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THE EFFECT OF SOCIAL SUPPORT ON THE LIFE QUALITY OF THE PATIENTS HOSPITALIZED IN THE MERAM MEDICAL FACULTY OF THE NECMETTIN ERBAKAN UNIVERSITY

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ABSTRACT

Aim: This study has been made in order to detect the relation between the social support and quality of life that the patients perceive.

Importance: It is thought that knowing how and in which areas cancer and its treatment effects the patient and his family's life quality will be helpful to the cancerous patient and his family to increase their life qualities. Therefore, identifying life quality and perceived social support level of the patients placed in the sample of the study and taking necessary precautions are important in terms of contributing to the treatment process and creating a remedy.

Method: Questionnaire has been used in collecting data (socio-demographic questions and questions relating to the illness), Ferrans and Povvers 'Cancer adaptation of the quality of life index - 111(EORTC QLQ-C30)' has been used for evaluating the quality of life; and 'Multidimensional Scale of Perceived Social Support (MSPSS) has been used in order to identify the social support that the patients perceived.The cancerous patients hospitalized in the clinic of oncology of the Medical Faculty of Meram situated in Konya in 2015 and the patients who came to the chemotherapy unit in order to get outpatient treatment has created the universe of the study.110 patients who are suitable for the research criteria and who accepted to participate in the research, have composed the sample of the study.

Results and Findings: As a result of study, a significant positive correlation has been found between the social support that the patients perceived and their total quality of life.When the average scores that the patients in the study group took from the life quality scale are evaluated, it has been determined that the highest average score belongs to psychological / religious subscale 24,27±5,79 and the least average score belongs to health and mobility subscale 21.25±5.82.When the average scores that the patients took from the social support scale are evaluated, it has been seen that the highest average score belongs to the subscale perceived from family 25.21±4.72, and the least average score belongs to the

subscale perceived from a special person 15.92±8.82.

1. INTRODUCTION

Following the World Health Organisation's (WHO) defining the health not only as not having illness and disability but also physical and mental social well-being, the issue of quality of life has started to gain importance in health care applications. With the acceptance of the illnesses had not only physical dimension but also psychosocial aspects,the importance of the concept of the quality of life has increased (Fries, Singh,1996).

As the importance of the quality of life related to health increased, various definitions related to the concept have been developed. In the study of (Rustoen et al., 1999), the quality of life was defined as "person's sense of well-being that derived from being pleased or not pleased about the vital events important for the person (Rustoen et al., 1999). Akyol (1993) defined the concept of the quality of life as intersection between satisfaction of individuals and social relationships (Akyol, 1993). De Haes and Knıppenberg (1986) defined the quality of life as" a vague and sensitive thing that everybody talks about it but nobody knows what to do clearly" (De Haes and Knıppenberg, 1986).

These definitions made in the literature come along with a content covering all aspects of life like health area, socio-economic area, psychological area and family area. It's thought that it effects all these life areas in cancerous patients (Rustoen et al.,1999). Traditionally, cancer diagnosis are consubstantiate with connotations that gives rise to thought of pain and death in the patients. Therefore;cancer is a period of experiencing distressed ,fearful and emotional collapse in the people's life (Courtens et al.,1996).As a result of the increase in the life spans of cancerous patients and development of new treatment methods,the thought that the cancer is a chronic disease has been increasingly accepted by the patients (Schag et al 1991; Courtens et all 1996).While fighting a chronic disease,the social support they will receive from surroundings will be helpful to the treatment period.

In this context, the relation between the social support that the cancerous patients perceive and the quality of life of them has been tried to be identified on the cancerous patients being treated in the Medical Faculty of Meram in our study.

2. MATERIAL AND METHOD

The study has been made on the patients hospitalized in the clinic of oncology of the Meram Medical Faculty of the Necmettin Erbakan University between the dates of 01.04.2015 and 07.04.2015 and on the patients who came to the chemotherapy unit in order to get outpatient treatment.

The data was collected from the 110 volunteer patients by the researcher using face to face interview technique. A research took an average of 15-20 minutes. The data was collected through three forms. Questionnaire has been used in collecting data (socio-demographic questions and questions relating to the illness), Ferrans and Povvers 'Cancer adaptation of the quality of life index -111(EORTC QLQ-C30)' has been used for evaluating the quality of life; and, 'Multidimensional Scale of Perceived Social Support (MSPSS) has been used in order to identify perceived social support. The data obtained was evaluated through the ready statistical program SPSS 16. In the detection of the significance of average rates, the t test and the anova test was used in the study, the reliability of the study was found positive. In this study, reliability analysis results of the scale has been found between 0,73 -87. By Eker and et al, Cronbach Alfa internal consistency coefficient was calculated separately for subscales and found between 0.80 and 0.92 (Eker, Arkar, Yıldız, 2001).

Implementation of the Research only in the Meram Medical Faculty of the the Necmettin Erbakan University and not being able to be understood some of the questions in the scale by the patients composed the limitations of the study. All the cancerous patients cannot be generalized by this study.

3. FINDINGS

66.4% of the 110 patients joined the research is consisted of women. 37.6% of the patients are at the age group of 50-59 and they consist of the majority of the sample. 51.8% of the patients are primary school graduate and 85.5% of them are married. In the job group, the housewives has consisted of a large part with the porsion of 53.6%. 92.7% of our patients have social security.While 84.5% of our patients are living with their spouse and children,10% don't have child. 28.2% of them have three children. In terms of residence places, 63.6% of them are staying at the city center while 9.1% of them are living in the country like village or town. 84.5% of them have house at the place they stay. In terms of annual income, the portion of 72.7% is between 0 -15,000 TL and this shows that the patients in the overall sample have lower level of income. 41.8% of our patients have been diagnosed in the last 6 months and 78.2% of them have been getting chemotherapy treatment.While 73.6% of our patients don't have additional diseases, 26.4% of them have additional diseases. 69% of the additional diseases found in the patients is hypertension and 31% is diabetes.

The average rates of the quality of life of the patients which is intended for their identifier features obtained by surveys and related test statistics are presented in the Table 1. According to this, when the quality of life of the patients as regards of their gender is analysed, the men's average rate of the health and mobility subgroup scores and the psychological/religious subgroups scores are high and this is not significiant statistically. However; while there was a statistically significiant relation with the female patients in the social and economic subgroups, the difference in the family subscore couldn't be find significiant. When the total quality of life scores are analysed, we see that there is not a relation between gender factor and quality of life.It was pointed out that there was not a relation between gender factor and quality of life scores of the patients in the study of Kızılcı in1997 which is named the factors affecting cancer patients getting chemotherapy and their relatives,made in the Research and Application Hospital of the Medical Faculty of the 19 May University (Kızılcı,1997).

When the quality of life of the patients according to their age groups are analysed, the highest average score of the health and mobility subgroup and the family subgroup is at the age group of 50-59 and the difference has been found significiant. The highest average score of psychological / religious subgroup belongs to the age group of 60-69 and the difference between them has been found significiant. The highest average score of the social and economy subgroup and total quality of life score belongs to the patients at the age group of 40-49 and the difference between them has been found significiant. In the literature, Kızılcı and Reis has reached some findings which shows that the quality of life increases with the increase of age (Kızılcı,1997; Reis,2003).

When the quality of life of the patients analysed according to their educational status, the highest average score of the health and mobility subgroup belongs to the secondary school graduates and the difference hasn't been found significiant. The highest average score of psychological / religious subgroup belongs to the primary school graduates and the difference between them hasn't been found significiant. The highest average score of family subgroups belongs to the university degree graduates and the difference has

been found significiant. The highest average score of the social and economy subgroup and total quality of life score belongs to the university degree graduates and difference has not been found significiant statistically. In the studies Arslan and Kızılcı made over the cancerous patients, total score of quality of life has been found high in the university degree graduates according to Rolls Royce quality of life scale (Arslan, 2003; Kızılcı, 1999).

When the houses' being property or rent is analysed, the highest average score of the total quality of life and in its all subgroups belongs to home owners and the difference has been found significiant statistically.

According to annual income, the highest average score of psychological / religious subgroup has been found in the patients who has income between 30,001 TL and 45,000 TL and the difference has not been found significiant. The highest average score of the total quality of life and in its all other subgroups belongs to the patients who has income over 45,000 TL and the difference has been found significiant. In the study that Kızılcı made on the cancerous patients, quality of life was found higher in the patients who had not experienced financial difficulties (Kızılcı, 1997). Also in the study that Bergner had made in 1989 shows that financial sufficiency increases the quality of life (Bergner,1989). In the study that Reis made on the cancerous patients, the quality of life was found higher in the patients with good income and the difference has not been found significiant statistically (Reis, 2003). There is parallelism between these examples in the literature and our study.

In the relation between the quality of life and whether the patients get chemotherapy or not during the treatment process and in the health and mobility, social and economy and in the family subgroups, the highest score belongs to the answer yes and the difference between them has not been found significiant. In the average score of psychological / religious subgroup and the average score of the total quality of life, the highest score comes to the answer yes, too and the difference between them has been found significiant.

To the question of additional diseases out of cancer, in the health and mobility, social and economy subgroups and in total quality of life the highest average score belongs to the answer no and there couldn't be found a significiant relation between them. The highest score in the family subgroups was given to the answer no and the difference has been found significiant. The highest average score of psychological / religious subgroup has been found in the answer yes. The difference has not been found significiant statistically.

When the average scores that the patients got from the quality of life scale were analysed, it has been determined that the highest score belongs to the family subscale and the lowest score belongs to health and mobility subscale.

When the perceived total average social support scores were analysed, the average score of social support from family has been found as 25.21 and the average score of social support from friends has been found as 18.05 and the average score of social support from a special person has been found as 15.92. The total average social support score has been found as 55.92.In this case, the highest perceived total average social support score derives from family and the lowest perceived total average social support score derives from a special person. We can think that the patients get more social support from family members like spouse, child, mother, father, sibling or relatives. In a study Scmith E and et al. made in 1985, the most important source of support for married women is their husbands in the period of 1 to 3 months after genital cancer diagnosis (Scmith et al., 1995). In an other study made by Tuna in 1993,the patients expressed that they got support from their spouses at the first place and they got support from their children at

the second place. There is parallelism between these studies in the literature and our study.

In the total quality of life and in its all subgroups average scores, patients' not having social security has come out the most. The difference between them has been found significiant statistically. In this case, we can think, it is effective that 66.4% of the patients' being women in terms of gender and 53.6% of theirs being housewife when analsyed in terms of job. In the study Kızılcı made on cancerous patients, it was stated that quality of life total score was higher in those who does not have social security (Kızılcı, 1999).The results of our studies is parallel with the Study of Kızılcı. There couldn't be obtained a significiant result between the quality of life of the patients according to their profession groups and their subgroups. In the studies of Yıldız, Karamanoğlu and Reis which takes part in the literature, there couldn't be obtained a significiant result between profession groups and the quality of life, neither (Yıldız,1998; Karamanoğlu,1999; Reis,2003).

4.RESULT AND RECOMMENDATIONS

In our study on the effects of social support on the quality of life in the cancerous patients in the Medical Faculty of Meram situated in Konya province, it is understood that there is not a direct effect on the quality of life of gender, educational status, job, social security and whether the patient have an additional disease or not and also it is understood that there is relation between the quality of life and marital status, residence status, income status and getting chemotherapy. Some differences were observed when researches were observed in terms of subgroups. Health and mobility subgroup average score was found high in the never married patients; however, there couldn't be find a significiant relation between them. There couldn't be find a significiant result in psychological / religious and family subgroup's annual income. There is not an effect of income status on the quality of life of the patients in these two groups. The effect of patients'getting chemotherapy in the treatment period over their quality of life has been found significiant; however, it is thought that there is not a positive effect of giving chemotherapy in the social and economy, psychological/religious subgroups and family subgroups. There was reached the outcome that there was not an effect on the quality of life whether there is additional diseases out of cancer or not but it was vice versa in the family subgroup.

The quality of life scale total average score is 22.27±5.24, reliability analysis results of the scale has been found as 0.91. The total average score the patients got from the quality of life scale has been found as 4 at least and 30 at most. 0 point shows the lowest quality of life and 30 points shows the highest quality of life in the quality of life scale. We can say that the patients have taken scores above the average; in other words, the quality of life of the patients are good. Social support total average score has been found as 25.21±4.72 and Cronbach alpha rate has been found as 0.71.

There could be obtained significiant positive results in the correlation test carried out between the multidimensionally perceived social support scale and quality of life. When the relation between the average scores of the patients' quality of life perceived from their family and total quality of life and all subscales of quality of life, there has been found a positive relation between the social support perceived from the family and all scales of the quality of life.

The perceived social support's being the most from the family has proved the family reality. There can be provided educational programmes and financial regulations for

the relatives of the patient by the government. Because the social support score from a special person (from nurse) has been found low in our study, there can be held programs, seminars and etc. for the medical staff aiming to increase the quality of life.

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Identifier features	Number	Health and mobility subgroup score X±SD	Test ve p Rate	Social and Economy subgroup score X±SD	Test and p Rate	Psychological/ religious subgroup score X±SD	Test and p Rate	Family subgroup score X±SD	Test and p Rate	Total Quality of Life X±SD	Test and p Rate
Gender											
Male	37	21.26±6.21	t =-0.08	21.39±5.57	t =0.711	23.81±6.14	t =0.584	21.88±7.24	t =1.615	21.85±5.69	t =0.559
Female	73	21.25±5.66	p=0.994	22.20±5.65	p=0.479	24.50±5.64	p=0.560	23.98±6.02	p=0.109	22.48±5.03	p=0.552
Age Group											
24-39	7	18.54±7.92	F =5.392	20.50±7.82	F =3.977	21.58±7.92	F =3.32	21.52±7.97	F=10.504	20.02±7.56	F =6.604
40-49	28	22.62±4.49	p= 0.001	23.22±4.66	p=0.005	25.31±4.41	p=0.013	23.98±5.16	p=0.000	23.59±3.81	p=0.000
50-59	37	22.33±4.59		22.36±4.55		24.34±5.46		25.32±3.53		23.16±3.86	
60-69	25	22.01±4.91		22.97±4.99		26.04±3.08		23.63±6.18		23.22±4.08	
70+	13	15.24±8.21		16.69±7.56		19.86±9.34		14.23±8.28		16.28±7.75	
Educational Status											
Illiterate	24	19.15±8.18	F=1.408	16.60±8.01	F=1.991	22.51±8.13	F=2.078	19.93±8.82	F=3.483	19.30±2.89	F=2.001
Primary	57	21.90±5.13	P=0.245	22.39±4.78	P=0.120	25.48±4.14	p =0.108	25.98±5.65	P=0.018	21.14±2.40	P=0.118
Secondary	18	22.05±3.14		22.45±2.68		23.96±2.81		23.55±5.35		20.32±3.22	
University D.	11	21.17±6.09		23.75±6.07		22.28±9.16		26.51±3.49		24.23±1.97	
Marital Status											
Married	94	21.63±5.47	F= 2.368	22.48±5.10	F= 6.268	24.97±5.31	F= 6.631	24.05±5.96	F= 4.880	22.81±4.73	F =4.879
Never married	5	22.05±4.85	p=0.099	23.42±5.06	p =0.003	23.53±4.47	p=0.002	18.22±6.38	p=0.009	22.07±4.39	p=0.009
Widow/widower	11	17.68±8.15		16.53±7.39		18.59±7.43		19.00±8.66		17.76±7.6	

Table 1: The Average Distribution Scores Of The Quality Of Life According To The Patients' Identifier Features

Identifier features	Number	Health and mobility subgroup score X±SD	Test ve p Rate	Social and Economy subgroup score X±SD	Test and p Rate	Psychological/ religious subgroup score X±SD	Test and p Rate	Family subgroup score X±SD	Test and p Rate	Total Quality of Life X±SD	Test and p Rate
Residence Status											
Home Owner	93	21.95±5.43	t =3.046	22.61±5.06	t =3.074	24.75±5.34	t =2.067	23.87±5.96	t =2.272	22.99±4.70	t =3.095
Rent	17	17.43±6.57	p =0.003	18.22±7.08	p =0.003	21.63±7.47	p =0.041	20.04±8.40	p =0.025	18.78±6.68	p =0.003
Income Status											
0-15,000	80	20.35±5.80	F =4.368	21.24±5.75	F=4.492	23.81±5.51	F =2.075	22.39±6.91	F=2.407	21.50±5.32	F=4.365
15,001-30,000	24	22.47±5.18	p =0.006	22.36±4.37	p =0.007	24.41±6.76	p =0.108	24.90± 4.73	p =0.071	23.16±4.30	p =0.006
30,001-45,000	3	27.27±2.11		29.00±1.14		29.66±0.57		29.10±0.79		28.40±1.16	
45,001-Over	3	29.39±1.05		29.68±0.54		30.00±0.00		28.00±3.46		29.36±0.55	
Are you getting chemotherapy?											
Yes	86	21.83±5.43	t =0.095	22.43±5.27	t =0.246	24.74±4.88	t =0.009	23.78±6.07	t =0.131	22.80±4.78	t =0.038
No	24	19.17±6.79	p =0.047	20.14±6.50	p =0.078	22.56±8.20	p =0.103	21.48±7.73	p =0.127	20.37±6.38	p=0.045
Do you have additional diseases?											
Yes	29	20.09±6.54	t =-1.257	20.96±5.63	t =-1.084	24.32±4.68	t =0.055	20.94±7.49	t =-2.294	21.20±5.52	t =-1.283
No	81	21.67±5.53	p=0.211	22.28±5.60	p=0.281	24.25±6.17	p=0.956	24.11±5.93	p=0.024	22.65±5.12	p=0.202

Table 1: The Average Distribution Scores Of The Quality Of Life According To The Patients' Identifier Features

Identifier features	Numb er	Health and mobility subgroup score X±SD	Test ve p Rate	Social and Economy subgroup score X±SD	Test and p Rate	Psychological / religious subgroup score X±SD	Test and p Rate	Family subgroup score X±SD	Test and p Rate	Total Quality of Life X±SD	Test and p Rate
Social Security											
Yes	102	21.07±5.81	t=-.953	21.64±5.55	t=-1.91	24.13±5.92	t=-0.886	23.10±6.65	t=-1.00	22.08±5.28	t=-1.313
No	8	23.14±5.98	P=.343	25.55±5.37	P=0.058	26.02±3.58	P=0.378	25.5±03.55	P=0.318	24.60±4.27	P=0.192
Job											
Worker	9	22.06±3.37	F=0.522	22.70±4.83	F=0.447	24.51±2.55	F=0.781	24.95±3.64	F=1.142	23.07±2.64	F=0.711
Housewife	59	21.72±5.81	P=0.759	22.34±5.68	P=0.814	22.83±5.12	P=0.565	23.98±6.15	P=0.343	22.83±5.12	P=0.616
Officer	7	21.04±5.78		22.89±6.47		22.62±5.31		24.78±5.67		22.62±5.31	
Retired	30	19.96±6.78		20.64±5.94		20.76±6.20		21.00±7.71		20.76±6.20	
Private Sector	3	23.73±1.08		22.43±2.56		23.16±4.54		24.80±1.002		23.47±0.84	
Own work	2	20.07±4.04		21.59±4.11		24.95±7.12		21.45±12.09		21.53±5.83	

Table 1: The Average Distribution Scores Of The Quality Of Life According To The Patients' Identifier Features