

Social support among the Caregivers of Persons Living with Cancer

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Abstract: *The social support emphasize as the support given to any person in a troublesome or burdensome situation by family members, relatives as well as resources exerted by social connections, is effective in promoting physical health and feeling oneself good. The present study consisted of 300 caregivers of persons with cancer was selected based on simple random sampling, and with inclusion and exclusion criteria. Those patients satisfying the inclusion and exclusion criteria and attending both outpatient and inpatient services of cancer specialty hospital in KIDWAI Bangalore, Karnataka were selected randomly. The data was collected from the patients & caregivers of persons living with cancer who fulfill the inclusion/exclusion criteria were taken up for the study after their consent. Multidimensional Scale of Perceived Social Support (Zimet et al, 1998) was administered to understand Perceived Social Support. The interviews and the instruments were administered by research experts. The Results suggest that there were poor social support found in caregivers of married, female, belong to rural domicile, illiterate, and, caregivers who were not heard about the treatment of cancer.*

Keywords: *Social support, Caregivers, Cancer*

I. INTRODUCTION

Social support of caregivers of person living with cancer

Social difficulties may persist into adulthood. Establishing relationships can be perceived as problematic for people who are uncomfortable about their appearance. In addition, once a relationship has been established, concerns about the visible difference may cause ongoing difficulties, for example in relation to intimacy. These problems usually relate more to the affected person than the partner. Influence of social support, depression, and self esteem on the burden of care among 278 informal caregivers of oncology survivors, Nigeria was carried out. The cross sectional correlational study showed a significant main effect of self esteem and interaction effect of social support and depression on caregivers' burden. Caregivers with high levels of depression and others with high levels of social support recorded significantly higher levels of caregivers' burden. This suggests the need for improving the psychological well-being of informal caregivers of oncology survivors in the expanding role of family and community members in caring for cancer survivors (Adejumo, 2009). From the oncology out survivor clinic of the Marmara Medical School Hospital in Istanbul, Fifty one caregivers of adult cancer survivors were recruited to investigate the relations among the psychological well-being (i.e depression and state/trait anxiety levels), attachment patterns (i.e secure, ambivalent, avoidant), and the perceived social support from family/friends/significant others of caregivers of cancer survivors. Caregivers were assessed with the Adult Attachment scale, the Beck Depression Inventory, State-trait Anxiety Inventories, and the Multidimensional Scale of perceived social support. Stepwise multiple regression analysis indicated that depression was predicted by ambivalent attachment and the perceived social support from family (Kuscu et al., 2009). In a study conducted at University of Nebraska College of Nursing, predictors of and trajectories for evening and morning fatigue were evaluated in family care givers of oncology survivors using hierarchical linear modelling. Evening fatigue trajectory fit a quadratic model. Predictors included baseline sleep disturbances in family caregivers and baseline fatigue in survivors. Morning fatigue trajectory fit a linear model. Predictors were baseline trait anxiety, levels of perceived family support, and baseline morning fatigue in survivors. Evaluating family caregivers for sleep disturbance, anxiety and poor family support, as well as high levels of survivor fatigue, could identify those family caregivers at highest risk for sustained fatigue trajectories (Fletcher et al., 2009).

A study from Israel examined the effect of perceived support from different agents (spouse, family, friends, and religion-spirituality) on psychological distress experienced by women with advanced breast cancer and their male spouses. 150 couples consisting of women with advanced breast cancer and their spouses completed the Cancer Perceived Agent of Support Questionnaire and the Brief Symptom Inventory Scale. Spouses reported more psychological distress (global, depression and anxiety) than survivors. Both survivors and spouses report a similar level of spousal support, and spouses reported a lower level of support provided from family and friends. Perceived support in the study contributed significantly to the explanations of global psychological distress, depression and anxiety both for survivors and their spouses. However, the specific agents of support that was significant in explaining these outcomes varied between survivors and their spouses. For survivors, family support received by both survivor and partner was the most important source of support, protecting from psychological distress, while for male partners, support from friends was most important. Religious based support was found to contribute negatively to the psychological distress of the survivor and spouse. The study emphasized the role of breast cancer spouses as care receivers in parallel to their role as caregivers, which is especially important in light of the high psychological distress reported by the spouses (Hasson-Ohayon, Goldzweig, Braun, & Galinsky, 2010).

II. SCOPE AND OBJECTIVE

Aim: To study the level of social support among the caregivers of persons living with cancer.

Objectives:

- To find out the socio demographic characteristics of persons with cancer and their caregivers
- To find out the association of socio demographic characteristics and social support among the caregivers of persons living with cancer.

III. RESEARCH METHODOLOGY

The present study has adopted a descriptive research design to describe the variables associated with various psychosocial aspects of caregivers of persons with cancer. It aims at describing the variables associated with the psychosocial correlates and problems of cancer patients with caregivers due to cancer and its treatments. The variables ranged from socio-demographic details and quality of life. The caregivers of patients diagnosed with cancer (acute, middle or end of life phase of cancer) who are admitted in cancer specialty hospital in KIDWAI (Kidwai Memorial Institute of Oncology) Bangalore. A sample of 300 caregivers of persons with cancer was selected based on simple random sampling, and with inclusion and exclusion criteria. Those patients satisfying the inclusion and exclusion criteria and attending both outpatient and inpatient services of cancer specialty hospital in KIDWAI Bangalore, Karnataka were selected randomly. Based on the pilot information regarding number of inpatient and outpatient at the KIDWAI centers in Bangalore random numbers was taken care of the patient load at the given center. The data was collected from the patients & caregivers of persons living with cancer who fulfill the inclusion/exclusion criteria were taken up for the study after their consent. Hospital registration number during the study period was used to obtain a representative random sample. Multidimensional Scale of Perceived Social Support was administered to understand the social support. The interviews and the instruments were administered by research experts.

IV. RESULT

TABLE-1: Socio demographic variables

Variables	Frequency	Percentage
Gender		
Male	191	63.7%
Female	109	36.3%
Marital status		
Single	57	19.0%
Married	240	80.0%
Divorced	2	0.7%
Separated	1	0.3%
Religion		
Hindu	265	88.3%
Muslim	28	9.3%
Christian	7	2.3%

Domicile		
Rural	185	61.7%
Urban	102	34.0%
Semi-urban	13	4.3%
Occupation		
Housewife	61	20.3%
Teacher	9	3.0%
Farmer	58	19.3%
Service	3	1.0%
Domestic help	7	2.3%
Business	16	5.3%
Professional	3	1.0%
Others	143	47.7%
Qualification		
Illiteracy	40	13.3%
Primary	169	56.3%
Secondary	36	12.0%
Graduate	49	16.3%
PG	6	2.0%

The study sample consists of N=191 (63.7%) males and N=109 (36.6%) females,

The distribution of marital status as single, married, divorced, and separated ration was 57:240:2:1 with majority 80% (N = 240) of the caregivers belonging to married category 19% (N = 57) of the caregivers were unmarried, , 0.7% (N = 2) of the caregivers belonging to divorced category, and the remaining 0.3% (N = 1) of the caregivers were separated.

The distribution of religion of caregivers as Hindu, Islam, Christianity, with a majority of 88.3% (N = 265) of the caregivers followed the Hindu religion, 9.3% (N = 28) of the caregivers followed Islam, and the remaining 2.3% (N = 7) of the caregivers followed Christianity.

The distribution of domicile of caregivers as the majority of caregivers hailing from Rural areas (N=185, 61.7%), from Urban areas (N=102, 34.0%) and the remaining were 4.3% (N = 13) of the caregivers belonging to semi urban area.

The study sample consists majority of the caregivers were employed in other kinds of work such as auto drivers, tailors and students, 47.7% (N=143), while 20.3% (N=61),were house wife, 19.3%(N=58),were employed in agriculture, 5.3%(N=16), of them had businesses, 3%(N=9),were teachers, 2.3%(N=7),of the caregivers were employed as domestic helps and the remaining 1%(N=3), of the caregivers were employed in the service sector, 1%(N=3), of the caregivers were employed as professionals.

The study sample consists majority of the respondents were completed, their primary level (class 1 to 7th standard) 56.3% (N=169), while 16.3 % (N=49), were graduates, 13.3% (N=40), of the respondents were illiterate, 12% (N=36), were completed up to secondary level (Class 8th to Class 10th) and the remaining 2% (N=6), were completed their post graduate level.

TABLE-2: Comparison of Socio demographic variables between male and female

Variables	Male (n=191) Mean (SD)	Female(n=109) Mean (SD)	U Score	P value
Age	36.44 (0.83)	36.75 (0.98)	-0.756	0.450
Income	6368.48 (5035.80)	4438.95 (3323.49)	-3.448	<0.001**
Duration of cancer (days)	183.92 (318.04)	331.15 (690.54)	-0.995	0.320
Duration in OPD (days)	155.45 (307.37)	257.78 (642.41)	-0.269	0.788
Duration in IPD (days)	16.61 (23.42)	19.44 (26.96)	-0.090	0.928

To test the difference between two groups Mann-Whitney U test was used. It was found that the income of males and females were significantly different with males having significantly higher income compared to females. (U=-3.448, p=<0.001).

No significant differences were found between other variables such as Age, Duration of cancer (days), Duration in OPD (days) and Duration in IPD (days) with respect to males and females.

TABLE-3: Comparison of Multidimensional Scale of Perceived Social Support between male and female

Variables	Male (n= 191) Mean (SD)	Female(n= 109) Mean (SD)	U Score	P value
Social support from Significant others	15.71 (7.32)	15.38 (7.88)	-0.387	0.698
Social Support from Family	19.94(4.98)	18.9450 (5.75)	-1.289	0.197
Social Support from Friend	14.62 (6.48)	10.36 (7.05)	-4.957	<0.001**

Mann-Whitney U test was used to compare the Social Support experienced by the male and female caregivers. Social Support from Friends domain was significantly different with males were greater than females which was statistically significant. (U=-4.957, p=<0.001),

No significant difference was found among other domains such as Social support from Significant others and Social Support from Family.

TABLE-4: Comparison of Multidimensional Scale of Perceived Social Support between single and married

Variables	Single (n= 59) Mean (SD)	Married (n= 241) Mean (SD)	U Score	P value
Social support from Significance others	17.83 (7.40)	15.04 (7.46)	-2.541	0.011*
Social Support from Family	20.67 (4.77)	19.31 (5.37)	-1.796	0.073
Social Support from Friend	16.44 (5.76)	12.25 (7.03)	-4.068	<0.001**

Mann-Whitney U test was used to compare the Social Support experienced by the single and married caregivers with cancer patients. Social support from Significance others was significantly differing with single caregivers were greater than married caregivers which was statistically significant ($U=-2.541, p<0.001$), Social Support from Friend domain was significantly differing with single caregivers were greater than married caregivers which was statistically significant. ($U=-4.068, p<0.001$),

There was no significant difference found among other domain Social Support from Family with respect to the single and married caregivers living with cancer patients.

TABLE-5: Comparison of Multidimensional Scale of Perceived Social Support between Hindu and Other Religion

Variables	Hindu (n= 265) Mean (SD)	Other Religion (n= 35) Mean (SD)	U Score	P value
Social support from Significance others	15.69(7.61)	14.82 (6.80)	-0.475	0.634
Social Support from Family	19.78 (5.17)	18.02(5.92)	-1.763	0.078
Social Support from Friend	13.15 (7.01)	12.54 (6.94)	-0.598	0.550

Mann-Whitney U test was used to compare the Perceived SocialSupport experienced by the Hindu and Other Religion caregivers with cancer patients. The result describes that there was no significant difference between the group domains on basis of Social support.

TABLE-6: Comparison of Multidimensional Scale of Perceived Social Support between Rural and Urban/semi urban

Variables	Rural(n= 185) Mean (SD)	Urban (n= 115) Mean (SD)	U Score	P value
Social support from Significance others	14.86 (7.55)	16.77 (7.35)	-2.266	0.023*
Social Support from Family	19.24 (5.35)	20.12 (5.14)	-1.626	0.104
Social Support from Friend	12.45 (7.26)	14.07 (6.44)	-1.639	0.101

Mann-Whitney U test was used to compare the Social Support experienced by the rural and urban caregivers with cancer patients. Social support from Significance others domain was significantly differing with urban caregivers were greater than rural caregivers which was statistically significant ($U=-2.266, p<0.001$).

No significant difference was found among other domains

TABLE-7: Comparison of Multidimensional Scale of Perceived Social Support between persons heard about cancer and not heard about the cancer

Variables	Heard about cancer(n= 208) Mean (SD)	Not heard about cancer (n= 92) Mean (SD)	U Score	P value
Social support from Significance others	17.10 (7.20)	12.19 (7.15)	-5.222	<0.001**
Social Support from Family	20.66 (4.62)	17.13 (5.86)	-5.251	<0.001**
Social Support from Friend	14.29 (6.61)	10.32(7.08)	-4.368	<0.001**

Mann-Whitney U test was used to compare the Social Support experienced by the person's heard about cancer and not heard about caregiver's with cancer patients. There was a significant difference with the person's heard about cancer caregivers were greater than person's not hearing about cancer. It was found among all the domains such as Social support from Significance others ($U=-5.222, p<0.001$), Social Support from Family domain ($U=-5.251, p<0.001$), Social Support from Friend domain ($U=-4.368, p<0.001$).

TABLE-8: Comparison of Multidimensional Scale of Perceived Social Support between caregivers of cancer patients underwent surgery and other modes of treatment

Variables	Surgery (n= 261) Mean (SD)	Other treatment(n= 39) Mean (SD)	Z Score	P value
Social support from Significant others	15.87 (7.51)	13.74 (7.40)	-1.568	0.117
Social Support from Family	19.66(30)	19.00 (5.17)	-0.948	0.343
Social Support from Friend	13.00 (7.04)	13.61 (6.75)	-0.564	0.573

Mann-Whitney U test was used to compare the Perceived SocialSupport experienced by the caregivers of cancer patients underwent surgery and other modes of treatment. The result describes that there was no significant difference between the group domains.

TABLE-9: Comparison of Perceived Social Support between caregivers of cancer patients whether they had taken treatment or not

Variables	Treatment(n=49) Mean (SD)	No treatment (n= 251) Mean (SD)	Z Score	P value
Social support from Significance others	14.06 (7.98)	15.89 (7.40)	-1.655	0.098
Social Support from Family	19.36 (5.97)	19.62 (5.15)	-0.106	0.916
Social Support from Friend	12.46 (7.43)	13.19 (6.91)	-0.321	0.748

Mann-Whitney U test was used to compare the Perceived SocialSupport experienced by the caregivers of cancer patients had taken treatment and they not have taken treatment. The result describes that there was no significant difference between the group domains.

TABLE-10: Comparison of Multidimensional Scale of Perceived Social Support between caregivers according to education

Variables	Illiterate (n=40) Mean (SD)	Primary (n=169) Mean (SD)	Secondary (n=36) Mean (SD)	Graduate (n=55) Mean (SD)	U Score	P value
Social support from Significance Others	9.60 (4.85)	15.25 (7.18)	17.50 (7.75)	19.76 (7.05)	46.651	<0.001**
Social Support from Family	15.00 (5.49)	19.73 (4.73)	21.00 (4.85)	21.49 (5.20)	43.082	<0.001**
Social Support from Friend	7.75 (5.55)	12.30 (6.87)	14.80 (6.43)	18.21 (4.84)	58.995	<0.001**

ANOVA U test was used to compare the multidimensional scale of perceived social support experience by the caregivers of cancer patient’s qualification. There was significant difference with the graduate caregiver of cancer patients and was greater than other qualification such as illiterate, primary, secondary caregivers of cancer patients which was statistically significant among all domains such as Social support from Significance others (U=46.651, p=<0.001), Social Support from Family (U=43.082, p=<0.001), and Social Support from Friend(U=58.995, p=<0.001).

V. DISCUSSION

Comparison between Multidimensional Scale of Perceived Social Support and Dependent Variables

Caregiving has been identified as a chronic stressor that places caregivers at risk for physical and emotional problems (Aneshensel, Pearlin, Mullan, Zarit, & Whitlach, 1995). The present study found that Social Support from Friend domain was significantly different with males were greater than females which was statistically significant. According to the National Caregiver Survey, the majority of caregivers (71.5%) are daughters and wives (Stone, Cafferata, & Sangl, 1987). Several theories have suggested that gender differences in caregivers' outcomes exist because, compared with male caregivers, female caregivers face higher levels of caregiving stressors, have fewer social resources, and report lower levels of psychological and physical health. These suggestions have been made, for example, in the gender-role socialization framework (Gilligan, 1982), the gender-role expectation framework (Barusch & Spaid, 1989), and in theories of labor marked segregation and household labor (Ross, 1987). However, only a portion of the available studies have found empirical support for gender differences in caregiver variables (Yee & Schulz, 2000). In contrast, it has been suggested that observed gender differences in caregiver health merely reflect gender differences in general well-being rather than caregiving-specific factors (e.g., Vitaliano, Zhang, & Scanlan, 2003).

Mann-Whitney U test was used to compare the Social Support experienced by the single and married caregivers with cancer patients. Social support from Significance others and Social Support from Friend was significantly differs with single caregivers were greater than married caregivers which was statistically significant. This study result matched with previous research done by Sabire (2013). Single caregivers had higher MSPSS scores than the married, all differences being statistically significant. This could be Single caregivers had higher MSPSS scores than the married. Single persons may have fewer responsibilities, while married caregivers have to cope with their family's problems in addition to those of their patients. The current study also found that Social support from Significance others domain was significantly differs with urban caregivers were greater than rural caregivers which was statistically significant. The rational reason could be for this finding is rural people are less likely to be employed than their urban counterparts, so as they are poor in economically and trying to meet the basic needs it is difficult for them to establish social relationship and that lead to poor availability of support from community. This study also found significant difference with the person's heard about cancer caregivers were greater than person's not hearing about cancer. It was found among all the domains such as Social support from Significance others, Social Support from Family, and Social Support from Friend. And there was significant difference with the graduate caregiver of cancer patients and was greater than other qualification such as illiterate, primary, secondary caregivers of cancer patients which was statistically significant were found among all domains such as Social support from Significance others, Social Support from Family, and Social Support from Friend. This study result matched with Sabire (2013). In this study the author found that those who studied graduate scores are directly related to it. This may indicate the importance of education in coping with problems. Our study also found a positive correlation between education level and income level. Well-educated caregivers usually have higher income levels. Their social support networks and their ability to access information may be better. Previous studies have reported that caregivers with a higher level of education have more extensive social network; a correlation with lower caregiver burden was also established.

VI. CONCLUSION

In conclusion, The Results suggest that there were poor social support found in caregivers of married, female, belong to rural domicile, illiterate, and, caregivers who were not heard about the treatment of cancer. Family caregivers of patients with cancer need stronger support in order to improve their social support. In the light of all these findings, in order to help the care givers, they should be informed about the potential burden and consequences of the care giving process and adaptation of caregivers into care processes should be monitored closely. Throughout this process, the assessment of social support systems in coordination with care givers may provide effective results in enhancing caregivers' awareness on this issue. As another solution, it is deemed necessary to provide professional consultancy services to caregivers on the issue of social support and encourage them to receive such services. Support by professional medical staff appears to be very important for permanent family-member caregivers, especially so if they are over 50 years old, female, married, women, with a low educational level, a spouse of the patient cared for, providing care for four years or longer, or caring for a dependent patient. It is essential that the needs of caregivers, as well as their health status and sources of support, should be identified in accordance with the holistic approach, that particular plans should be made to reduce the burden of caregiving and that these plans should be monitored regularly. Being in constant communication with other family members may decrease problems. Discussing problems with nurses will allow caregivers to improve family-internal communication, identify needs and adjust to a disease that keeps

progressing and changing. Sharing caregiving experiences in family meetings may be beneficial and relaxing for caregivers. Motivating the social support networks and encouraging caregivers to make use of these should prove helpful in coping with the problems of patient care, helping the caregivers adapt to their roles and providing relief from isolation. Sharing news, interacting the friends and neighbors, discussing problems and feelings may all help relieve the stress of caring for a patient. Providing social support to caregivers will decrease the use of nursing homes, which have very high costs.

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