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Original article

Social support for cancer—Selected problems

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ABSTRACT

Cancer creates a difficult situation connected with an extreme psychological burden for the patient, with the main symptom being the high level of stress resulting from the necessity to change the hierarchy of values and life goals, the prospect of physical pain and dependence on others.

The main goal of the research was to determine the scope of social support recognized by patients with cancer. Determination of the phases of disease predominantly burdened with stress as well as methods of stress reduction was the indirect goal of the research.

The research was conducted in the Wielkopolska province in 2008, and included a target group of patients with head or neck cancer treated by an oncological clinic. The researchers used a diagnostic poll as the method, and a questionnaire as the instrument.

The results showed that patients expect and are granted support of two basic types: *emotional*: allowing them to conquer their own internal tension and negative feelings, to express their fear, anxiety and sorrow, and to give rise to hope; and *practical*: aiming at the exchange and provision of information and advice that bring about better understanding of their condition, life situation and problems. The latter type of support results in the collection of feedback on the effectiveness of countermeasures taken by the supported patients, and exchange of information about certain procedures and the form of modelling efficient countermeasures.

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“An ounce of goodness offered to another man is better than the whole love for humanity”

Richard Dehmel

1. Background

Facing a disease, everyone is afraid of his or her life, particularly if cancer is the diagnosis. As the patient becomes more familiar with the circumstances, he or she wants to live a life as good as possible. Frequently the disease becomes chronic

and difficult for more persons. The manner of dealing with the disease depends on the general condition of the patient, and various psychological and social factors. The reference books indicate the significance of personality, the role of fear and strategies of dealing with the problem. The social environment of the patient, i.e. family, friends and medical staff, has a strong impact on the process of dealing with the disease. The modern, partnership relation between the therapeutic team and the patient leads to a transformation of fear into a task-focused approach—the eagerness for active and rational resistance to the disease. Confidence in the medical staff

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is mostly based on belief in its devotion and loyalty towards the patient. The support of relatives and friends completes the relation. These facts are constant in medicine, at least in theory.¹

Therefore, social support is among the best recognized resources of resistance to stress, in particular stress connected with the disease. It may be emotional or practical. Emotional support helps the suffering patients free themselves from tension and negative feelings, to express their fear, anxiety and sorrow, and gives rise to hope. Practical support offers exchange of information and provision of advice that help better understand the situation, condition in life and problems. It also allows for the collection of feedback concerning the efficiency of countermeasures taken by the patients, specific procedures, and the form of modelling efficient countermeasures.²

All the aforementioned factors influence the patient's approach to the disease. The confronting approach is particularly desired, as it stimulates the patient to fight actively, replacing passivity, helplessness and resignation.³

2. Aim

The main aim of the research was to determine the scope of social support perceived by patients with cancer.

The intermediate aims were focused on the determination of:

- stages of the disease that are particularly burdened with stress;
- ways of stress reduction.

3. Materials and methods

The research was conducted in the Wielkopolska province in 2008, and included a target group of 61 patients with cancer treated by the laryngological outpatient clinic of the Greater Poland Cancer Centre.

The researchers used a diagnostic poll as the method, and a questionnaire as the instrument. 120 patients received questionnaires. The return rate was 50.83%. All the participating patients consented to the use of information for scientific purposes. Patients in the early stage of the disease refused participation or gave no replies to questions concerning the influence of the disease on their lives, and the needs for social support and implemented strategies.

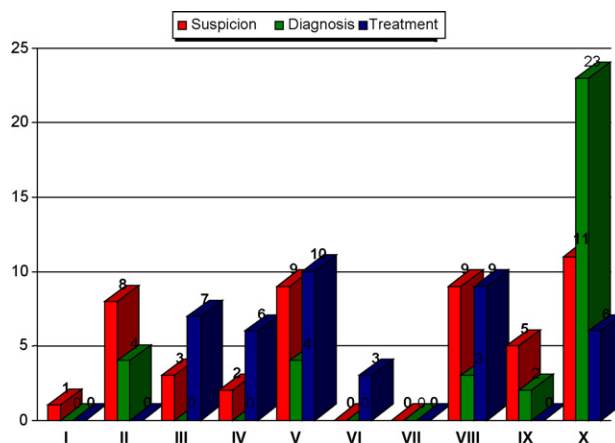


Fig. 2 – Intensity of stress in individual phases of disease development.

17 women (27.87%) and 44 (72.13%) men took part in the research. Most patients live in cities and towns: 41 respondents (67.21%). The largest group comprised patients of 40–59 years of age (59.02%). 28 respondents (45.90%) reported having secondary education, and 7 basic (11.45%). Married persons (78.69%) with usually 2 children dominated within the target group.

4. Results

4.1. Characteristics of the duration of the disease

The respondents indicated various positions of cancer within the area of the head and neck.

In most cases, the diagnosis had been known to the patients for up to 3 months (see Fig. 1).

4.2. The disease as stress

The disease is integrally connected with stress, which with various intensities accompanies the patients at each stage of dealing with this difficult situation. Among the target group, 37 persons confirmed the existence of stress since the beginning of the disease. According to the patients, the highest intensity of stress was connected with the moment of diagnosis, and suspicion of cancer (the highest number of 10 points). One group of respondents was not able to answer the question and

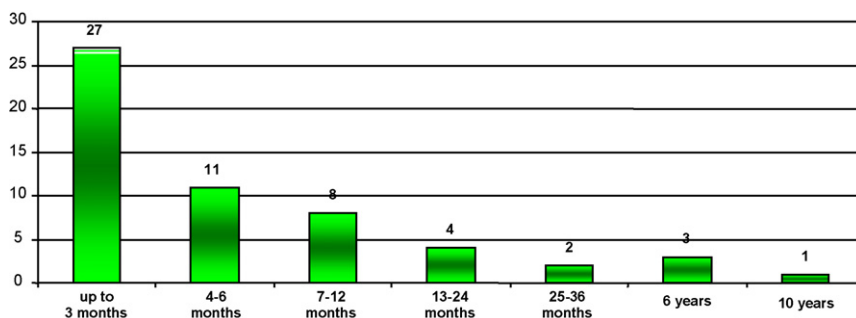


Fig. 1 – Duration of the disease since the moment of diagnosis (5 persons gave no reply).

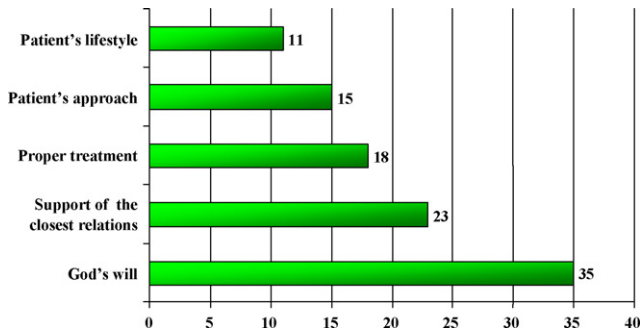


Fig. 3 – Determinants of the treatment efficiency (replies do not sum up—some persons chose more than one factor).

assess the range of the phenomenon. The collected data are presented in Fig. 2.

The dominating feelings accompanying the specified stages of the disease are the following:

- suspicion of cancer → fear of pain;
- diagnosis → fear of death;
- therapy → feeling of loneliness and injustice;
- end of therapy → feeling of loneliness.

Most respondents were convinced that God's will and external support were the factors deciding about the efficiency of therapy. The opinions of the patients are presented in Fig. 3.

50 patients of the target group confirmed their belief in the efficiency of therapy, 8 of them declared alternating moments of certainty and doubt, and 3 gave no answer.

Most patients expected a kind and professional approach from the medical staff, and only a few stressed honesty. Similar expectations were addressed to the nursing staff, but the quantitative difference between kindness and professional approach was less significant (see Fig. 4).

4.3. Social support

The respondents confirmed the need of constant support in the course of the fight against the disease (46 persons). The reasons for resistance against support were mainly connected with the following:

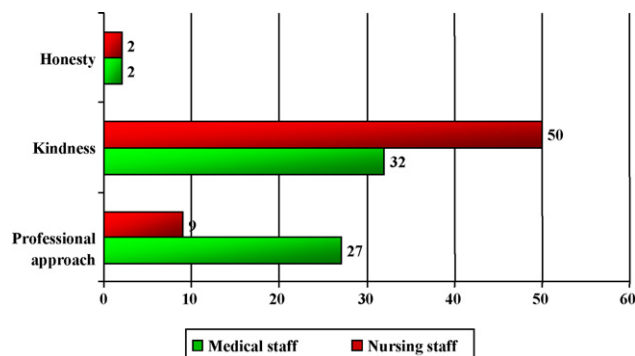


Fig. 4 – Types of stress-minimizing behaviour of the medical and nursing staff expected by patients.

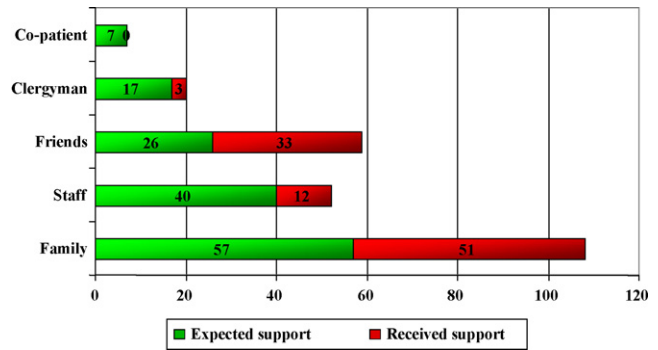


Fig. 5 – Persons granting support in the opinion of the respondents.

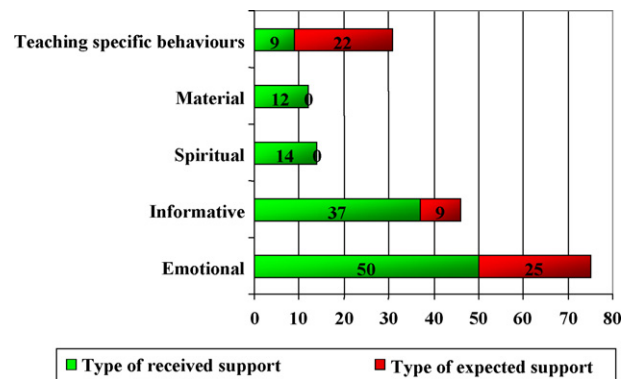


Fig. 6 – Expected and received support in the opinion of respondents.

- fear of dependence on others—35;
- lack of skills in asking for support—17;
- fear of lack of understanding—6;
- willingness to maintain high self-esteem—3.

The patients expect support in disease mostly from their families and medical staff. However, as the physicians and nurses cannot completely satisfy their needs, friends should also be involved. The opinions of the patients are presented in detail in Fig. 5.

The type of support offered to the patient is another interesting issue. The results of the research show that emotional support is basic in relations with patients with cancer (see Fig. 6).

5. Discussion

Terminal disease is a great psychological burden and source of existential crisis which begins at the time of awaiting the diagnosis. Anger, depression, fear, feeling of guilt, and even aggression usually accompanies the crisis. These are negative feelings, often very intense. The individual tries to control the situation or make it easier, using various defence mechanisms.^{4,5} This opinion is confirmed by the questionnaire return rate at the level of 50.83%. A hypothetical assumption may be made that the reason for refusal to fill

in the questionnaire was insufficient maturity of the patients to confront the subject of their disease. Patients who declined participation in the research were in the phase of diagnosis and commencement of oncological treatment. At this phase of the disease, the patients rarely show the ability to accept the disease. Their situation requires time and acquisition of dealing with stress and the threat to their health and lives. At the initial phase of cancer, the patients usually negate its existence and are unable to consider the issues connected with their disease. The research confirmed the highest intensity of stress at the moment of diagnosis. This condition is most frequently connected with the fear of pain and death. Within the later period of acceptance of the reality, the level of stress drops, but never disappears. At this stage of the disease, stress is connected with the feeling of loneliness.

The research of Ogińska-Bulik⁶ shows that patients with cancer feel helpless and lack belief in the efficiency of therapy (particularly among men over 55). This situation is different from the attitude of Poznań patients, most of whom believed in the efficiency of the therapy. However, their belief was conditioned by the declared belief in God and the help of relatives. In the opinion of the Poznań patients, the subjective treatment of the sick people by the medical and nursing staff could play a significant role in the reduction of stress.

It is crucial to emphasize one obvious fact the physicians and nurses are frequently unaware of: everyone needs support from the social environment. It has been widely discussed that social support is of superior importance among various psychological factors and social conditions that influence the process of dealing with disease.⁷ The research in the Greater Poland Cancer Centre proves that most patients need the help of others and lack this help, but cannot always inform others about these needs. The aforementioned approach frequently results from the willingness to avoid dependence on others or misunderstanding. Therefore, ensuring good care with particular respect to the specific nature of support must be individually adapted to each patient. Unfortunately, competent persons who could meet such requirements are often replaced by family and friends. This hypothesis is particularly valid in light of the types of expected and actually received support. Much research has confirmed that emotional support is of the greatest importance. However, instrumental and practical support seems significant for the provision of advice concerning the further life of the patient, ways of dealing with the disease, and factors contributing to improvement of the quality of life. This is a factor that reduces the intensity of negative symptoms, and social contacts offer positive experiences and a feeling that life is more predictable and stable. And despite the fact that "(...) everyone seeks a purpose in life. Everyone dreams, thinks and plans. Everyone sometimes does not want or cannot talk about many things, because of

the feeling of impossibility inside (...)", the closeness of kind-hearted persons gives the feeling of safety and acceptance, helps reduce the fear and helplessness, become a partner in therapy, and accept responsibility for its results.^{8–10}

6. Conclusions

1. Every disease, and cancer in particular, constitutes a considerable psychological burden and a source of crisis. Professional care, friendly atmosphere and full access to information connected with the health problem may contribute to the reduction of undesired stimuli.
2. The patient feels the greatest need of social support at the moment of diagnosis.
3. The patients expect support in disease mainly from family and medical staff.
4. Emotional and instrumental support are the most significant forms expected by the patients.
5. Patients do not always explicitly inform others about their need of support. This is usually connected with the willingness to remain independent or incapability of asking for help. Therefore, it is crucial for the medical staff to present empathy and knowledge that ensures individual solutions to problems specific for particular patients.

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