Positive Aspects of Chronic Cancer and Social Support Perceived and Received by Cancer Patients

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Abstract—*The general perception on cancer views it to be a chronic disease that destroys one's morale and motivation to live a happy life after diagnosis. It not only affects the patient but also the people around him/her. The misconception of cancer to result only in negativity has been believed over years. Here arises the need to conduct a study to focus primarily on positive aspects of cancer and social support perceived and received by the cancer patients. The researcher has used purposive sampling and descriptive research design. The present study has three main objectives 1) To determine the relationship between selected Independent Variables and Dependent Variables. 2) To determine the relationship between Social Support and Positive aspects of a chronic Illness (Cancer). 3) To determine the relationship between selected subscales under social support. The results show that 1) There is a positive correlation between positive aspects of a chronic cancer and the social support perceived and received by the cancer patients.2) There is a positive correlation between the positive aspects of a chronic cancer and the time spent with the illness, company of family member to therapy and financial aid from the government.3) There is a positive correlation between social support perceived and received by the cancer patients and financial aid received from the government. The interpretations of the present study's data set were done using measures of central tendency, correlation and*

Keywords: *Cancer, Social support, Positive aspects of illness.*

1. INTRODUCTION

1.1 Positive Aspects of Chronic Cancer and Social Support Perceived and Received.

Cancer is a chronic disease caused due to uncontrolled growth of cells and forms from the extra mass tissue known as the 'tumor'. The loss of apoptotic nature by the cells, that is the loss of the ability of the cells (old and damaged) to destroy themselves in accordance with its very basic nature, leads to cancer. Several organs of the body can get affected by cancer cells like lungs, kidneys, eyes, heart and brain. Cancer cells also spread along the blood stream and cause blood cancer (Vanita et al. 2011) [1].

There are numerous types of cancer, can count up to more than 100 types. Their names are originated from the organ that they belong, for example, lung cancer starts in cells of the lung, and brain cancer starts in cells of the brain. Cancers also may be described by the type of cell that formed them, such as an epithelial cell or a squamous cell (Terese Winslow, 2018) [2].

1.2 Cancer as a Chronic Illness.

Stage 4 of the cancer means the cancer had spread from where it started to the other organs of the body. This is also called the secondary or metastatic stage. (Cancer Research Centre U. K) [3]. Chronic diseases mainly impact the quality of life of individuals, their families, as well as communities and they are the leading causes of illness, disability and death in several countries. It is only in the recent years that cancer has been categorized as a chronic illness by the United States. Like any other illness, it is argued that cancer can also be disabling, cause intense pain and embarrassment and be stigmatizing (Mac Donald et al., 1984) [4]. The definition of cancer as a chronic illness has some significant consequences for the role of patient as well as care taker.The recognition and acceptance of patient expertise and a willingness to share decision-making by health care professionals would not eliminate underlying inequalities. There are, as with other areas of health and illness, marked occupational and gender inequalities in chronic illness. As with other chronic illnesses, the role of informal care is central to the experience of people with cancer and is, as with other conditions, gender biased, with care takers predominantly being women. People with cancer do experience their illness at certain points as chronic, these points are interspersed with acute episodes requiring multiple intensive interventions (Tritter J.Q &Calnan M. 2002) [5]

1.3 Effects of Positive Thinking in Curing Cancer

There isn't any doubt that the power of positive thinking is a valuable attribute when diagnosed with cancer. A positive attitude helps in coping with a disease which strikes without warning and can recur despite aggressive treatment. First of all, positive attitude relieves stress and can help lower blood pressure. A positive attitude helps in doing things that seem beneficial which in turn helps enduring the fatigue, neuropathy, thinning hair and low blood counts which were the side effects of my chemotherapy. Therefore, choosing to lead a positive and happy life, doing everything possible to overcome anxiety about the upcoming scans and not panicking while having transient ache or pain instead, seeking joy, happiness on a daily basis might not really save people from cancer. However, it can almost be guaranteed that through positivity, meaning and happiness can be found in life. (Jane Ashley,2017) [6]

It should be noted that cancer is not just an illness that an individual suffers. It impacts the patient's social setting as well which basically includes his or her family and close friends. These social actors play a great role in helping the patient cope with the stressors of the illness. The support received from family and friends cannot replace any other kind of support the patient can possibly receive.

1.4 Social Support

The structural characteristics of social support refers to the composition of a social network or sources of support while functional characteristic refers to the provision of particular resources or types of support (Stewart 1989; Komproe et al., 1997) [7]. Also, four diverse functions of social support have been defined; Instrumental Support, informational support, Appraisal Support, Emotional Support. (Gotay and Wilson 1998; Katapodi et al., 2002) [8]

1.5 Significance of Social Support in Chronic Cancer Patients

There is a strong evidence indicating the relationship between social support and improvement in health when it comes to chronic diseases. Social support was linked to demonstrate better survival of post-myocardial infarction for those with more emotional support. (Berkman et al., 1992, Williams et al., 1992) [9]. Certain general evidences indicate that emotional support is more effective in respect to preservation of better physical health while, the effects of instrumental support appear to be seen mixed with higher levels of such support leading to more disability in some cases. Apart from just the social support, financial aid is the most crucial type of support the patient wishes to receive. There are a number of studies which depict the scenarios of lack of financial aid to cancer patients impacting their mental and physical health status and depriving them of treatment and cure.

2. LITERATURE REVIEW

Noreen Mokuau et al., (2007) studied about family support for native Hawaiian women with breast cancer. In this study, 8 Native Hawaiian women with breast cancer and 17 family members of other Native Hawaiian women with breast cancer participated in focus groups examining family support. Specifically, types of support provided by the family (eg, informational, emotional, and tangible), changing dynamics of family roles, and recommendations for health care providers, with attention paid to the influence of culture on family support, were topics that were examined. Results showed that similar to other population, Native Hawaiians viewed the family as the most important source of emotional and tangible support for women with cancer, and identified a need for increased informational support for both patients and families in the face of cancer. Consideration of cultural values and practices may enhance health care services for this population. J Cancer Educ. 2007[10]

A research was done to study silver lining and hope in relation with quality of life in adult cancer patients by Alvita de Souza et al., (2016) [11]. The objective of this study was to seek out the impact of finding a silver lining and Hope in illness on the quality of Life in Stage one and Stage two Cancer patients. The sample included 397 Cancer patients who belonged to the age groups of 36to 67 years(Male=156 & Female= 241).

The silver lining Scale, Adult Hope Scale and also the Quality of Life for Adult Cancer Survivors were administered on the participants. Results indicated that silver lining and attribute hope was a major predictor in Quality of Life in Cancer Patients. The implication of this study is to progress the Quality of Life in patients by empowering them with the cognitive strategies of finding a Silver lining and enhancing Hope.

3. RATIONALE OF THE STUDY

The purpose of this study was to examine the positive aspects of a chronic illness specifically cancer in spite of its negative consequences and the impact of social support perceived and received by the cancer patients. The main motive is to determine and establish a positive perception of cancer through the patient's experience and impact of various factors determining the positive aspects.

4. HYPOTHESES

4.1 There is a relationship between positive aspects of chronic cancer and social support perceived and received.

4.2 There is a relationship between social support perceived and received and financial aid provided by the government to patients.

4.3 There is a relationship between positive aspects of chronic cancer and financial aid provided by the government to patients.

4.4 There is a relationship between positive aspects of chronic cancer, time spent with the illness and company of a family member to therapy.

5. METHOD

5.1 Sample

The present study is aimed at studying 100 cancer patients. A non-probability purposive sampling method was used to collect the data as the respondents chosen were specifically chronic cancer patients. The sample size has been determined by the institution as the research is conducted in an Under Graduate level. The researcher used interview method to collect data. The researcher approached cancer hospitals in the cities of Hyderabad and Secunderabad. The respondents were interviewed and the responses were marked respectively. The respondents were asked for consent before administering the test and were also informed that their participation was voluntary. The respondents were also informed that their responses would be kept confidential. The participants were requested to answer the questions with complete honesty.

5.2 Research Instruments

5.2.1 Silver Lining Questionnaire:

The SLQ-38 is a generic scale of adversarial growth in which individuals are asked to think about the positive aspects of their illness experience and to indicate the extent to which they agree or disagree to with the 38 statements using a 5-point Likert scale: (1) strongly disagree; (2) disagree; (3) not sure; (4) agree; (5) strongly agree. The 24SLQ 38 items can be factored into 5 subscales, Improved personal relationships, greater appreciation for life, personal inner strength, changes in life philosophy and positive influence on others. Sodergren et al. (2002) stated that an overall score was obtained by giving a value of 1 to responses of 'strongly agree' and 'agree', whereas all the other response options receive a value of 0. A total score reflects the total number of items with which the individual agrees and varies between 0and 38. However, in the present study, continuous scoring was adopted because the dichotomizing of continuous variables results in a great loss of information and it was proposed that experiencing adversarial growth in illness is not an all-or-nothing process. In a study conducted by Sodergreen et., al to examine positive perceptions of illness post rehabilitation, it was concluded that SLQ-38 has a good internal Consistency [α= 0.93] and test-retest reliability [r=0.90; p<0.001].

5.2.2 Berlin Social Support Scale (BSSS):

To measure cognitive and behavioral aspects of social support; to assess quantity, type, and function of social support in general and in stressful circumstances;

The scales were developed for and validated with an adult population of cancer patients and their partners. They can be used across different clinical and healthy adult populations. The Subscales include, perceived emotional support, perceived instrumental support, perceived social support, need for support and actual received support. Reliability: Internal consistency for subscales in validation sample (cancer patients, N=457): Perceived Social Support (8 items): Cronbach's alpha = .83; Need for Support (4 items): Cronbach's alpha = .63. The answering format is the same for all subscales: Participants indicate their agreement with the statements on a four-point Likert-type scale. Possible endorsements are strongly disagree (1), somewhat disagree (2), somewhat agree (3) and strongly agree (4). Negative items need to be reversed.

5.2.3 Statistical Analysis

The data collected and the responses recorded were scored using the data analysis software IBM SPSS Version 20. Further the statistical analysis and treatments of the scores were performed. The measures of central tendency and standard deviation of the independent variables and the scales along with sub-scales of Silver lining questionnaire and Berlin social support scale were computed individually for the total sample. Pearson's Product moment correlation was also computed to determine if there exists any significant relationship between the independent variables and scales of social support and positive aspects of chronic illness.

6. STATISTICAL RESULTS AND FINDINGS

The findings of the study show correlations between positive aspects of chronic cancer and social support perceived and received and their relationship with demographic variables of the respondents. Pearson's Correlation analysis was used to examine the relationship between positive aspects of chronic cancer and social support perceived and received along with the demographic variables of the respondents which include, financial aid from the government, type of cancer, company of a family member to therapy and the time spent with illness.

The results in table6.1 show the demographic details of the respondents. It can be seen that in the present study, age has been divided into three categories, Young (17-28), Middle (29-54), and Old (55-83) on the basis of quartiles. It is clearly seen that large percentage of respondents are from the middle age group that is 29-54. There are 49 percent respondents who are male and 51 per cent are female. The financial aid from government was received by 50 per cent of the respondents through Arogyasri, while the rest of 50 per cent respondents received it through other non-Arogyasri schemes. The time spent with illness by the respondents according to the table can be seen that 50 per cent of them have been suffering with cancer for below six months and the rest 50 per cent of them have been suffering for more than 6 months. Most of the respondents (44 per cent) are going through chemo therapy.

Company of a family member to therapy, shows that 45 percent of the respondents are accompanied by others (friends, siblings) to the therapy while 35 percent of them are accompanied by their spouses.

Table 6.1: Demographic details of the respondents

Criteria	Characteristics	Percentile
Age	17-28 years	25%
	29-54 years	48%
	55-83 years	27%
Gender	Male	49%
	Female	51%
Marital Status	Married	64%
	Single	28%
	Divorced	1%
	Widowed	7%
Family type	Nuclear	66%
	Joint	34%
Occupational status	Employed	57%
	Unemployed	37%
	Housewife	6%
Financial Aid from Govt	Arogyasri	50%
	Non Arogyasri	50%
Time spent with illness	Below 6 months	50%
	Above 6 months	50%
Therapy Used	RT and CT	20%
	Surgery	9%
	All of the above	7%
	Immunotherapy	1%
Company of a family member to therapy	Nobody	6%
	Spouse	36%
	Children	13%
	Others	45%

Results in table 6.2 indicate that there exists a positive correlation between positive aspects of chronic cancer and social support perceived and received, r=.207 and p<0.05. which means higher the social support, higher the positive perception of illness. It is indicated that there exists a strong correlation between financial aid from the government and positive perception of illness, r=.487, p<0.0. Depending on the type of Cancer there exists a strong correlation between the type of cancer and positive perception of illness, r=302, p<0.01. Company of a family member to therapy is positively correlated to the positive perception of illness, r=.221. p<0.05. Depending on the type of therapy, there is a strong positive correlation between type of therapy and positive aspects of chronic cancer, r=.302, p<0.01. Higher the time spent with

illness higher the positive aspects of chronic cancer, r=.250, p<0.01.

Table 6.2: Correlations between positive aspects of chronic cancer and other variables

Variables	Positive Aspects Of Chronic Cancer	
	Pearson Correlation	P-Value
1. Social Support Perceived and Received	.207*	<0.05
2. Financial Aid from Govt	.487**	<0.01
3. Type of cancer	.302**	<0.01
4. Company of family member to therapy	.221*	<0.05
5. Type of Therapy	.302**	<0.01
6. Time pent with Illness	.250**	<0.01

To determine the relationship between social support with financial aid from government and the type of therapy used. The findings of the study in table 6.3 shows that there exists a positive correlation between social support and financial aid r=.177, p<0.05. Which means higher the financial aid received higher the social support perceived and received by the respondents.

Table 6.3: Correlations between social support and financial aid from government

Variables	Social support perceived and received	
	Pearson Correlation	P-Value
Financial Aid from Govt	.177*	<0.05

7. DISCUSSION

The present study has been conducted to determine the positive aspects of chronic illness specifically Cancer and the social support perceived and received by the patients. The study attempts to emphasize the positive aspects or positive perception of the illness in spite of the negative consequences of the deteriorating health conditions. Along with the same, the study also attempts to prove that social support can be the most effective technique to help increase the positive aspects of the illness. In a study conducted by Corey M Clark to determine the relations between Social Support and Physical Health [12]. According to the study, absence of social support leads to disadvantages among certain impacted individuals especially those with illnesses, in most of the cases resulting in deteriorating physical and mental health amongst the victims/patients. The presence of social support impacts an individual's ability to cope with stress. The sense of being valued by others is a necessary psychological factor in helping them forget the negative aspects of their stressful lives/ illness and helping them think more positively about their environment. It plays a major role in preventing negative symptoms such as depression and anxiety.

The second hypothesis of the study states that there is a relationship between social support perceived and received and financial aid provided by the government to patients, the findings of the study are in accordance with the hypothesis. The results of the present study show that there is a positive correlation between the above two mentioned variables. A

study conducted by Hye Sook Min et al.,[13] on Supporting Low-income cancer patients examined the concept of "financial toxicity". The study aimed at describing FAPAP applicants' conditions and factors influencing the financial burden. The results of the same study showed that majority of them are suffering a moderate financial burden, while one fourth of them disposed their assets and savings at the cost of treatment resulting in self-guilt and discontinuing treatment fearing additional burden on treatment. Another study was conducted to estimate patient-centered financial stress and its relationship with health care utilization (social support) in patients with head and neck cancer [14]. Results showed that 69% of the patients relied on one coping strategy. Privately insured patients used less cost-coping strategies compared to those with Medicaid. Patients with high perceived social isolation were reported to miss treatments and medication compared to those with low perceived social isolation.

The third hypothesis states that there is a relationship between positive aspects of chronic cancer and financial aid provided by the government to patients. According to the findings of the study, there is a strong positive correlation between financial aid and positive perception of cancer. A study conducted to address the financial consequences of cancer: A qualitative evaluation of a welfare rights advice service [15]. In this study, the potential of welfare rights advice in alleviating financial stress amongst cancer patients was evaluated. The results proved that after receiving four types of benefits and grants and aid, there was an immense reduction in levels of stress and anxiety in cancer patients. It also positively impacted the well-being and quality of life in patients and the capacity to engage in everyday activities.

The final hypothesis states that there is a relationship between positive aspects of chronic cancer, time spent with the illness and company of a family member to therapy. There are no empirical studies that determine the relationship between time spent with illness and positive perception of cancer. However, the results of the present studies show that there is a strong positive correlation between the two variables. Further researches are to be done focusing on the same. The findings of the present study also prove that, there is a high positive correlation between positive perception of illness and company of a family member to therapy. A study conducted to assess the impact of family presence during physician-cancer patient interaction [16] showed that, the time physician spent with the patients in the presence of family was much greater than that of without the presence of family. Another study was conducted to determine the impact of presence of family in a health care setting [17]. The results showed that, patient outcomes are impacted greatly by family presence, such as accelerated recovery time, increased reports of comfort, decreased duration of hospital stay.

It is seen how both positive aspects of chronic cancer have been perceived by the patients along with the social support perceived and received in relation with several variables that affected the lives of the patients.

7.1 Limitations

One of the limitations for the study was that the sample size was small. Another limitation is that the study cannot be generalised due to inappropriate determination of sample size. The geographical barriers of the sample and the very nature of the participants opposes the study from being generalised. The present study did not follow uniformity in the age of respondents. The data was collected using the available respondents who belongs to various age groups.

8. CONCLUSION

The present study focused on the positive aspects of chronic cancer and the impacts of variables like financial aid, time spent with illness and company of a family member to therapy, on the changing perceptions of cancer by the patient. The study mainly focused on the impact of perceived and received social support in determining the positive aspects of chronic cancer by patients. The final and important aspect of the study was to determine the relationship between perceived and received social support and financial aid. The results proved that in spite of facing negative consequences of cancer on a day-to-day basis, depending on various other factors the patients were able to perceive positive aspects of the illness as well. However, there is still scope for further research to focus on various other outlooks of cancer.

9. ACKNOWLEDGEMENTS

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