



GLOBAL JOURNAL OF MEDICAL RESEARCH
INTERDISCIPLINARY

Volume 13 Issue 3 Version 1.0 Year 2013

Type: Double Blind Peer Reviewed International Research Journal

Publisher: Global Journals Inc. (USA)

Online ISSN: 2249-4618 & Print ISSN : 0975-5888

Social Support and Depression among the Cancer Patients

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GJMR-K Classification : NLMC Code: QZ 20.5



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Social Support and Depression among the Cancer Patients

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Abstract - Cancer patients experience several stressors and emotional upheavals. Social supports are considered important psychological resources during stressful circumstances such as a diagnosis of cancer. The aim of this research was to determine social support and depression status among the cancer patients. 90 patients who received treatment at an oncology center of a university hospital were included in the study. The data were gathered using personal information form, Beck's Depression Inventory and Multidimensional Scale of Perceived Social Support. It was found out that there was a significant correlation between patients' age and total social support, family support and significant other support; and between age and depression. It was seen that single patients had lower family support, lower significant others support and lower total social support; that patients who thought to recover from the disease had lower depression; and that those who got support from only health care personnel had lower family support but higher depression. There is a close correlation between the age and social support and depression of the patients. The effective use of social supports should be encouraged in preventing and treating depression, since it is an important coping method in the care of cancer patients.

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I. INTRODUCTION

Today, cancer is regarded as a life threatening disease and continues to be the most frightening disease despite important advancements in its treatment (Elbi, 1991). Cancer patients are not only affected physically, socially, psychologically and economically but also undergo restrictions in their functional living. Cancer is also a disease in which psychiatric disorders are likely to occur (Dedeli et al., 2008). The commonly seen psychiatric disorder is depression. Depression is an important psychiatric disorder to be considered and affects not only the quality of life, self care, treatment adaptation, and treatment-response of the patient but also severity and course of cancer in the long run (Berard, 2001; Andrykowski and Manne, 2006; Manne and Andrykowski, 2006). People with illnesses have different coping responses and varied coping resources such as social support (Woods et al., 1989). Social support is an important aspect of modern cancer care. Social support is defined as all kinds of financial and spiritual support that an individual receives from one's close environment (Clark et al., 2006; Sorias, 1988). It is reported that

social support provided by the families and friends of the cancer-diagnosed patients results in positive outcomes in the course of the disease by affecting general wellness of the cancer patients (Dedeli et al., 2008; Clark et al., 2006). Social support and assistance with daily life are important elements of the endeavor to reduce and compensate for the disadvantages that result from cancer and therapies (Ozkan and Ogce, 2008). This study was carried out in order to determine the social support and depression status of cancer patients.

II. MATERIALS AND METHODS

a) Sample

In the study a cross-sectional design has been used. The study was conducted at the oncology center of Research and Application Hospital of Cumhuriyet University between the 1st of October and the 31st of December 2010. 90 patients who were diagnosed with cancer for ≥ 6 months, got cancer treatment, had no communicational problem, accepted to participate in the research, were aged over 20 were included in the study.

b) Instruments

The data of the research were gathered using a Personal Information Form (PIF), Beck Depression Inventory (BDI) and Multidimensional Scale of Perceived Social Support (MSPSS).

PIF: This form included questions about the patients' age, gender, marital status, educational level, occupation and disease-related-features of the patients.

BDI: The scale was developed by Beck et al. in 1961 and its Turkish validity and reliability tests were performed by Hisli et al. in 1988. The scale measures physical, emotional and cognitive symptoms seen during depression. It is a 4- point likert type inventory with 21 items. The coding of the scale is made with points ranging from 0 to 3. The scores to be obtained from the scale vary from 0 to 63. A higher score reflects a higher level of depression for that item (Beck et al 1961; Hisli, 1988).

MSPSS: The MSPSS validity and reliability study for the Turkish version of the instrument was conducted in 1995 by Eker and Arkar. The scale consists of 12 items, with 4 items assessing each source of perceived social support, generating the subscales of family, friends, and specific person support. A higher score reflects a higher level of perceived social support for that item (Eker and Arkar, 1995).

c) *Data Collection*

Written permissions from the institution were obtained and patients who accepted to participate were informed about the purpose of the study and their verbal consents were obtained. The data of the research were gathered using face to face interview technique.

III. STATISTICAL ANALYSES

SPSS version 15.00 statistical package was used in data analysis. Descriptive analysis was used to present demographic data. Pearson correlation analysis was used to determine relationships between age, social support and depression. The t test and ANOVA were used in the evaluation of social support and depression according to sociodemographic characteristics.

IV. RESULTS AND DISCUSSIONS

It was found out that age of the patients ranged between 20 and 78, mean age was 54.26 ± 11.12 ; depression scores ranged between 1 and 41 and mean

depression score was 10.96 ± 5.73 ; family support scores ranged between 6 and 28 and mean family support score was 24.58 ± 5.06 ; friend support scores ranged between 4 and 28 and mean friend support score was 19.55 ± 7.30 and significant others support scores ranged between 4 and 28 and mean significant others support score was 22.88 ± 6.51 . Total social support scores were between 16 and 84 and mean social support score was 67.03 ± 15.57 . 56.7 % of the participant patients were female, 82.2 % were married, 42.2 % had primary school graduate and 45.6 % were housewives. Disease length of the 70.0 % of the patients was between 0 and 1 year. 74.4 % of the patients thought that they would recover, 92.2 % received help from others, 53.3 % got support from their families and 81.1 % told that their support was enough. It was noted in the research that there was a significant and positive correlation between age and total social support ($r=.270$, $p=0.010$), family support ($r=.305$, $p=.003$), significant others support ($r=.389$, $p=.000$) and depression ($r=.313$, $p=.003$).

Table 1 : Social support scores and depression scores of the patients in terms of marital status

Marital status	Family support Mean \pm SD	Friend support Mean \pm SD	Specific person support Mean \pm SD	Total social support Mean \pm SD	Depression Mean \pm SD
Married	24.9 ± 4.4	19.4 ± 7.2	23.7 ± 5.8	68.1 ± 14.3	19.6 ± 5.8
Single	19.1 ± 10.3	15.0 ± 7.0	16.1 ± 8.6	50.3 ± 25.1	20.6 ± 4.1
t, p	t=2.734 p=.008	t=1.449 p=.151	t=2.937 p=.004	t=2.758 p=.007	t=-.424 p=.672

It was found that there was statistically significant difference between social support scores of the patients in terms of marital status ($p<0.05$). Family support scores, significant others scores and total social

support scores of the single patients were lower. It was observed that there was not statistically significant difference between depression scores of the patients in terms of marital status ($p>0.05$).

Table 2 : Social support scores and depression scores of the patients in terms of their opinions about the future of the disease

Opinions about the future of the disease	Family support Mean \pm SD	Friend support Mean \pm SD	Specific person support Mean \pm SD	Total social support Mean \pm SD	Depression Mean \pm SD
Recover	25.0 ± 4.2	20.4 ± 6.9	23.1 ± 6.5	68.5 ± 14.2	18.6 ± 3.8
Partly recover	22.7 ± 7.0	16.3 ± 7.6	21.9 ± 6.7	60.9 ± 18.8	23.9 ± 8.7
hopeless	26.3 ± 2.8	22.0 ± 10.3	24.6 ± 3.0	73.0 ± 14.1	22.0 ± 5.5
F, p	F=1.918 p=.153	F=2.638 p=.077	F=.374 p=.689	F=2.130 p=.125	F=7.687 p=.001

It was found that there was not statistically significant difference between social support scores in terms of their opinions about the future of the disease ($p>0.05$). On the other hand, there was a statistically significant difference between depression scores of the patients in terms of their opinions about the future of the disease ($p<0.05$) and depression levels of those who thought that they would recover from the disease were lower.

Table 3 : Social support scores and depression scores of the patients in terms of help-source

Help-source	Family support Mean \pm SD	Friend support Mean \pm SD	Specific person support Mean \pm SD	Total social support Mean \pm SD	Depression Mean \pm SD
Spouse	25.2 \pm 4.1	19.0 \pm 8.0	23.8 \pm 5.6	68.1 \pm 14.3	17.1 \pm 5.2
Family	24.9 \pm 4.8	20.7 \pm 7.0	22.5 \pm 7.1	68.2 \pm 15.8	20.7 \pm 5.1
Friend	27.0 \pm 1.4	18.0 \pm 9.8	24.5 \pm .7	69.5 \pm 9.1	17.0 \pm 2.8
Treatment team	16.6 \pm 11.0	18.3 \pm 10.5	20.0 \pm 9.8	55.0 \pm 31.1	27.0 \pm 7.2
Other	22.8 \pm 4.9	15.7 \pm 4.1	22.5 \pm 5.5	61.0 \pm 12.8	22.4 \pm 6.5
F, p	F=2.633 p=.040	F=1.107 p=.359	F=.358 p=.838	F=.949 p=.440	F=3.968 p=.005

It was found that there was statistically significant difference between social support scores and depression scores of the patients in terms of help-source ($p < 0.05$). Family support scores of those who received help from health care team alone were lower and their depression scores were higher.

Social support is a complex construct which has long been suggested to have direct and buffering effects on well-being and emotional adjustment in cancer (Akechi et al., 1998; Nausheen and Kamal, 2007; Walker et al., 2006). A number of studies have shown that social support can reduce or buffer the negative impact of the diagnosis and treatment of cancer and may have a positive influence on psychological well-being (Cohen and Wills, 1985; Ell et al., 1992). In the research, it was found out that there was a positive correlation between the age of the patients and their total social support, family support and significant other support. As the age of the patients increased so did the scores of total social support, family support and significant other support. In this result; we were of the opinion that close and continual sharing of relations increased with age. Support from the family can be importance in promotion of their physical and psychological health (Akechi et al., 1998). Family members offer emotional support like esteem, trust, concern, and listening (Gotay and Wilson, 1998). Single patients had lower family support scores, lower significant other support scores and lower total social support scores. The number of the family members with whom patients live together may be very important in points of social support. Since the size of social network has been positively correlated with perceived support (Schaefer et al., 1981).

A diagnosis of cancer may lead to a sense of personal inadequacy, and diminished feelings of control, increased feelings of vulnerability (Helgeson and Cohen, 1996). It was detected that there was a close correlation between age of the patients and depression and as age increased so did depression score. Alexopoulos (2005) established that depression increased with age; which was associated with one's depression inclination due to the increased age. Hann and et al. (1995) reported that social network of cancer patients aged ≥ 55 was smaller, their social support decreased and depression increased. The negative impact of depressive symptoms on cancer patients

takes many forms, including reduced quality of life, and poorer medical outcomes and possibly reduced survival time (Hann et al., 2002). The links between social support, positive health outcomes, and well-being are well established, and individuals who have social and community ties have lower morbidity and mortality rates than those who lack social support (House et al., 1988).

Patients who thought that they would recover from the disease had lower depression levels. Cancer diagnosis and treatment brings changes in patients' personal paths of life, in their daily activities, work, relationships, and family roles, and it associated with depression (Zabalegul et al., 2005). Maintaining hope in the treatment of cancer is important. Maintaining hope plays a key role in lower level of depression among the patients who thought that they would recover from the disease. Patients who emphasized that they received help from health care personnel had lower social support scores but higher depression scores. During the treatment of cancer, social support of the individual and family increases and sometimes family support becomes insufficient for the patient or patient could not get enough support from the family. Lee et al. (2011) reported that social support of the patients declined one year after the diagnosis of breast cancer and depression occurred. In conclusion, there is a close correlation between the age and social support and depression of the patients. As the age of the cancer patients increased so did total social support, family support, significant other support and depression. Health care personnel are important in maintaining wellbeing of cancer patients and effective use of social support sources of the patients. Therefore, both family and patients should be supported altogether with a family-centered approach during the treatment of the cancer patients. It is necessary for cancer patients to know social support sources and initiatives that make these sources to be used effectively, prevent depression and provide an early treatment should be planned.

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