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Styl życia kobiet z chorobą nowotworową. Część IV. Wsparcie rodziny w walce z chorobą nowotworową

Streszczenie

Wstęp. Najistotniejszym elementem wsparcia społecznego jest subiektywne przekonanie człowieka, że funkcjonuje w układzie społecznym, jest szanowany, a komunikacja w sieci opiera się na zasadzie wzajemnych zobowiązań. Wsparcie społeczne odgrywa szczególnie ważną rolę w utrzymaniu zdrowia człowieka, chroni go przed chorobą i we wspomaganiu procesów zdrowienia.

Cel. Celem prezentowanych badań była ocena wpływu czynników społeczno-demograficznych na subiektywnie doznawane wsparcie.

Materiał i metody. W badaniu uczestniczyło 331 kobiet, u których zdiagnozowano wystąpienie choroby nowotworowej. Narzędziem badawczym był kwestionariusz ankiety opracowany przez autorki badania. Ankieta została rozprowadzona wśród kobiet zgłaszających się na badania kontrolne do przychodni przyklinicznej SPSK4 w okresie od marca 2007 do kwietnia 2009 roku.

Wyniki i wnioski. Wyniki przeprowadzonych badań pozwoliły na sformułowanie następujących wniosków: kobiety chorujące na choroby nowotworowe czują wsparcie rodziny i znajomych, co wpływa pozytywnie na ich stan emocjonalny. Subiektywne uczucie wsparcia jest związane ze stanem zdrowia. Kobiety oceniające gorzej swój stan zdrowia znacznie częściej odczuwają wsparcie zarówno emocjonalne, jak również instrumentalne. Największe szanse na uzyskanie wsparcia ze strony rodziny mają kobiety w starszych grupach wiekowych, posiadające dzieci, żyjące w stałych związkach, zamieszkałe na wsi. Wsparcie społeczne odgrywa szczególnie ważną rolę w utrzymaniu zdrowia człowieka, chroni go przed chorobą i ma wpływ na proces zdrowienia.

Słowa kluczowe: choroba nowotworowa, wsparcie społeczne, styl życia

Lifestyle of women with cancer. Part IV. Family support in the battle with cancer

Abstract

Introduction. The essential element of social support is subjective conviction of individuals that the social network tends to them and that they are respected; additionally they have to believe that network communication is based on mutual obligations. Social support is extremely important for maintenance of health; it protects against diseases and promotes the processes of recovery.

Aim. The objective of the present study was to assess the effects of socio-demographic factors on support perceived subjectively.

Material and methods. The study involved 331 women diagnosed with neoplastic diseases. The research tool was the questionnaire designed by the authors distributed amongst the women attending check-up examinations in the hospital outpatient clinic of the Teaching Hospital no 4 between March 2007 and April 2009.

Results and conclusions. The study findings have led to the following conclusions: women suffering from neoplastic diseases feel support of families and friends, which positively affects their emotional state. The support felt subjectively is related to the heath state. Women who assess their health condition as worse more often feel emotional and instrumental support. Older women, those with children, in steady relationships, and living in the country have the highest chances to receive family support. Social support is fundamental for health maintenance, protection against diseases and recovery.

Key words: neoplastic disease, social support, lifestyle.

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INTRODUCTION

Some elements of support are self-evident: help in taking care of children, shopping, or taking the patient to hospital. The concept of social support is associated with the social network, i.e. functioning of an individual among other people and relationships with them (e.g. having a husband, children, friends, neighbours). Four kinds of social support are distinguished: emotional (showing care, confidence, and closeness), informational (provision of information, new skills, advice), instrumental (provision of material goods, problems solved together), evaluative (showing acceptance, encouragement, understanding) [1,2]. The fundamental element of social support is subjective conviction of individuals that the network cares of them, and that they are respected; moreover, they have to believe that network communication is based on mutual obligations. Social support is extremely relevant for health maintenance, protection against disease and processes of recovery [3-8]. Emotional support is particularly vital. In cases of severe somatic disease, such as coronary diseases [3] or breast cancer [5,7], patients with greater support recover earlier and live longer. The effects of support are broad yet are not a universal remedy. Numerous studies demonstrate that in less severe somatic diseases, they play a relevant role. Patients with strong support comply more easily with doctor's orders. Support reduces the level of emotional anxiety, and emotional anxiety itself is known to affect negatively the therapy and recovery [9-11]. The aim of the present study was to assess the effects of socio-demographic factors on subjectively perceived support.

AIM

- to analyse health status of respondents
- to analyse the attitudes of families and friends towards women with cancer
- to identify the factors affecting the support received.

MATERIAL AND METHODS

The questionnaire study involved 331 women diagnosed with neoplastic diseases. The questionnaire, designed by the authors, was distributed amongst the women attending check-up examinations in the hospital outpatient clinic of the Teaching Hospital No. 4 between March 2007 and April 2009. The health state of women was analysed based on: subjective assessment of coping with everyday problems, subjective assessment of coping with physical pain and sleep disorders. Moreover, attitudes of the family and friends towards women with cancers were analysed. Additionally, an attempt was made to identify the factors affecting the support provided. The results were statistically analysed. The values of parameters measured in the nominal scale were characterized by number and percentage; correlations were tested using the $\chi 2$ test of independence. Variables affecting the support provided were identified using logistic regression. The odds ratio was calculated. The 5% terror of deduction was assumed; statistical significance was set at $p<0.05$. Database and statistical analyses were based on Statistica 8.0 software (StatSoft, Polska).

CHARACTERISTICS OF RESPONDENTS

The study population included 331 women aged 23-62 years. The mean age was 45.6 ± 8.9 years. The respondents were divided into three age categories (Table 1).

TABLE 1. Age of respondents.

Age groups	Number (n)	Percentage (%)
< 40 years of age	90	27.2
41 - 50 years	137	41.4
> 50 years	104	31.4

The largest group consisted of women aged 41-50 years (41.4%) whereas the smallest group - of women below the age of 40 (27.2%). The respondents above the age of 50 constituted 31.4%. The analysis of education showed that the highest number of women had secondary education (138 respondents); the lowest number of women had elementary education (14 women) (Fig.1).

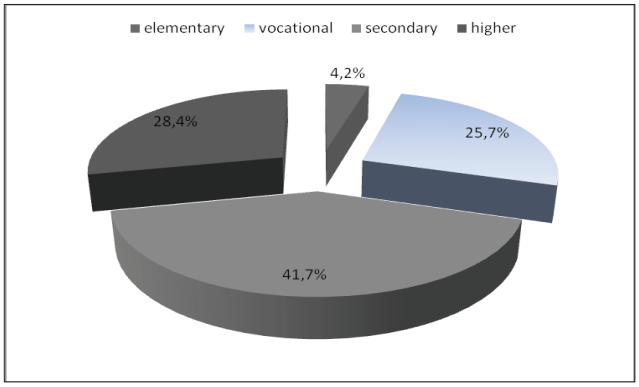

FIGURE 1. Levels of respondents' education.

According to marital status, 232 respondents (70.1%) were married, 38 - widowed (11.5%), 35 - separated or divorced (10.6%) and 26 were single (7.9%) (Tab. 2).

TABLE 2. Marital status of respondents.

Marital status	Number (n)	Percentage (%)
Single	26	7.9
Married	232	70.1
Separated or divorced	35	10.6
Widowed	38	11.5

The majority of respondents – 42.3% (140 individuals) were from towns <100 thousand inhabitants; 31.1% (103) lived in the country and 26.6% (88) in towns >100 thousand inhabitants (Fig.2).

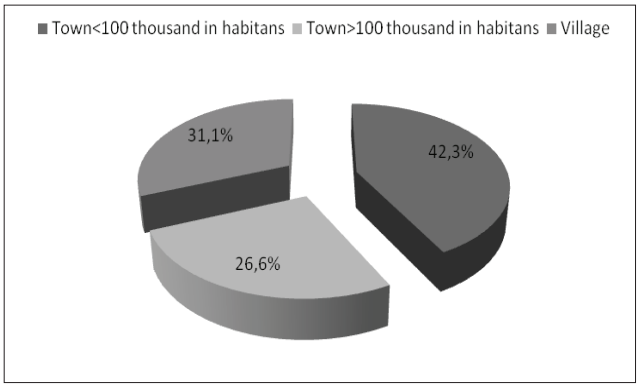

FIGURE 2. Respondents' place of residence.

RESULTS

In many cases, the fight against cancer is associated with repeated hospitalizations and health problems. Patients suffer from pain, nausea, vomiting, weakness, or sleep disorders and often have to limit their professional activity or even give up work. The disease is likely to worsen the living conditions of the family; family functioning may be impaired. Therefore, we asked the women with cancers to assess their health state. The respondents were to answer the question about the extent the disease affected their functioning in the family. The 5-degree scale was suggested; however, once the study material was analysed, the 3-degree scale was applied (Fig. 3).

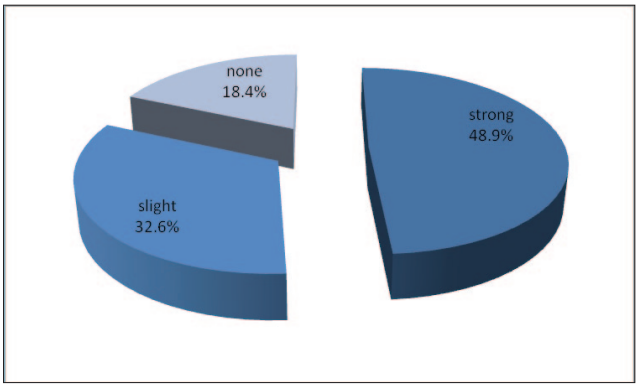

FIGURE 3. Impact of cancer on functioning in the family.

According to almost half of respondents (48.9%), cancer substantially limited their functioning; 32.6% of respondents believed the disease affected them only to some extent whereas 18.4% claimed their family roles and functioning were not affected. When asked about the effects of physical pain on normal functioning, the majority of respondents (162; 48.9%) stated that physical pain extremely strongly limited everyday activities; in some cases, they had to give up working and needed help in normal everyday activities. Over 32% of respondents (108) claimed that physical pain only slightly affected their everyday functioning; the remaining respondents – 61 (18.4%) answered that pain had no impact. As for the disease-related sleep disorders, almost 39% (129) of respondents had problems with falling asleep whereas 32% (106) woke up at night; 29% (96) had no such problems. It was demonstrated the subjective assessment of health state was related to the level of physical pain experienced ($\chi2$=9.89; df=6; p=0.0345; Cramer's V=0.198) and sleep problems ($\chi2$=7.879; df=2; p=0.019; Cramer's V=0.188). Among the respondents feeling physical pain every day and having sleep problems, the incidence of worse assessment of health state was significantly higher.

The answers to the question about cancer-related changes in the attitudes of family members were as follows: according to the majority of respondents, the family took over some household duties and felt more responsible for the material sphere of the family - 151 respondents (45.6%); over 36.2% of women observed that the family members avoided conversations about the disease and a substantial percentage -16.3% observed changes in family mutual relations. The family members, relatives and friends tried to create the atmosphere of love and trust. Almost 2% of respondents noticed that the family tried to avoid conflicts; they talked more with one another and tired to understand the attitudes of other family members (Fig.4).

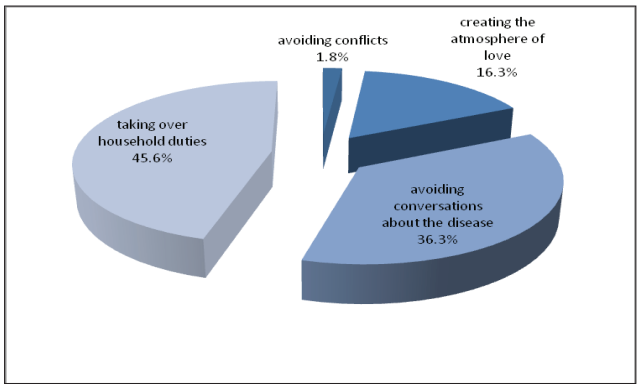

FIGURE 4. Attitudes of family members towards women with cancer disease.

Moreover, the analysis was to determine whether subjective assessment of health state of respondents correlated with family and friends support. It was demonstrated that attitudes of family members towards everyday problems were related to the health state of women ($\chi2$=651.27; df=6; p=0.0000; Cramer's V=0.814). The families of women, who stated that cancer did not affect or only slightly affected their family roles, significantly more often tried to encourage them and create pleasant family atmosphere (96.4%), avoided conflicts and wanted the affected women to feel their support. The respondents with stronger effects of cancer on their normal functioning more often felt that the family members took over the majority of duties (97.4%). The question whether the extent of family and friends support the respondents received was sufficient, was answered positively by 180 respondents (54.4%) and negatively by 151 (45.6%). In order to determine the sequence of variables affecting subjective perception of family and friends support, the logistic regression analysis was used.

The category of subjective feelings related to support was converted to obtain dichotomous distribution of the variable. The following variables place of residence were

introduced into the logistic regression model: age, marital status, having children, ($\chi 2$=17.937; p=0.00127). The odds ratio was calculated. The results were presented in Table 3.

TABLE 3. Variables significantly determining subjective perception of support. Results of logit analysis (OR-odds ratio).

Variable	β	SE	Wald $\chi 2$	p	OR
Age	0.63	0.27	5.67	0.01	2.34
Place of residence	-0.30	0.14	4.44	0.04	0.74
Marital status	0.51	0.25	4.13	0.04	2.18
Having children	0.62	0.18	8.31	0.00	2.96

SE (standard error).

The statistical analysis demonstrated that having children, age and marital status were the variables most strongly affecting subjective perception of support. Having children almost tripled the probability of subjective conviction of respondents that they were important, cared of and supported (OR=2.96). Age was another variable modifying subjective assessment of support, both emotional and instrumental. Older age and steady relationships (marital status category) were related to higher chances of subjectively perceived support (OR=2.34 and OR=2.18, respectively). The feeling of support was correlated with the size of places of residence; the bigger the place of residence, the lower the support felt (OR=0.74).

CONCLUSIONS

1. Women with cancer feel the support of family and friends, which has beneficial effects on their emotional state.
2. Subjective perception of support is correlated with health state. Women, who assess their health worse, more often feel emotional and instrumental support.
3. Older women, those with children, in steady relationships and from villages have the highest probability of receiving family support.
4. Social support is extremely important for maintenance of health, prevention of diseases and recovery.

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