

The Role of Social Support for Cancer Patients

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Synthesis

Every year, millions of people are diagnosed with cancer. Treatment options have significantly improved over the past few decades, but there are many factors besides the medical protocols that can affect a patient's experience and likelihood of survival. Social support plays an important role in the cancer experience for patients across a wide range of ages and diagnoses.

Social support refers to both physical and psychological assistance and “meets an individual's basic social needs such as love, commitment, embracement, self-respect, and belonging to a group” (Sengul, Kaya, Sen & Kaya, 2014). Depression and anxiety are more common in cancer patients, and suicide risk is approximately double that of healthy patients so it is important that patients have adequate support during their treatment. (Hann, Baker, Denniston, Gesme, Reding, Flynn, Kennedy & Kieltyka, 2002; Sengul et al., 2014) Increased levels of perceived social support are correlated with less depression (Hann et al., 2002). High levels of perceived support can bring about post-traumatic growth earlier compared to patients who do not feel as supported. Post-traumatic growth involves “positive impacts in scheme, philosophy of life and self-perception” (Lotfi-Kashani, Vaziri, Akbari, Kazemi-Zanjani, & Shamkoeyan, 2014).

Teens and adolescents have unique needs because they are dealing with their disease plus the stressors of growing up and forming an identity (Woodgate, 2006, Manne & Miller, 1998). There are many summer camps and weekend getaways to provide extra support for kids and teens with cancer. These camps provide peer support, autonomy support and hope building. Peer support is especially important because many teens feel like their school friends do not understand what they are going through. Camp settings also provide hope for patients because they get a chance to talk to survivors or other patients farther along in treatment. (Stegenga, 2014) After camp, many patients feel more supported than their healthy peers. Even when there

are not specifically scheduled supportive activities, being around other patients is beneficial in providing emotional/informational support. (Conrad & Altmaier, 2009)

While teens find their families to be their strongest support (Haluska, Jessee & Nagy 2002; Woodgate 2006), family is less important for adults. One study of breast cancer patients found that “the extent to which a woman feels that she can call upon three or more friends for support or help was most strongly associated with survival” (Waxler-Morrison, Hislop, Mears, & Kan, 1991).

All ages benefit from the ability to maintain as much of their normal lifestyle as possible. In one study, women with breast cancer were happier when they were able to continue working during treatment because it was a good distraction and provided a sense of normalcy (Waxler-Morrison et al., 1991). Encouraging younger patients to continue to go to school when possible and allowing visitors at the hospital are important for maintaining social networks (Haluska et al., 2002).

Having a strong social support network is not just beneficial for patients’ emotional health. It also has benefits for overall survival, which may be through health behaviors or biologically mediated. For example, a large network of friends may encourage healthier behaviors, such as seeing a doctor earlier. Strong support also provides patients a stronger will to live. In addition, “social support may limit or mitigate the effects of stress-related endocrine changes possible associated with tumor proliferation” (Pinquart & Duberstein, 2010).

Although there are many benefits of social support for cancer patients, the topic is not particularly well researched. Many studies used small, nonrandom samples which did not allow as much control over variables such as disease type or ethnicity. Larger studies that are more inclusive of a variety of backgrounds would be beneficial in the future.

Conrad, A.L. & Altmaier, E.M. (2009). Specialized summer camp for children with cancer: social support and adjustment. *Journal of Pediatric Oncology Nursing*, 26(3), 150-157.

This study looked at the social support patients received at camp and compared this to how well their parents thought they were adjusting to their disease after camp. Although there was not a strong correlation, the study revealed some other interesting trends. The study looked at emotional/informational support, emotional/esteem-enhancing support and tangible support. Female campers received more emotional/informational social support at camp. There were no specifically supportive activities, so this difference is probably because girls are more social while boys are more focused on the activities. Both boys and girls reported more support than the control group of healthy peers.

This journal is specific to childhood cancer and has numerous relevant articles. The study used some children who had been to camp before, so they were probably already well-adjusted. A study of only new campers might reveal more. Every camp is run differently so it is difficult to generalize the results across all camps, but this article was consistent with the other articles about camp. One other limitation is that the study used a survey designed to measure support at school and adapted the questions to fit camp. A camp-specific survey might be beneficial in the future, though this one provided valuable information about types of support camp can provide. It also showed the importance of camp, since all of the campers felt more supported than their healthy peers.

Haluska, H.B., Jessee, P.O., & Nagy, M.C. (2002) Sources of Social Support; Adolescents with cancer. *Oncology Nursing Forum*, 29(9), 1317-1324

Perceived support is one of the most critical factors in coping with life changes. Cancer leads to physical and emotional isolation. Even long-term survivors are often shy, anxious and isolated. This study looked at sources of social support, amount of support perceived and level of satisfaction with support. Satisfaction was similar to healthy teens but cancer patients found parents more supportive. However, overall the similarities between the groups were more prevalent than differences. These similarities have important implications – it would be best for students to go to school when possible and maintain the social networks by allowing visitors at the hospital. Patients found that they had the fewest supports when upset and the most when they really needed help with something. The more supports they had, the more satisfied they were.

This study did a great job explaining the implications of the results, which some other studies did not do. The study used a nonrandom sample because it pulled kids from a summer camp who were probably more socially driven and confident to begin with, and probably had camp friends to support them. It also used self-report surveys. Boys and girls were about evenly represented but the study focused on ages 12-19. Oddly, the sample of healthy students was larger than the group they were really studying. The samples were not matched as well as some others in terms of race and background. For some reason, the study focused on differences in parent education level, which other studies have not mentioned, but did not say why it was important. The *Oncology Nursing Forum* is a peer-reviewed journal of the Oncology Nursing Society.

Hann, D., Baker, F., Denniston, M., Gesme, D., Reding, D., Flynn, T., Kennedy, J. & Kieltyka, R.L. (2002). The influence of social support on depressive symptoms in cancer patients. *Journal of Psychosomatic Research*, 52, 279-283.

This study examined the relationship between social support and depressive symptoms of cancer patients and whether or not it varies based on age or gender. About half of cancer patients have symptoms of depression, so this is an important topic to study. The results showed that both females and males with more perceived social support had less depression. The study also showed that the size of the social network was correlated with less depression in younger girls but there was little to no correlation for males and older people. Younger patients suffered with more depression symptoms than older patients.

This study is important to keep in mind because it can help with the analysis of other studies if they are only focused on a small subset such as younger patients or males. The *Journal of Psychosomatic Research* is an international (European) journal. This study is not disease specific and covers a range of ages so it is good generalizable information. The study used 342 patients which is a good-sized sample, and they did not draw conclusions about subgroups that were too small, such as young males. There may be social desirability bias because it relied on self-reporting. In addition, there were two groups for age – younger patients (18-54) and older (55+). These are very large age groups and the youngest patient was actually 27. Only 36% of the group was in the younger group.

Lotfi-Kashani, F., Vaziri, S., Akbari, M.E., Kazemi-Zanjani, N., & Shamkoeyan, L. (2014). Predicting PTG based upon self-efficacy and perceived social support in cancer patients. *Iranian Journal of Cancer Prevention*, 7(3), 115-123.

This study took a very different look at social support than the other studies and looked at the role of social support in post-traumatic growth. Post traumatic growth involves “changes and positive impacts in scheme, philosophy of life and self-perception.” It is not as common in younger patients, but this study focused on adults. Self-efficacy is significantly related to post-traumatic growth, lower stress and less depression. Perceived social support is also significantly related, and brings about post-traumatic growth sooner, possibly because patients have more gratitude for their friendships.

The study was conducted and published in Iran so there may be cultural differences. It looked at 95 patients which is more than some of the other studies and it included a variety of diagnoses. The *Iranian Journal of Cancer Prevention* is the peer-reviewed journal of the Cancer Research Centre so it is not as well-known as some other journals. This study is useful because it focused on more long-term benefits of social support, while most of the other studies looked at short-term benefits or mortality.

Manne, S. & Miller, D. (1998) Social support, social conflict and adjustment among adolescents with cancer. *Journal of Pediatric Psychology*, 23(2), 121-130.

This study examined the prevalence of supporting and conflicting interactions with peers and family. It also measured social support and psychological distress. The research involved 50

patients ages 12-20 and used self-report questionnaires to look at patient interactions with parents, siblings and best friends. This looks at the role of social conflict because conflict is more common during treatment for a variety of reasons (which are discussed in the introduction). Negative aspects of social relationships play a big role in psychological adjustment of healthy adolescents. Mothers and adolescents had the most conflicts. Adolescents struggle with cancer because they are trying to form an individual identity while dealing with the demands of treatment. More physical impairment was correlated with increased psychological distress. Maternal conflict also accounted for more than conflict with anyone else. Conflicts with siblings and friends were not as related to distress. Physical and emotional status are more correlated for kids than adults.

The Journal of Pediatric Psychology focuses on children but is a national journal published by the American Psychological Association. This study looked at a small age group but covered a variety of diseases. However, everyone in the study was in outpatient treatment so it did not include patients who were extremely sick. It also did not include anyone with cognitive issues, which could lead to more conflict. This study did not show that peer relationships were particularly important which is inconsistent with other studies but that could be related to the small sample size and the authors did note this inconsistency. These patients did not feel less supported by their friends, but the support did not follow them through the treatment process. A longitudinal study looking at support throughout treatment would be an interesting next step. In addition, asking parents or teachers for input instead of just self-report surveys might give more insight. Despite the shortcomings, this study took a unique view and looked at conflict in addition to support which is important since those two issues are related.

Pinquart, M. & Duberstein, P.R. (2010). Associations of social networks with cancer mortality. *Critical Reviews in Oncology/Hematology*, 75, 122-137.

This is an analysis of 87 studies that included information about mortality, social support, and perceived social support network size. Perceived social support, large social network and being married were associated with decreases in relative risk for mortality. Large social network was more of a factor for younger patients. The effects of social networks may be biologically mediated through the neuroendocrine system or through health behavior. For example, friends encourage patients to go to the doctor earlier or offer greater support navigating the complexities of healthcare. A larger network also gives them a stronger will to live. These effects of social support are more important for patients with localized as opposed to advanced cancer.

This study was published in the journal of the European School of Oncology so it is not as highly regarded as some other journal but there was a lot of good information, especially about the biological reasons support may be beneficial. None of the other studies discussed that. This study did a good job compiling and analyzing the data from multiple studies and only using the ones that controlled for certain variables. It looked at adults with various diagnoses. Although most of this study was well-written, it said martial status instead of marital status in a few places.

Sengul, M.C.B, Kaya, V., Sen, C.A., & Kaya, K. (2014). Association between suicidal ideation and behavior, and depression, anxiety and perceived social support in cancer patients. *Medical Science Monitor*, 20, 329-336. doi: 10.12659/MSM.889989

This study looked at suicidal ideation and behavior of cancer patients and how they were affected by social support and disease factors. This article is important because it showed that depression and anxiety are more common in cancer patients. In addition, low levels of perceived social support were correlated with increased suicide attempts, which highlights the importance of social support for cancer patients. Previous studies have shown suicide risk is doubled in cancer patients compared to healthy patients. Anxiety was more common in cancer patients. Perceived social support is lower among cancer patients than the control, which contradicts some other studies. There was a strong correlation between disease stage and suicidal ideation.

This article has a great definition of social support on the second page. While this study had some great information about suicide risks, it made some questionable claims, like that cancer “mostly results in death unless diagnosed and treated at an early stage.” While that was true even a decade ago, treatments have significantly improved. Unlike many other studies, this one had a control group matched pretty well for age, gender, marital and economic status. It represented adult cancer patients with a variety of diagnoses. The number of suicide attempts and levels of anxiety were significantly higher for the patients. This study was a bit difficult to understand because it used so many acronyms. It may have also been affected by self-reporting bias.

Stegenga, K. (2014) Impact of a teen weekend on the social support needs of adolescents with cancer. *Journal of Pediatric Oncology Nursing*, 31(5), 293-297. doi: 10.1177/1043454214531858

This study looks at the impact of a teen weekend which allowed teen cancer patients to spend time with each other. Peer support is especially important to adolescents and young adults. The teen weekend provided peer support, autonomy support and hope building. The peer support was most important to the patients because they often felt like their school friends did not understand but they felt accepted at the teen weekend. It was also good for their self-esteem because they were not weaker than everyone else. The teens appreciated making their own decisions and getting a break from their usual care team.

This study has some great points, though it is only focused on a very specific age group (14-17) so it is unclear whether these statements would be applicable to all ages. However, adolescents have very unique needs so it is helpful to have studies focused on them. This one looked at nine patients, only two males. It is also a convenience sample and obviously only looked at the kids at the camp, who may be more social to begin with than those who do not go to camp. The *Journal of Pediatric Oncology Nursing* is a peer-reviewed journal specific to childhood cancer and this article cited some other important studies.

Waxler-Morrison, N., Hislop, T.G., Mears, B., and Kan, L. (1991) Effects of social relationships on survival for women with breast cancer: a prospective study. *Social Science & Medicine*, 33(2), 177-183.

This study looked at number of supportive friends/persons, whether women worked, marital status, extent of contact with friends and the size of her social network. The three most important factors were the extent to which the woman engages in social activities, level of extroversion and

extent to which she expressed/felt anger. Six measures of social relationships were associated with survival – marital status, support from friends, contact with friends, total support, employment status and social network. The most important support associated with survival was the ability to call upon 3 or more friends for support/help. Family was not as important, but friends and job are, both things she has some control over. Working was also important to feel normal and get their mind off treatment.

Social Science & Medicine is an international journal published by Elsevier, which also publishes a few of the other relevant journals. This study used self-administered questionnaires and follow-up interviews with a few of the participants. It only looked at pre-menopausal women with breast cancer which is a more specific group than many of the other studies but it came to similar conclusions. It looked at the support around each patient's diagnosis and then compared this to their survival four years later, controlling for disease stage. This is the longest time span for one of these studies though there is not an intermediate test to see if support stayed strong throughout treatment. This study is important because it shows that family support is not as important for adults.

Woodgate, R. (2006). The importance of being there: Perspectives of social support by adolescents with cancer. *Journal of Pediatric Oncology Nursing*, 23(3), 122-134. doi: 10.1177/1043454206287396

This study involved individual interviews, focus group interviews as well as patient observation to look at the importance of being there for adolescent cancer patients. Adolescents with cancer need extra support because not only do they have to deal with cancer but also the stressors of growing up. Adolescents with cancer find their parents more supportive than adolescents without cancer. The study focused on 3 subcategories of support: supportive relationships, being there, and consequences of being there. Supportive relationships included the health care team, family and friends, though family was the most important. Being there, which had limited studies before, was very important to adolescents. This meant not just physically being there but emotionally being there.

This article had a lot of great information about the types of support adolescent cancer patients need. The *Journal of Pediatric Oncology Nursing* is a peer-reviewed journal specific to childhood cancer. This study is focused on 15 adolescents specifically (ages 12-18), and is balanced in terms of males and females. Unlike some of the other studies, this one used open interviews and focus groups to get more detailed answers rather than self-reporting on a scale. Quotes from these interviews are a good way to understand how the patients really feel. This discussion section focused on a few specific stressors adolescent cancer patients dealt with in their supportive relationships which many of the other studies do not discuss.

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