

MINI-REVIEW

Importance of Social Support in Cancer Patients

Yasemin Yıldırım Usta

Abstract

Social support is regarded as a complex construct which has long been suggested to have direct and buffering effects on patients' wellbeing and emotional adjustment to cancer. Cross-sectional and prospective studies show a positive association between perceived social support and psychological adjustment following cancer treatment. Research findings suggest that the evidence for the relationship between social support and cancer progression is sufficiently strong. This report points out the importance of social support in cancer and provides recommendations for health care professionals.

Keywords: Cancer - social support - adjustment

Asian Pacific J Cancer Prev, **13**, 3569-3572

Introduction

Cancer affects patients' lives and those of their families in different ways. Cancer diagnosis and treatment brings about changes in patients' personal paths of life, in their daily activities, work, relationships, and family roles, and it is associated with a high level of patient psychological stress (Zabalegui et al., 2005). This stress emerges as anxiety and/or depression and it is mainly related to uncertainty about the diagnosis, side-effects of chemotherapy or radiotherapy treatment, lack of social or personal control, progressive physical deterioration, and thoughts of near death (Zabalegui et al., 2005).

Caplan and Killelea (1976) consider social support to be significant when dealing with a crisis situation. Also, a great deal of research (Katz & Bender 1976; Taylor et al., 1986; Sarason et al., 1987; Samarel et al., 1997) reports it as an important source of emotional support that facilitates the psychological adjustment to cancer. Also, psychological interventions, such as support groups, contribute to improving adjustment of cancer patients by reinforcing effective coping mechanisms. Katz and Bender (1976) define a 'support group' as a structured group composed of few members who offer mutual support through interpersonal interactions. Also, according to Atchley (2000), social support consists of people we can count on to provide ongoing emotional support, affirmation, information, and assistance, especially in times of crisis. Moreover, sharing cancer experiences with other group members has positive effects, as participating in the group helps to develop effective coping strategies and improves emotional adaptation (Spiegel, 1981).

Particularly due to this stress, cancer patients do have

many needs. To begin with, the need for fast and accurate diagnosis and timely treatment is vital. However, attention to psychosocial needs and quality of life is equally important and it forms an essential part of modern cancer care (National Cancer Plan 2000; National Institute of Clinical Excellence 2004). On the other hand, an important aspect of psychosocial care and quality of life is social support. This may be defined as emotional, instrumental, informational, and appraisal assistance (House and Kahn, 1985) and includes both the resources that meet individual needs as well as the social relationships which these needs are met through (Jacobson, 1986). A support system includes formal and informal relationships and groups. They may provide an individual with cognitive (information, advice, and knowledge), emotional (security, love, and comfort), and material (services that help practical problems) supports required to overcome stressful experiences (Caplan, 1974). This is important for good psychological functioning during diagnosis and treatment, and many patients experience a strong need for support and reassurance (Krishnasamy, 1996).

During diagnosis and treatment, interactions with staff, including doctors, clinic nurses, and specialist nurses, and the social world of cancer clinics play a valuable role in the provision of support (Dunkel-Schetter and Wortman, 1982; Costain and Hewison, 1999) and frequently, patients form valuable relationships with those involved in their care (Clarke et al., 2006).

Definition of Social Support

Katz and Bender's (1976) and Atchley's (2000) aforementioned definitions of social support are broad

definitions of social support. Some other academic theoretic definitions further suggest that the recipient should have a perception of someone caring for them and a resultant sense of well-being (Hupcey, 1998). Hupcey lists the factors required for social support as follows: (a) the act of providing a resource, (b) the recipient having a sense of being cared for or a sense of well-being, (c) the act having an implied positive outcome, (d) the existence of a relationship between the provider and the recipient, (e) support not given from or to an organization, the community, or a professional, and (f) support that does not have a negative intent or is given grudgingly (Rash, 2007).

On the other hand, structural characteristics of social support refer to the composition of a social network or sources of support while functional characteristics refer to the provision of particular resources or types of support (Stewart 1989; Komproue et al., 1997). Also, four different functions of social support have been described: emotional support, instrumental support, appraisal support, and informational support. For example, family members offer emotional support like esteem, trust, concern, and listening. Instrumental support consists of aid in kind, money, labor, and time. Peers offer appraisal support that enhances the individual's self-esteem. Finally, informational support consists of advice, suggestions for problem solving, directives, and information (Gotay and Wilson, 1998; Katapodi et al., 2002).

Impact of Social Support on Cancer

According to the World Health Organization (2002), cancer control is a public health objective that is focused on reducing the consequences of cancer by applying scientific knowledge to practice. One of the main objectives of cancer treatment is enhancement of patients' quality of life through national cancer programmes, which should establish standards for improving the patient's well-being. On the other hand, cancer treatments are not always curative; there are effective strategies for improving cancer patients' coping and quality of life, even in low resource settings (Zabalegui et al., 2005). Social support is one of these effective strategies.

In a study with 65 years or older aged newly diagnosed 799 cancer patients, Goodwin, Hunt and Samet (1991) found that patients with functional limitations were more likely to have poor social support networks than subjects without such limitations. In another study with 161 breast and gynecological cancer survivors, Lim and Zebract reported (2008) that functional social support directly influences quality of life. Filazoglu and Griva (2008) found that social support was positively associated with health-related quality of life in Turkish breast cancer patients. Similarly, Sammarco and Konecny (2008) identified a significant positive correlation between perceived social support and total quality of life in Latina breast cancer survivors. Finally, findings from the study of Kroenke et al. (2006) on the absence of friends, living children, and close relatives were significantly related to poorer survival, similar to findings by Friedmann et al.

(2005), who found women who reported more satisfaction with their social support networks had greater functional well-being; and social/ family well-being (Ozkan and Ogec, 2008).

Evidently, social support has a remarkable importance in dealing with psychological problems such as anxiety and depression, which both are common in cancer patients. For example, in a study on patients with different types of cancer, the incidence of psychological disorder one year after diagnosis was found to be 31.8% while patients with low social support scores were diagnosed with depression (Simpson et al., 2002). Yen et al. (2006) reported that depression is a significant predictor for quality of life for breast cancer patients. Therefore, social support plays a key role in dealing with the disadvantages that result from cancer and its treatment (Delbrück, 2008).

Finally, the evidence for the relationship between social support and cancer progression is sufficiently strong for breast cancer as shown by some methodologically sound studies (Nausheen et al., 2009). Bina (2009) also found that structural support indices were more frequently associated with disease progression than the indices of functional support in breast cancer. Also, low social support can lead to poor health behaviors, which may then predict an increased vulnerability toward cancer and its associated mortality (Kawahara et al., 1998; Crispo et al., 2004) and to psychosocial stress, which can influence the immune system via the endocrine system and cause angiogenesis and promotion of tumor growth (Lutgendorf et al., 2003; Steel et al., 2004). Therefore, it may be significant to identify patients who may be more at risk due to the psychosocial vulnerability resulting from low social support (Rudge et al., 2005).

Nurses' Role in Providing Social Support

Cancer patients benefit from support from healthcare professionals, including information and help with adjusting to the psychological difficulties associated with the disease. Both informational and emotional aspects of social support can have a positive influence on adaptation to cancer. Cognitive support for cancer patients includes information concerning the illness, diagnosis and prognosis, and treatment and side effects, as well as information on available services, such as support groups (Eriksson and Lauri, 2000).

Most patients want basic information on diagnosis, treatment options, and common side effects (Leydon et al., 2000) and express a need to receive accurate and timely information throughout the course of their illness (National Cancer Alliance, 1996; Degner et al., 1996). Cancer patients seek out information to understand the course and potential outcomes of their illness (Bayne et al., 1997) and information is believed to be essential to patients' perception of overall support and quality of life (Clarke et al., 2006).

On the other hand, it is an important task in providing social support belongs to the nurses. Nurses are healthcare professionals who act like a bridge between the health system and patients most of the time. For patients, they

are usually the closest medical staff to turn to for anything they need. Therefore, nurses should know the necessary conditions in order to obtain social support, should understand whether social support is sufficient or not, and should provide counseling in cases where social support is insufficient (Ardahan, 2006).

It is important that all health care professionals as well as nurses better understand the need for social support and statement of functional status for cancer patients in attempt to improve clinical interventions and care. Therefore, nurses should assess patients' levels of social support as a factor when evaluating functional status of cancer. Questions of a patient's needs for nursing care must be resolved such as, who can provide inpatient and outpatient support, and where this can be provided (Ozkan and Ogce, 2008).

Conclusion

Research suggests that social support has an impact on physical health, well-being and adjustment to cancer of cancer patients (Hann et al., 2002; Parker et al., 2003; Ashing et al., 2004; Kartoğlu and Saraçoğlu, 2005). Perceived social support act as a barrier against high-stress for individuals, satisfy their feelings of commitment and help protect and strengthen feelings of identity (Sorias, 1992; Şahin, 1999; Kaymakçioğlu, 2001; Aksüllü and Doğan, 2004). Having a low level of social support can negatively affect individuals' mental status (Ozbas, 2008).

In addition, evidence reveals that social support is beneficial for cancer patients and there is positive relationship between emotional support from family members and the level of physical and psychological adjustment to cancer. Furthermore, research into the relationship between the social support given during diagnosis stage and longer lifespan shows a causal relationship between social support and psychological adjustment (Eylen, 2001). Cancer diagnosis shakes the existing social support network and requires new arrangements in this network. In a study which examined which supports (depending on the person giving the support) cancer patients found useful, it was found that cancer patients believed that the emotional support given by the people they felt close was really significant. The patients in that study regarded the reassurance and emotional support given by nurses as important while they considered the informational support given by doctors as useful (Eylen, 2001).

To sum up, social support is obviously closely associated with physical adaptation, wellbeing and emotional adjustment in cancer. Furthermore, it is recommend that to introduce support services for all cancer patients, perceptions of support and satisfaction with available services should be examined. Also, adequate support including specialist nurses should occur as part of a structured care plan for all patients throughout the cancer journey. This may enable patients to form supportive relationships with specialist nurses from diagnosis and by means of the support they find they may lead a more quality life during the treatment.

References

- Aksüllü N, Doğan S (2004). Relationship of social support and depression in institutionalized and non-institutionalized elderly. *Anatolian J Psychiatry*, **5**, 76-84.
- Ardahan M (2006). Social support and nursing. *Ataturk University School of Nursing J*, **9**, 2, 68-75.
- Ashing Giwa K, Padilla G, Tejero J, et al (2004). Understanding the breast cancer experience of women: A qualitative study of African American, Asian Smerican, Latina and Caucasian cancer survivors. *Psycho-oncology*, **13**, 408-28.
- Atchley RC (2000). Social forces and aging: An introduction to social gerontology. 9th ed. Belmont, CA: Wadsworth.
- Bayne J, Bailey W, Kibrick-Lazear R, et al (1997). Planning a patient-centred resource room. *Cancer Pract*, **7**, 314-6.
- Caplan G (1974). Support Systems and Community Mental Health, New York: Behavioural Publications.
- Caplan G, Killelea M (1976) Support Systems and Mutual Help. Gruw & Stratton, New York.
- Clarke SA, Booth L, Velikova G, et al (2006). Social Support: Gender Differences in Cancer Patients in the United Kingdom. *Cancer Nursing*, **29**, 66-72.
- Costain SK, Hewison J (1999). Experiencing Cancer: Quality of Life in Treatment. Philadelphia: Open University Press.
- Crispo A, Brennan P, Jockel KH, et al (2004). The cumulative risk of lung cancer among current, ex-and never-smokers in European men. *Br J Cancer*, **91**, 1280-6.
- Degner LF, Davidson BJ, Sloan JA, et al (1996). Development of a scale to measure information needs in cancer care. *J Nurs Meas*, **6**, 137-53.
- Delbrück H (2008). Social support in cancer rehabilitation and palliation. Rehabilitation and palliation of cancer patients. 51-63. available at: <http://www.springerlink.com/content/g6178286w8141486/>
- Department of Health. National Cancer Plan (2000). A Plan for Investment, A Plan for Reform. London: Department of Health.
- Dunkel-Schetter C, Wortman C (1982). The interpersonal dynamics of cancer: problems in social relationships and their impact on the patients. In: Friedman HS, DiMatteo MR, eds. Interpersonal Issues in Health Care. New York: Academic Pres, 83-114.
- Eriksson E, Lauri S (2000). Informational and emotional support for cancer patients' relatives. *Eur J Cancer Care*, **9**, 8-15.
- Eylen B (2001) The Impact of informative counseling on the social support skills of cancer patients' families. Ankara University Institute of Social Sciences Department of Psychology. Doctoral Dissertation, Ankara.
- Filazoglu G, Griva K (2008). Coping and social support and health related quality of life in women with breast cancer in Turkey. *Psychol Health Med*, **13**, 559-73.
- Friedman LC, Kalidas M, Elledge R, et al (2005). Optimism, social support and psychosocial functioning among women with breast cancer. *Psychooncology*, **15**, 595-603.
- Goodwin JS, Hunt WC, Samet JM (1991). A population-based study of functional status and social support networks of elderly patients newly diagnosed with cancer. *Arch Int Med*, **151**, 366-70.
- Gotay C, Wilson ME (1998). Social support and cancer screening in African American, Hispanic, and Native American women. *Cancer Practice*, **6**, 31-7.
- Hann D, Baker F, Denniston M, et al (2002). The influence of social support on depressive symptoms in cancer patients: age and gender differences. *J Psychosom Res*, **52**, 279-83.
- House JS, Kahn RL (1985). Measures and concepts of social support. In: Cohen S, Syme SL, eds. Social Support and Health, Orlando, Fla: Academic Pres, 83-108.

- Hupcey JE (1998). Social support: Assessing conceptual coherence. *Qualitative Health Research*, **8**, 304-18.
- Jacobson DE (1986). Types and timing of social support. *J Health Soc Behav*, **27**, 250-64.
- Kartoğlu M, Saraçoğlu F (2005) Psychological support for cancer patients. *Obstetrics and Gynecology J*, **3**, 528-32.
- Katapodi M, Facione NC, Miaskowski C, et al (2002). The influence of social support on breast cancer screening in a multicultural community sample. *Oncology Nursing Forum (ONF)*, **29**, 845-52.
- Katz A, Bender E (1976). Self-help group in western society: history and prospects. *J Applied Behavioral Science*, **12**, 265-82.
- Kawahara M, Ushijima S, Kamimori T, et al (1998). Second primary tumours in more than 2-year disease-free survivors of small-cell lung cancer in Japan: the role of smoking cessation. *Br J Cancer*, **78**, 409-12.
- Kaymakçioğlu Ç (2001). Effect of perceived stress, social support, expectancies and coping style on depression and anxiety. Unpublished Master's Thesis. Boğaziçi University, İstanbul.
- Komproe IH, Rijken M, Ros WJ, et al (1997). Available support and received support: Different effects under stressful circumstances. *J Social and Personal Relationships*, **14**, 59-77.
- Krishnasamy M (1996). Social support and patient with cancer: a consideration of the literature. *J Adv Nurs*, **23**, 757-62.
- Kroenke CH, Kubzansky LD, Schernhammer ES, et al (2006). Social networks, social support, and survival after breast cancer diagnosis. *J Clin Oncol*, **24**, 1105-11.
- Leydon GM, Boulton M, Moynihan C, et al (2000). Information in practice. Cancer patient's information needs and information seeking behaviour: in-depth interview study. *BMJ*, **320**, 909-13.
- Lim JW, Zebract B (2008). Different pathways in social support and quality of life between Korean American and Korean breast and gynecological cancer survivors. *Qual Life Res*, **17**, 679-89.
- Lutgendorf SK, Cole S, Costanzo E, et al (2003). Stress-related mediators stimulate vascular endothelial growth factor secretion by two ovarian cancer cell lines. *Clin Cancer Res*, **9**, 4514-21.
- National Cancer Alliance (1996). Patient-Centred Cancer Services? What Patients Say. Oxford: National Cancer Alliance.
- National Institute of Clinical Excellence (NICE) (2004). Improving Supportive and Palliative Care for adults With Cancer. Executive summary. Philadelphia: Open University Pres.
- Nausheen B, Gidron Y, Peveler R, et al (2009). Social support and cancer progression: A systematic review. *J Psychosomatic Res*, **67**, 403-15.
- Ozkan S, Ogce F (2008). Importance of social support for functional status in breast cancer patients. *Asian Pac J Cancer Prev*, **9**, 601-4.
- Ozbas AA (2008) Determination of the level of distress and perceived social support of the breast cancer patients, Gazi University Institute of Health Sciences Department of Nursing Unpublished Master's Thesis, Ankara.
- Parker PA, Baile WF, De Moor C, et al (2003). Psychosocial and demographic predictors of quality of life in a large sample of cancer patients. *Psycho-Oncology*, **12**, 183-93.
- Rash EM (2007). Social support in elderly nursing home populations: manifestations and influences. *The Qualitative Report*, **12**, 375-96.
- Rudge JS, Thurston G, Davis S, et al (2005). VEGF trap as a novel antoangiogenic treatment currently in clinical trials for cancer and eye diseases, and VelociGene-based discovery of the next generation of angiogenesis targets. *Cold Spring Harb Symp Quant Biol*, **70**, 411-8.
- Sarason B, Shearin E, Pierce C & Sarason I (1987) Interrelations of social support measures. Theoretical and practical implications. *J Personality and Social Psychology*, **52**, 813-32.
- Samarel N, Fawcett J, Tulman L (1997). Effect of support groups with coaching on adaptation to early stage breast cancer. *Res Nursing and Health*, **20**, 15-26.
- Spiegel D (1981). Group counselling in cancer. Proceedings of American Cancer Society's Third National Conference on Human Values & Cancer. American Cancer Society, New York.
- Stewart MJ (1989). Social support instruments created by nurse investigators. *Nursing Res*, **38**, 268-75.
- Sammarco A, Konecny LM (2008) Quality of life, social support, and uncertainty among Latina breast cancer survivors. *Oncol Nurs Forum*, **35**, 844-9.
- Simpson JS, Carlson LE, Beck CA, et al (2002). Effects of a brief intervention on social support and psychiatric morbidity in breast cancer patients. *Psychooncology*, **11**, 282-94.
- Steel J, Carney M, Carr BI, et al (2004). The role of psychosocial factors in the progression of hepatocellular carcinoma. *Med Hypotheses*, **62**, 86-94.
- Sorias O (1992) Examination of the relationship between life stress, social support and mental illness with ill and healthy students. *Ege University Faculty of Letters Publications*, **9**, 33-49.
- Şahin D (1999). Social Support and Health. Okyayüz Ü H. Medical Psychology. *Turkish Psychological Association Publication*, **19**, 79-106.
- Taylor SE, Falke RL, Shoptaw SJ, Lichtman R (1986). Social support, support group, and the cancer patient. *J Consulting and Clinical Psychol*, **54**, 608-15.
- World Health Organization (2002). National Cancer Control Programmes: Policies and Managerial Guidelines. WHO, Geneva.
- Yen JY, Ko CH, Yen CF, et al (2006). Quality of life, depression and stress in breast cancer women outpatients receiving active therapy in Taiwan. *Psychiatry Clin Neurosc*, **60**, 147-53.
- Zabalegui A, Sanchez S, Sanchez P, et al (2005). Nursing and cancer support groups. *J Advanced Nursing*, **51**, 369-81.