breast cancer, the patients and their families should be advised to get support from a professional.
- Breast cancer patients should encouraged to join in support groups which are formed by similiar people who were diagnosed with breast cancer and experienced the same level of difficulties.
- Patients and their families should be informed that the treatment of breast caner is a difficult and prolonged treatment process.
- Possible side-effects of the applied treatment methods should told to the patients and their families.

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