

The Impact of Social Support on Clients with High Cancer Anxiety

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Abstract – *This is a mixed method study that focuses on the impact of social support on clients with high cancer anxiety. The purpose is to investigate the anxiety level, anxious moments, management techniques, and social support among clients with high cancer anxiety. Therefore, the study was conducted at different hospitals where cancer patients are found. Simple random sampling was assigned to a number of 80 cancer patients, interview was conducted, and questionnaire was distributed equally to all patients. The accumulated data were then analyzed; descriptive statistics were used to interpret and evaluate the impact of cancer anxiety on patients, and the important of social support in managing it. The finding indicates that there is a strong link between anxiety and social support, as high cancer anxiety can be managed through social support. Copyright © 2016 Penerbit Akademia Baru - All rights reserved.*

Keywords: social support, counseling, anxiety management

1.0 INTRODUCTION

Cancer patients, throughout the journey of this research, presented several symptoms of anxiety and depression that affects their feelings and ability to cope it. The objective is to measure the effectiveness of family love and support in managing anxiety among cancer patients. Although, it is common for cancer anxiety to cause patients delay treatment, increase pain, and affect sleep, and cause nausea and vomiting. However, lack of family support is more stressful and painful than cancer anxiety itself. Therefore, several studies have examined the “buffer” effect of social support during times of stress among women with breast cancer [1-3]. These studies generally conclude that social support from family and friends is associated with a better adjustment to disease. However, lack of social support leads to emotional distresses [4].

Social support is a multidimensional concept and is generally conceptualized from a quantitative-structural perspective of social networks, such as numbers of persons and formal relationships with them, or from a qualitative functional perspective of social support, such as the perceived content and availability of relationships with significant others [5]. The qualitative functional support refers to the quality or function served by the structural support components, and is mainly divided into the provision of instrumental, emotional and informational support [6]. The former theory maintains that support is beneficial to health and well-being regardless of the amount of stress people are experiencing. The latter reflects the belief that support buffers against the adverse effects of stressors under conditions of high stress.

2.0 RESEARCH METHODOLOGY

One Hundred patients were recommended to participate in this study, but only eighty (80) patients were psychologically and emotionally available. This study was conducted at different hospitals where cancer patients are found, in- depth interviews with the objective to qualitatively investigate the views and experiences regarding anxiety, causes, anxious situation, and management methods used by the patients to handle this kind of situations. Furthermore, a short questionnaire with the objective to quantitatively investigate the impacts of social supports on wellbeing, by measuring how the patients feel in terms of a number of listed adjectives. The questionnaire consists of three sections; demographic information, anxiety level, and social support.

3.0 RESULTS AND DISCUSSION

This section discusses the key findings from the research with a focus on cancer anxiety. The eighty participants views were analyzed and the results were highlighted accordingly.

3.1 Qualitative Results:

The qualitative results from the eighty patients are presented as central themes and linked categories for each of the anxiety experiences, causes, anxious situation, and management techniques. Each category is then further presented as sub categories, where sub categories are based around common denominators with summarized examples from the interview answers. An overview of the qualitative results, in terms of themes and categories for each phenomenon, are given as structured themes and categories in table 1.

Table 1: Themes and categories of interview results from cancer patients

| Phenomenon | Themes | Categories |
|---|---|---|
| 1 Anxiety | Experiences | Symptoms Reaction |
| | Causes | Cancer stage related anxiety Lack of family support Financial Stress Oncologists' behavior Fear of death related causes |
| | Anxious Situation | Going to hospital moment Knowing the results moment Surgery/Operation moment Chemotherapy moment |
| 2 Coping | Management technique | Family/Social Support |
| 3 Relationship between anxiety and management technique | Relationship between anxiety and family support | There is strong relationship between anxiety and family support |

3.1.1 Anxiety

✓ Experiences

I. Symptoms

Cancer patients, throughout the journey of this research, presented several symptoms of anxiety. The participants complained more about sleeping disorder, less appetite to eat, tired all the time, anxious, aggressive, difficult to accept the cancer, hopeless, and nervous in most situations. Majority of interviewees (90%) were in depression during the interview, and they were able to describe their feeling correctly, only 10% were not depressed or/and unable to describe their feeling. Likewise, anxiety usually present with one or more symptoms or signs such as excessive worry, apprehension, fear, irritability, tension, insomnia, sweating, tachycardia, shortness of breath, and nausea [7].

II. Reaction

In addition to that, different patients react differently to anxiety situation. Some patients embrace their anger by locking themselves in a room, cry whenever they are awake, and/or sleep most of the time. Others transfer their anger to the people; as most of them easily get anger without reason. Furthermore, majority were pessimisms; they were crying all the time, and emotionally withdrawn from others. However, there were some who had no changes on their emotions and behaviours.

✓ Causes

I. Cancer-stage-related-anxiety

Cancer-stage-related-anxiety is one of the main causes of anxiety and depression. First or fourth stage of cancer is the moment of getting hope or despair; the patients might feel the “no way to get cure of cancer” and “am going to die” or “there is a hope” and “am going to live”...

II. Lack of Family Support

This is also another important cause of anxiety for almost majority of cancer patients. Psychology researches address the effectiveness of social support to psychological adjustment of cancer patients; different studies suggested that emotional support is most desired by patients, and it is more associated with better adjustment [2]. However, lack of social support leads to emotional distresses [4].

III. Financial Stress

This is the most cause of anxiety for cancer patients; cancer’s treatment requires lots of money, as some patients are lacking the financial aid. Some patients might delay the treatment, surgery and chemotherapy because of financial difficulties. They do not want to make burden on family members. And according to Singer, Martin, and Kelnor [8], patients with serious-related illnesses expressed concern about the financial burden on others that their illnesses would cause.

IV. Oncologists' Behaviour

Furthermore, Oncologists might also cause anxiety to patients. Some patients described that the ways oncologists act, talk and behave stress them all the time, and others indicated that they couldn't describe the trauma they go through every time they meet their oncologists. Therefore, the interview results presented provide oncologists with suggestions to create a new future perspective, while tailoring explicitness of information and providing realistic hope.

V. Fear of death

The highest level of anxiety is the one fear of death; cancer patients always fear of cancer progress, recurring and death. According to Okanlı and Ekinçi [9], cancer patients experience severe psychological problem that is associated to fear of death.

✓ **The Anxious Situations**

I. The moment going to hospital

Although patient avoids the fear and worry at common situation, anxiety rises and increases one night before going to the hospital. Patients' anxiety also increases while waiting for the doctor in the waiting room. Therefore, Stiefel, Kornblith, & Holland [10], indicated that one-quarter to one-third of patients with advanced cancer received anti-anxiety medication sometime during their hospitalization.

II. The moment knowing the cancer screening results

The word "Cancer" is unaccepting disease mentally and emotionally; therefore, women are scared of even self-breast exam. It is very embarrassing for women to know the results of breast cancer screening, and the majority respond aggressively. According to Bobo, Dean, Stoval, Mendez & Caplan, [11], in the context of breast screening, anxiety, fear, and worry remain the most extensively studied emotion variable that is associated with screening behaviour.

III. Surgery/Operation moment

People always fear of operation and cancer patients fear more, because the diagnosis of cancer is associated with a number of fears, including fear of pain, surgery and death. The highest level of distress reported among breast surgery patients is on the day before surgery [12].

IV. Chemotherapy moment

The anxiety level of cancer patients never decreases as long as the cycle of treatment is going on. The chemotherapy is another cycle of treatment, and it is very difficult to describe the psychological impact of chemotherapy on cancer patients.

3.1.2 Coping

✓ **The Management Techniques**

Cancer changes people's lives. The emotional stress it causes can be overwhelming, but no one has to manage it alone [13]. The management techniques adopted by cancer patients is considered as individual efforts, however, the most common and the best management technique is family/social support. Supports from family, friends and others have a remarkable reputation on client wellbeing.

3.1.3 The Relationship between Anxiety & Coping

✓ Relationship between anxiety and family support

Cancer patients believe that family and friends are much needed, and they are very important therapist to overcome the pain and enhance the emotional wellbeing. However, lack of family support may cause emotional pain and difficulties. Similarly, Elanur et al [14] reported that social support was the preferred coping strategy for all cancer patients.

3.2 Quantitative Results

3.2.1 Participants' profile

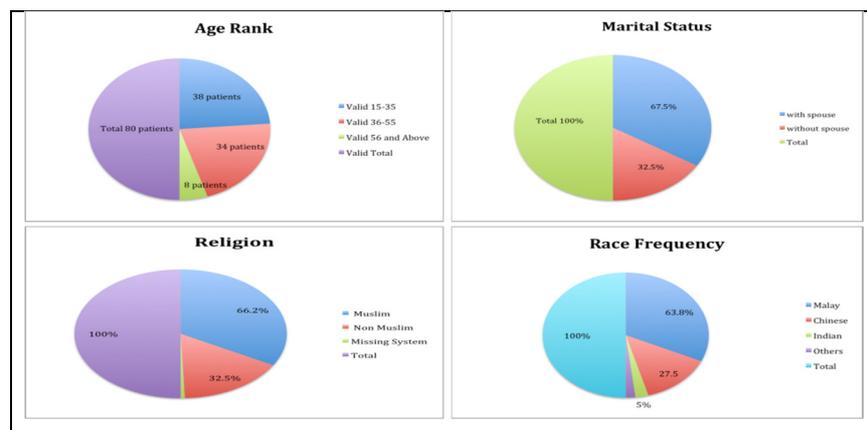


Figure 1: Participants' profile

The above indicated that, age group was between fifteen (15) to above fifty-six (56) years old. And 67.5% of them were with spouses and the rest (32.5%) were without spouses (single, separated, divorced, or widowed). Moreover, the majority of participants 63.8% were Malay, while 27.5% were Chinese, and only 5% were Indian. And of those group 66.2% were Muslims.

3.2.2 Level of Anxiety among cancer patients

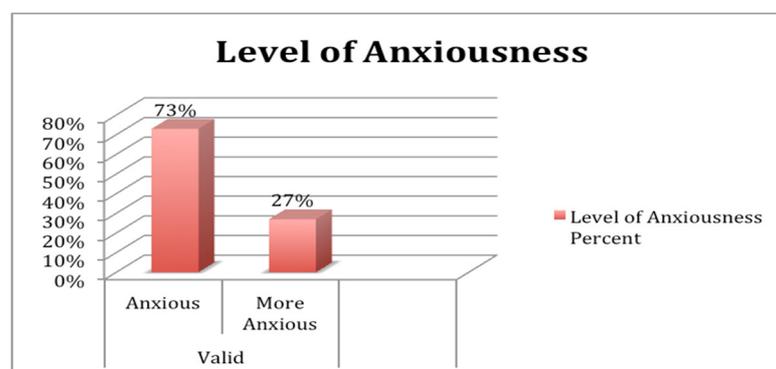


Figure 2: The Anxiety Level of cancer patients

The above graph indicated that almost all patients were anxious regardless of their level of anxiety (either anxious or more anxious). Almost sixty-six patients (73%) were having cancer anxiety due to their fear of death; difficulties to accept the disease, being depending on other,

and feeling of hopeless as cancer spread into their bodies and become part of their life. In addition the attitudes of some oncologist affected the feelings, emotions, and moods of some patients. Moreover, twenty-seven (27%) reported a very high level of anxiety that required some psychological intervention, as a result, researcher (counsellor) visited them for more than three times during this research study. In addition, the result also indicated that anxiety was significantly associated with problems as transportation, financial and work problems, family, and emotional problems.

3.2.3 The Importance of Social Support

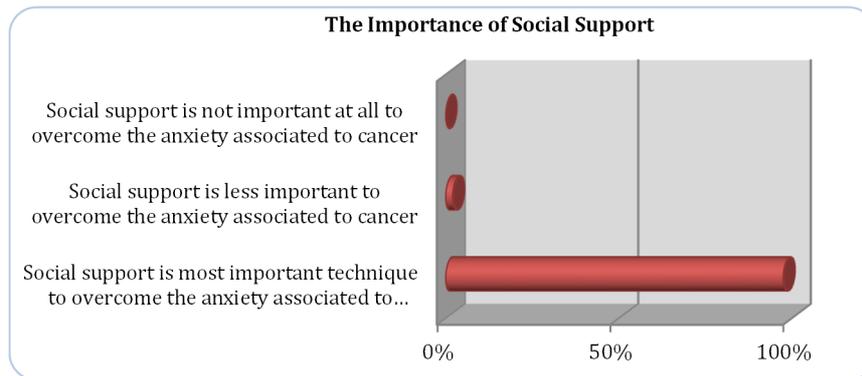


Figure 3: The Importance of Social Support in cancer patients

The above graph indicated that almost all patients' considered social support as the most important technique to overcome the anxiety associated to cancer. Although the anxiety level was high, social support helps them manage and overcome the emotional pain.

4.0 CONCLUSION

Anxiety and depression is the most common psychological problem encountered in patients with cancer, and effective coping strategies are needed to manage these psychological problem. In this study, researchers found that almost all patients at different hospitals and institutions were anxious, however, they were differing in their level of anxiousness. This may support us to recommend from the hospitals and institutions to provide counsellors who can help patients manage their anxiety, as there were little or none at those hospitals measured. Cancer patients usually experience anxiety over fears of cancer itself, cancer stage, uncertainty about their future, and changes in their physical appearance. Their distress may also be related to other psychological, social, spiritual, and emotional that derived from the cancer.

Although the current research outcome is not novel in psychology books, psychologist highlighted different causes that lead to high level of anxiety and depression for cancer patients. Cancer-stage-related-anxiety is one of the main causes of anxiety. At that moment patients might feel the "no way to get cure of cancer" or/and "death is always connected to cancer no matter what stage is". From the prediagnosis to the terminal stage, cancer causes considerable stress and impairs adjustment of the patient. The distress of having cancer continues until several years after the completion of the treatment. Furthermore, in Turkey, after five years or more, some patients complain about physical, emotional and social problems such as pain, anxiety, difficulty in relationships, feeling of loneliness, relapse of the disease [15].

The highest level of anxiety is the one fear of death; cancer patients always fear of cancer progress, recurring and death. Some patients worry almost every day; patients concern and fear of uncertainty of their cancer, they panic of cancer progress and recurrence. In a study done in Turkey, women experience severe psychological problems such as concern about impaired body image, reduced self-esteem, feeling of losing their femininity and decrease in sexual functions, anxiety, depression, desperation, guilt and shame, fear of a relapse, isolation and fear of death [10].

Therefore, the need for management techniques is very important; consequently, patients need counsellor who understand their feeling and remove all the pain from their minds, souls and bodies. Otherwise the treatment, the chemotherapy, and the medications may not help as long as the mind and the emotion are not well. The literature showed that majority of the patients reported anxiety and depression at different stages and level of treatments; they also described different coping strategies where social support was the most effective one.

The management techniques adopted by cancer patients is considered as individual's cognitive or behavioural effort to manage feeling and the situations that are considered as painful to them. The most common and the best management technique is family/social support. Social support has remarkable importance in preventing anxiety and depression that are commonly observed in cancer patients. Patients considered family and friend support the best method to overcome the pain and enhance the emotional well-being. And lack of family support may cause emotional pain and difficulties, less acceptance to the medications, weaker and less thinking of cure and remediation. Studies have shown that various kinds of coping strategies are used in different types and stages of cancer [16] & [17]. For instance, it has been reported that patients using ineffective coping strategies have higher levels of anxiety and depression and that benefiting from social support results in a marked reduction in the levels of anxiety and depression [18].

In conclusion, cancer patients need family attention, help, and guidance to avoid stressful events that increases their levels of anxiety and depression. Several limitations should be kept in mind when interpreting the results of this study. The sample for this study was drawn from cancer patients and survivors from different hospitals and institutions in Kuala Lumpur. Therefore, generalization of these findings to individuals living in other geographic regions is limited. Our study involved limited number of patients. To generalize the results to all Malaysian population, further studies with larger populations are needed. We believe that this study will provide light for future research on this subject.

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