

FAMILY SUPPORT AND PERCEIVED QUALITY OF LIFE AMONG CANCER CLIENTS IN ILOILO

by :

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Abstract

This study determined the adequacy of family support cancer clients receive at the time of their illness and whether the adequacy of support that they receive influences their extent of satisfaction with their quality of life. The data show that the adequacy of support received by the clients is significantly associated with the selected personal characteristics. Female, younger, and better educated tend to receive better family support than their male older and the less-educated counterparts. On the whole, clients receiving adequate family support tend to be more satisfied with their quality of life than those who were not receiving any support or those getting inadequate support.

Introduction

Background of the Study

The diagnosis of cancer, whether for the first time or for recurrence, threatens every client's sense of well-being. It also affects the family and friends of the individual who has cancer. Statistics obtained from DOH Region 6 shows that deaths of clients with cancer are increasing in the region. Nowadays, with the rising cost of hospital and medical expenses, more and more cancer clients receive care at home or as a cancer outpatient. Some clients are eager to return to their homes and families and feel that they can make a recovery only in the warmth and support of their own household. Most of these clients will be cared for in their homes by families, thus nursing has a role in helping cancer clients return to society and prepare their families to support and care for the clients within their own homes.

Cancer clients and their families should be assisted to identify whatever available support systems they may have, for in no other disease are the persons' inner resources and those of their families tested to a greater degree than when they are diagnosed with cancer. In most instance, the family constitutes the primary support group of cancer clients since they make up their immediate social environment.

Several studies have emphasized the benefits of being in a social support group. On the other hand, others say that giving help and providing support can be tiring and emotionally exhausting, especially those in the medical and helping professions who deal with many people and can sometimes suffer from burnouts.

Most studies on cancer care focus on the client diagnosed with cancer, the impact of cancer diagnosis on their family distress and how support groups outside of their family network have facilitated their adjustment to their illness. Information, if any, about specific types of support provided by the Filipino family to their cancer clients are still limited. Moreover, there is also a dearth in information on the possible effect of the different types of family support provided on the client's adjustment or coping with their health problem. One question that needs consideration is whether the nature and extent of family support contributed to the cancer client's quality of life. This study will be conducted to address this concern.

Objectives of the Study

The primary objective of this investigation was to determine the relationship between family support and perceived quality of life of cancer clients after having been diagnosed and treated for cancer in the different communities in Iloilo.

Specifically, the study attempted to:

1. determine the extent of satisfaction with the perceived quality of life of cancer clients in terms of their functional status, social function and psychological well-being;

2. determine whether the types of family support received by the cancer clients vary in terms of their family income, family type and educational attainment of the family caregiver;

3. determine whether the types of family support received by the cancer clients vary in terms of their age, gender, civil status, work status, income, educational attainment and stage of cancer;

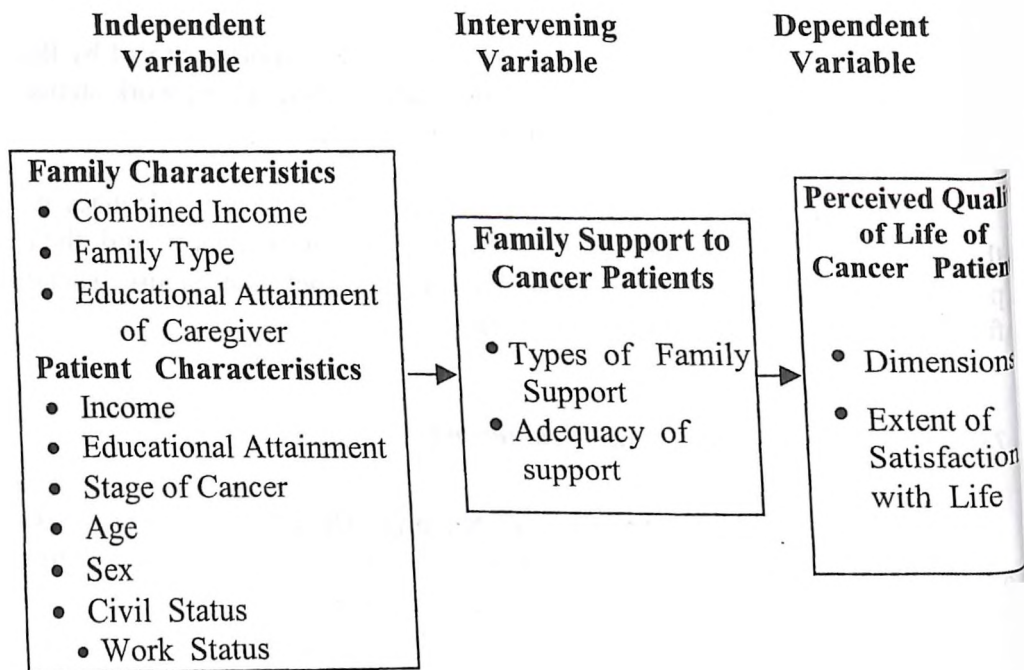
4. determine the relationship between the degree of adequacy of the types of family support received by the cancer clients and their perceived quality of life in terms of their functional status, social functioning and psychological well-being.

Theoretical and Conceptual Framework

The Adaptation Model of Nursing (Roy, 1995) describes adaptation as a process involving holistic functioning that affect health positively. The theory also stipulates that man is a holistic adaptive system who is in constant interaction with the changing environment. Cancer clients go through the process of adaptation to the diagnosis of cancer, and as they do so they are usually surrounded by people, family members especially, who serve as their support system.. The family is the immediate environment of a cancer client. Traditionally, the family is considered as the first line of defense of a person suffering from cancer who faces crisis. For them, the family is the main source of support.

The family is viewed as the provider of different types of support to their sick member. The cancer client, as an adaptive system, interacts with his/family, who can provide her/him material, emotional and/or appraisal support. When a client continuously receives support from his/her family, his/her adjustment to illness may be facilitated, thereby allowing them to experience a better quality of life despite their cancer illness.

Fig. 1 shows the assumed flow of relationship among the study variables.



Hypotheses of the Study

1. The adequacy of family support received by the cancer clients vary according to their age, gender, civil status, educational attainment, work status, income from all sources and stage of cancer when diagnosed.
 2. The adequacy of family support received by cancer client is associated with variations in family characteristics in terms of their combined income, family type and educational attainment of the primary caregiver.
 3. When the material support, emotional support, and appraisal support provided to the cancer client is very adequate, there is greater tendency for the clients to have a quality of life which is satisfying to a great extent, in terms of their functional status, social functioning and psychological well-being.
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4. When the overall family support of the cancer client is very adequate, his/her overall quality of life tended to be satisfying to a great extent.

Methodology

The one-shot survey design was used in the study. Ninety cancer clients who had been diagnosed with cancer from October 1996 to November 1998 consented to be respondents in this study. They were purposively chosen from the cancer clients who had been admitted to hospitals, seen as outpatients at the different doctors' clinics or those visited by doctors in their homes. Data were collected through personal interview, using a structured interview schedule which was prepared by the researcher. The instrument was prepared based on results of preliminary interviews with the clients and some items adopted from the "Beck's Depression Inventory" (Brown, 1986), the "Ways of Coping Checklist" of Folkman and Lazarus (in Querol, 1998), and on Caplan's questionnaire on "Giving and Receiving Support" (1987).

Major Findings

Clients' and Caretakers' Characteristics

The cancer clients were 57.17 years old on the average 57.17. Table 1 shows that they were mostly female (68.9 %); married (65.6 %); college- educated (62.2 %), and were not gainfully working (54.4 %) at the time of the study. Those working were earning an average of Php 8,575.17 per month. Moreover, most of them belonged to a nuclear family (64.4 %).

Most of them were diagnosed with stage 2 cancer. The clients' caregivers were mostly college-educated.

Table 1. Clients' and Caretakers' Characteristics

Characteristics	f (n=90)	%
Clients' Characteristics		
Mean Age	57.167	
Civil Status : Married	59	65.6
Sex: Female	62	68.9
Educational Attainment : College and above	56	62.2
Work Status: Not Working	51	54.4
Mean monthly income of working clients	Php 8,575.17	
Family Type : Nuclear	58	64.4
Stages of Cancer		
Stage 1	7	7.8
Stage 2	35	38.9
Stage 3	31	34.4
Stage 4	17	18.9
Caregivers' Characteristics		
Education of Caregiver : College	56	62.2

Type and Adequacy of Family Support Received by Cancer Clients

On the whole, the cancer clients were provided very adequate family support, the over all mean being 4.002 in a scale of 1 (lowest) to 5 (highest).

Comparatively, they were provided more emotional support than material and appraisal support (means are 4.33, 3.765 and 3.78, respectively).

Data on specific types of support presented in Table 2 show that among the materials support provided by their respective families, were "spending time with client every day" (4.326), "giving a wig" (4.111) and "buying medicines" (4.082). All the items under emotional support obtained a mean score of 4 and higher, but the top three support items were: "touching" (4.719), "showing concern" (4.567), and "reassuring sick member of their support and love" (4.533).

Appraisal support was generally average. Only one support item obtained a mean score of higher than 4, which is "giving advise" (4.155). "Allowing client to express feelings" and "teaching client about the effect of treatment in the body" followed closely (3.933 and 3.826, respectively).

Table 2. Types of Family Support Received and Adequacy of Support

Received (Mean Scores)

Types of Family Support (Top three items only)	Degree of Adequacy (Mean)
Material Support (Overall Mean)	3.675
Spending time with client	4.082
Buying a wig	4.326
Buying medicine	4.111
Emotional Support	4.333
Touching	4.719
Showing concern	4.567
Reassuring client of support and love	4.533
Appraisal Support	3.780
Giving advise	4.115
Allowing client to express feelings	3.933
Teaching clients about effects of treatment in the body	3.826
Overall Mean Adequacy of Support Score	4.002

Perceived Quality of Life and Extent of Satisfaction

On the whole, the cancer clients reported that they have a "satisfying" quality of life. They obtained an overall mean satisfaction score of 3.571, in a scale of 1 (lowest) to 5 (highest) in terms of their functional status, social functioning and psychological well-being, even after cancer diagnosis, the mean score being (Table 3). Of the three dimensions of quality of life, the most satisfying for them was functional status (3.773), while the least satisfying is social functioning.

This is understandable because when one is not feeling well, his/her social activities and interaction with people are limited.

Table 3. Dimensions of Perceived Quality of Life and the Clients' Extent of Satisfaction with each

Dimensions of Perceived Quality of Life	Extent of Satisfaction with Life Mean
Functional Status	3.773
Social Functioning	3.071
Psychological Well-Being	3.665
OVERALL RATING	3.571

Relationship Between Selected Client and Family Characteristics and Family Support Received

Age and perceived quality of family support . On the whole, younger cancer clients tended to receive more adequate overall family support than their older counterparts (Gamma=0.578). Of the three types of support, appraisal support exhibited the highest degree of association with age (.318). The degree of association between age and material support and the relationship between age and emotional support are negligible (.059 and .108). The figures indicate that irrespective of the cancer client's age the clients still received adequate family support (Table 4). This means that young or old, any sick member of the family is provide the best care possible.

Income and perceived quality of family support. On the whole, cancer clients who have higher income were more likely to receive sufficient overall family support than those with less family income. The relationship between the two variables is high and significant at 5 percent level (Gamma = .83). This is substantiated by a very high degree of association between income and material support (Gamma =.985). Health care, especially of those with lingering illness is expensive. This is further affirmed by a high positive association between family income and perceived quality Unless one has money to spend, the sick will continue

to suffer, not only from physical pain, but also from anxiety, and this will affect the patient's quality of life.

Inversely, the lowest degree of association with income was posted by emotional support. Indeed one does not need money to be able to provide emotional support. of life ($G=.626$).

Stage of cancer and Perceived Quality of Care. The data also show that the cancer clients whose cancer was still in the early stage received more adequate support, than those whose cancer was in advanced stages ($\text{Gamma}=0.315$).

Education of caregiver and perceived quality of life. The educational attainment of the care giver was also found to be significantly associated with the clients perceived quality of life ($\text{Gamma} =.564$). Clients with better educated caregivers tended to perceived a more satisfying quality of life than those with less educated caregivers. Apparently, an understanding of the illness and the kind of care they need helps one to be a better caregiver.

Table 4. Gamma Coefficients for the Relational Analysis Between Adequacy of Family Support Received and Selected client and Family Characteristics

Adequacy of Family support	Age	Income	Stage of Cancer	Family Income	Education of Caregiver
Material Support	.059	.985	.066	.834	.858
Emotional Support	.108	.295	.0621	.54	
Appraisal Support	.318	.497	.305	.310	.44
Overall Family Support	.578	.830	.315	.626	.564

Relationship Between Types of Family Support and Dimensions of Perceived Quality of Life

Table 5 shows that the degree of adequacy of the material and emotional support of cancer clients has no important bearing on their

functional status. However, the adequacy of appraisal support provided by their families impinges on the functional status of the clients. The adequacy of the material support received by cancer clients is associated with their social functioning; while the degree of adequacy of the emotional and appraisal support of the cancer clients has nothing to do with their social functioning. However, the degree of adequacy of the material, emotional and appraisal support of the cancer clients has an important bearing on their psychological well-being.

On the whole, the cancer clients overall family support has an important bearing on their quality of life with regards to their functional status, social functioning and psychological well-being (Gamma=0.443).

Table 5 Distribution of Respondents According to Overall Adequacy of Family Support and Extent of Satisfaction of Perceived Quality of Life

Extent of Satisfaction With Quality of Life	Overall Adequacy of Family Support					
	Very Adequate n = 76		Adequate n = 14		Total n = 90	
	f	%	f	%	f	%
Satisfying to a great extent	33	43.4	3	21.4	36	40.0
Satisfying to a moderate extent	42	55.3	11	78.6	53	58.9
Satisfying to a small extent	1	1.3	0	0.0	1	1.1
Total	76	100.0	14	100.0	90	100.0

Gamma = 0.443

Interrelationships among the Types of Family Support and Dimension of Perceived Quality of Life

The data in Table 6 show that none of the correlation coefficients (r) between any of the types of family support and any of the three dimensions of quality of life is zero, which means that there is a correlation between each variable in the matrix. However, since the correlation coefficients from 0.01 for material support and functional

status to 0.19 for material support and psychological well-being, all correlation values can be interpreted as negligible or almost nil.

The findings show that the adequacy of family support received by the cancer client, whatever the type, does not have a strong bearing on their quality of life in term of their functional status, social functioning and psychological well-being.

Table 6. Correlation Matrix (r) of the Interrelationships Among the Types of Family Support and Perceived Quality of Life Dimensions

Perceived Quality of Life Dimensions	Type of Family Support		
	Material	Emotional	Appraisal
Functional Status	0.0114	0.1391	0.1783
Social Functioning	0.1813	0.0271	0.1122
Psychological Well-being	0.1908	0.0830	0.1439

Conclusions

In general, the cancer clients were being provided adequate material, emotional, and appraisal support. The most adequate support they were getting was emotional in nature. The adequacy of support the clients received varies according to their age, educational attainments income and stage of cancer diagnosed. Clients who were younger, better educated, and those receiving higher income, received better family support than their older, less educated and less compensated counterparts. Clients who were in their stage of cancer also received better support than their peers who have more advanced cancer.

The adequacy of support the clients received from their families, however did not vary according to sex, civil status, and work status. Both male and female, single and married and working as well as the working and the non-working clients received sufficient family support.

The appraisal support from their families exhibited an important bearing on the functional status of the clients. On the contrary, the adequacy of materials and emotional support were found to be significantly associated with their degree of satisfaction with social functioning or their quality of life.

In general, the overall adequacy of family support received by the cancer clients significantly affected the satisfaction with their quality of life. The more adequate the family support they received the more satisfied they are with their quality of life.

Recommendations

1. The provision of family support to family members suffering from terminal diseases, like cancer, must be continuously promoted and strengthened. Specifically, material and appraisal support of family, caregivers, friends and hospital personal must be further enhanced to facilitate their adjustment of clients to their illness.

2. Since the cancer clients have satisfying quality of life in terms of their functional status, social functioning and psychological well-being, health care providers, the family, cancer clinics and social support groups must help educate their cancer clients through an educative-supportive or developmental approach, like outlining activities that will make their remaining days more satisfying and meaningful.

3. Hospital administrators, physicians of cancer clients and other health care providers should be encouraged to form and organize hospital or clinic-based support groups composed of the health care providers, cancer clients and their families whose activities will include home visitations, cancer education for the clients and their families, hospice care and dissemination of cancer information to the public. Such support group can also help families of cancer clients and the clients themselves gain more information about cancer, share

their experiences, provide moral support for others and empower themselves.

4. The DOH should include in its cancer control program activities to increase public awareness about the role of support groups in increasing the cancer client's chance of surviving.

5. Student nurses and hospital staff nurses should be encouraged to attend special in-service education workshops that will equip them with knowledge, expertise and an open attitude to answer all questions that cancer clients and their families would ask regarding their disease and prognosis.

6. A similar study should be conducted involving a wider scope in terms of locale, time and number of respondents. It is also suggested that future researches should look into other variables not included in the study, such as spiritual support; the coping strategies of cancer clients and family; or other internal psychological factor that may affect the cancer client's quality of life; as well as different type of analysis. A more in-depth research method, like case study is also recommended.

7. Similar studies focusing on other diseases with impact similar to that of cancer, such as : chronic diseases; degenerative disorders; debilitating; and incurable diseases such as HIV/AIDS are encouraged.

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