

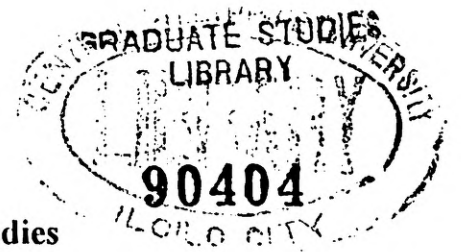
**FAMILY SUPPORT AND THE PERCEIVED QUALITY OF LIFE
AMONG CANCER CLIENTS IN ILOILO**

A THESIS

Presented to

the Faculty of the School of Graduate Studies

CENTRAL PHILIPPINE UNIVERSITY



In Partial Fulfillment

of the Requirements of the Degree

MASTER OF ARTS IN NURSING

by

LILY LYNN VELASCO-SOMO

October 1999

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

by:

Lily Lynn Velasco-Somo

ABSTRACT

The primary objective of this investigation was to determine the relationship between family support and perceived quality of life of cancer clients after having being diagnosed and treated for cancer. It intended to find out whether family support varies in terms of certain client and family-related characteristics such as his/her age, gender, civil status, work status, educational attainment, personal and combined family income, type of family and stage of cancer. This study also determined the client's perception of the adequacy of different types of family support they received and their extent of satisfaction with their quality of life. The study further determined the relationship between the adequacy of family support received by cancer clients and their extent of satisfaction with their quality of life.

Ninety cancer clients who were diagnosed with cancer from October 1996 to November 1998 consented to be respondents in this descriptive study. They were purposively chosen from cancer clients who had been admitted to hospitals, seen as outpatients at the different doctors clinics or visited in their homes.

Data were collected using a structured interview schedule prepared by the researcher, based on preliminary interviews with cancer patients and some items adopted from the Beck's Depression Inventory, from Ways of Coping checklist of Folkman and Lazarus, from Kaplan's questionnaire on determining the extent to which the client can

give and receive support. Data were processed and analyzed using the SPSS PC+ for Windows, Version 6.0.

The investigation revealed that the cancer clients were on the average 57.17 years old; mostly female; married; had gone to college, and were not gainfully working at the time of the study. Moreover, most of them belonged to the lower income level; and were still living with their nuclear family. Most of them were diagnosed with Stage 2 cancer. Their primary caregivers were mostly college-educated and the combined incomes of their family was relatively low.

The following significant findings were further revealed:

1. On the whole, the cancer clients in the study were provided very adequate family support. Comparatively, they were provided more emotional support than material and appraisal support.

2. The cancer clients perceived themselves as having a satisfying quality of life even after cancer diagnosis.

3. On the whole, younger cancer clients were more likely to receive adequate overall family support than their older counterparts.

4. Irrespective of the cancer client's gender, civil status and work status, and type of family, the clients still tended to receive adequate family support.

5. On the whole, cancer clients who have higher income were more likely to receive sufficient overall family support than those earning a lower income.

6. On the whole, cancer clients whose cancer was still in the early stage received more adequate support, than those whose cancer was in advanced stages.

7. Highly educated cancer clients whose family caregiver is also highly educated tended to receive sufficient family support than those whose caregiver is less educated.

8. The adequacy of the overall family support improved with increase in the combined family income of cancer clients.

9. When the relationship between the adequacy of family support and the different dimensions of the clients' quality of life was determined it was found that the adequacy of overall family support received by the clients was positively associated with their extent of satisfaction with their quality of life with regard to their functional status, social functioning and psychological well-being.

10. The adequacy of material, emotional and appraisal support received by the clients was associated with the cancer client's extent of satisfaction with his/her quality of life in terms of his/her functional status, social functioning, and psychological well-being.

Based on the previously mentioned significant findings, it was concluded that:

1. The adequacy of family support provided by cancer clients varies according to their age, educational attainment, income and stage of cancer when diagnosis was made. However, irrespective of the client's gender, civil status and work status, they tended to receive sufficient family support.

2. The adequacy of family support of cancer patients varies according to combined income of the family and educational attainment of the primary family caregiver. Regardless of whether the client comes from a nuclear or extended family, however, they tended to receive sufficient family support. This does not support the

hypothesis that the adequacy of family support is associated with the type of family the client belongs to.

3. The cancer clients who received very adequate family support tended to be satisfied with their quality of life in terms of their functional status, social functioning and psychological well-being. It can be deduced, therefore, that when family support is provided adequately, there is a tendency that cancer client will have a satisfying quality of life.

In the light of these significant findings, generalizations and conclusions the following recommendations are offered:

1. The health care providers, family and friends must be encouraged to continuously provide support to family members with cancer. They need to provide more material and appraisal support.

2. Hospital administrators, physicians of cancer clients and other health care providers should form and organize hospital-or clinic-based support groups made up of cancer clients and their families, health care providers who can help cancer clients and their families see their illness in different perspective and help them see that they are not alone in their plight, and help them realize that the cancer healing process is not only physical but also emotional, spiritual and psychological. Their activities can include home visitations, cancer education for the clients and their families, hospice care, if appropriate; and dissemination of cancer information to the public.

3. DOH should strengthen its cancer control program by implementing activities that will increase public awareness about the role of support group so that they can contribute to the cancer client's chances of surviving.

4. 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 deal with questions from cancer clients and their families so that they could provide more help to their clients.

5. Nurses and health care providers should help strengthen the family dynamics of cancer patients by encouraging open communication between family members, and help them identify existing adaptive responses of clients and teach them other adaptive mechanisms to use.

6. Future studies in the same area should involve a wider scope---in terms of locale, time and the number of cancer clients; and should look into other aspects of support which were not covered by the study such as spiritual support. A more in-depth study of cancer clients that includes case studies is also recommended.

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