Social Support, Social Workers and Cancer

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Abstract

Cancer is a chronic illness that requires comprehensive treatment and care that go beyond the medical world's standard-of-care. A diagnosis of cancer carries a great deal of emotion and fear of uncertainty. Social support in the face of a diagnosis regarded as a life crisis can impact the course of the disease, positively or negatively. Cancer patients need for support is often extended beyond the initial diagnosis and well into the treatment phase and frequently beyond remission. Social workers are the primary providers of psychosocial services in cancer treatment centers around the world. With their expertise in cancer and its psychosocial impact on patients and their family/community, social workers have training in dealing with psychosocial issues such as anxiety, family relationships, changes in lifestyle during and following treatment. Providing social support to the family members of patient with cancer is a part of integral care delivery of social workers. Social workers are also there to help patients with re-integration in to the workforce and to cope with fears about recurrence and death which are stressors experienced by many cancer patients. The following sections describe the role of the social worker in more detail along the treatment trajectory: 1) Diagnosis 2) Treatment 3) Palliative Care.

Keywords: Social Work, Cancer, Social Support, Patient, Treatment.

INTRODUCTION

Cancer is a chronic illness that requires comprehensive treatment and care that go beyond the medical world's standard-of-care. Meeting the psychosocial needs in cancer care is generally recognized as an important component in the overall quality-of-life of patients undergoing cancer treatment. Reducing the burden of suffering from cancer is therefore important to a patient's quality-of-life during treatment. Social support services are available in communities in order to assist cancer patients with psychosocial issues that many cancer patients face after their initial diagnosis. Cancer is a potentially fatal illness that is often characterized by a stigma; therefore, cancer patients require additional social support to successfully complete the treatment process. Social support services are defined as "those programs or services offered by a medical clinic or a nonprofit agency that assist patients and their families in handling the myriad physical, emotional, social, and practical problems that follow a cancer diagnosis and its subsequent treatment" (Matthews, 2004).

Professional social workers promote the health and well-being of individuals, families, organizations and communities. They are agents of change, working in a variety of settings and with diverse populations. Social work practice covers an array of functions including clinical, counseling, case management and care coordination; developing and administering programs;

supervising staff and volunteers; creating and implementing policies; undertaking research, program planning, community development and community organizing; and providing training, education and consultation. Social workers work across the lifespan, especially serving persons who have complex health, economic and psychosocial needs, working with persons who may have physical and psychological impairments and limited incomes, and who experience discrimination and health disparities .

Social workers need to be able to work in interdisciplinary settings and engage with clients and communities in developing and implementing services and programs. Social workers should be ready to meet new challenges and be responsive as the needs of populations change; as policies and funding streams change; as the job market becomes increasingly competitive; and as some fields of practice, e.g. working with disasters or working with the military and veterans, expand. Social workers also need to be engaged in life-long learning.

SOCIAL SUPPORT

Theoretical approaches to social support in relation to social cohesion are as old as the history of classical sociology. Durkheim's concept of social cohesion and social support such pieces as the product of social relations that emerged from his focus. Although he first discussed the impact of social relationships and support networks in the pathology resulting from this network, social support in the analysis of social pathology has received little attention. In this study, in theory, the theoretical links and social support for cancer are discussed. Continuing the theorists who have studied in the field of social protection is investigated :

Sarason

In the view of Sarason and others social support has been defined as the rate of affection, companionship and attention of family, friends and other people. Some, social support and social realities consider the result of one's understanding (Alipour, 2004: 135).

 The actual support is type and frequency of specific support interactions. The individual's social relationships in terms of instrumental assistance, emotional and receives information from others. People on social relationships and bonds have the resources and support to meet their needs, so that the broader social relations are further access to sources of support made. The sources of social support, negative life events may be reduced as a defense umbrella against social stressors action.

Kobe

 Kobe (1976) defines social support as data collection that a person believes that others are interested in a communication network valued and respected by them, and therefore believed the person loses the feeling that it belongs communication network.

Social support is one consequence of social capital products that includes support for family members and relatives, friends and neighbors, and has three dimensional visual aid or tool, or emotional intelligence in the covers. Objective or instrumental support is indicating the availability of physical support. In this type of support, getting help from people who are close. Supporting information includes helping and understanding a problem. This type of support and information indicates that one cannot use the personal issues and the environment. Emotional support to anyone associated with the sources implies that for comfort and a sense of confidence, one can refer to them. Or people who have enough emotional resources typically feel when dealing with the problems that others can see them (Fleming & Mom, 1984, quoting by Varmazyar, 2008: 79-78). Schaeffer, Kevin and Lazarus (1981) emphasized the individual's subjective perceptions of social support as an individual assessment or evaluation of the extent to which an interaction or interaction patterns or relationships is beneficial for him. Kessler and

colleagues distinguish between two types of social support: structural social support and functional social support. Structural social support implies on the structural aspects of social relationships .

These aspects include the program and life in general (i.e., whether a person lives alone or with others), frequency of social interaction, participation in social activities or involvement in social networks (groups of people who may have various levels of contact with each other). Functional social support also may provide support primarily refers to the various functions. This type of support can be expressed as a positive mood or emotional support, he agreed with the opinion or feelings of a person, expressing the sense of encouraging and heartening or other functions such as providing advice, information and assistance information (Kessler and et al, 1985: 542).

Rattus

Rattus (1989) believes that social support moderates the stress through the following processes :
   1. Emotional attention: This includes listening to people's problems and expressing feelings of empathy, caring, understanding and reassurance.
   2. Assistance: Providing support and assistance that leads to adaptive behavior .
   3. Details: Offer tips and advice to enhance coping abilities.
   4. Assessment: providing feedback on performance, leading to the correct functioning of the others.
   5. Sociability: Social support is usually achieved through socialization and follows the resulting benefits (Bakhshipour et al., 2005: 147-146).

STUDIES OF SOCIAL SUPPORT INTERVENTIONS

For Cancer Patients the intervention studies that have examined the influence of social interactions on adjustment to cancer largely focused on the role of social support provided by peers, that is, by others with cancer. This is in contrast to the correlational research, which has typically focused on close family, friends, or health care professionals. There are at least two reasons why interactions with peers have been the focus of intervention research. First, the correlational research suggests that there are some needs that are not met by naturally occurring social environments that may be met by peers (e.g., willingness to discuss illness, empathy, validation;[3]. To the extent that the naturally occurring social environment minimizes negative feelings, forces cheerfulness, and encourages patients to put the experience behind them before they are ready to do so, patients may feel further alienated from their social networks. Peers can provide validation for negative feelings. Second, because cancer can negatively affect existing social relationships, patients may turn to persons outside of their immediate network for support. One alternative source of support is what is commonly known as a support group, that is, a group of other persons experiencing the same stressor. In a study that compared patients who attended such groups with those who did not, attenders reported significantly more negative experiences with the medical community and marginally more difficulties communicating with family (Taylor et al., 1986). The group interventions described below are diverse in nature, and the effects on a wide array of outcomes are not consistent. According to Holland (1991), over 20 intervention studies have been conducted that involved social interactions and behavioral techniques, the majority of which demonstrated an improvement in psychological adjustment. The data on mortality, however, were more equivocal. Most of the intervention studies lacked theoretical frameworks and many had serious methodological flaws (e.g., lacked a control group, lacked randomization). In a review of the literature on psychosocial interventions with cancer patients, Taylor, Falke, Mazal, and Hilsberg (1988) concluded that participation in some form of

group intervention reduces distress and helps patients resume daily activities but that the process by which these outcomes occur has rarely been investigated.

Considerable evidence suggests that social networks and support are important contributors to decreased distress and improved psychosocial adjustment among patients at all stages of the disease trajectory (Kornblith 2001). A study by Alex Matthews, et al., entitled "Oncology professionals and patient requests for cancer support services" provided detailed information about patient inquiries to healthcare providers for certain social support services. According to Matthews, cancer education and counseling were the two forms of services that were requested the most. The article indicates that future studies are needed to determine if patient requests are actually fulfilled. Other studies indicate that social support services can be perceived as beneficial or detrimental by the patient, depending on the individual person. According to Helgeson and Cohen, discussion groups have as much potential to adversely affect patients' illness reactions as they do to positively influence these reactions, due to various reasons.

According to a multi-study review by Hegelson and Cohen, cancer patients identified "emotional support" is the most helpful kind of support during the disease process (1996:136). However, I believe patients who use social support services will identify "physical" support as another important type of support, especially during the cancer treatment. Ultimately, an analysis of the data from the surveys will show: how many patients use social support services during treatment; if those services are helping them to cope with the cancer treatment; and what type of support those services provide to the patient.

SOCIAL SUPPORT AND CANCER

Chronic disease and illness can be very stressful and the effects of social support can have a many positive benefits on the recipients. A diagnosis of cancer carries a great deal of emotion and fear of uncertainty. Social support in the face of a diagnosis regarded as a life crisis can impact the course of the disease, positively or negatively. Cancer patients need for support is often extended beyond the initial diagnosis and well into the treatment phase and frequently beyond remission. Cancer and its associated treatments may require a fundamental change in lifestyle, which, prompts the person to question their personal identity and self worth. It is important to consider the amount and type of social support that will be available as adjustment to this diagnosis is made (Price, 2003).

Models of Social Support in Cancer

Three theoretical models by which social support may influence the impact of stressful life events on cancer patient's psychological state were described by researchers The three models are as follows :

1. The addictive model, in which social support and stressful life events each directly influence concepts adjustment, irrespective of the magnitude of the other;
2. The buffering hypothesis, previously discussed in which stressful events occurring in the presence of social support should produce less distress than if the occurred in its absence ;
3. Both addictive and buffering model (Kornblith et al, 2001).

SOCIAL SUPPORT AS A FUNCTION OF GENDER AND CANCER

Many studies have focused on the effects of social support as they apply to women with cancer, there are fewer studies recognizing the effects of social support as they apply to men. This phenomenon may be related to recurrent findings that males report not needing or wanting as much support as their female counterparts. Goodwin, Samet & Hurt (1996) briefly suggested that characteristics such as poor social support, limited access to transportation, and impaired

cognition can delay treatment and increased the risk for inadequate treatment especially for older men with prostate cancer. Other factors such as being uncomfortable in group or individual setting may hinder men from participating in social support groups. In such situations other means of providing support may need to be explored such as providing psychosocial support by telephone (Gotay & Bottomley, 1998). A diagnosis of cancer can lead to feelings of anxiety as well as a lack of control and feeling of uncertainty regarding the future. According to the literature a strong social support network can buffer some of these feeling and successfully help the patient diagnosed with cancer cope and progress through treatment and illness. Social support has been shown exert a positive and important influence on a patient's adapting to the changes in their life that accompany a diagnosis of cancer. A large body of literature addresses social support and its positive attributes. There is very little information addressing negative aspects associated with social support; however it bears noting that these aspects do exist and can greatly impact a person's ability to give and receive support. As previously noted in Hupcey's (1998) article "Clarifying the Social Support Theory Research Linkage," there are several models that have suggested a negative social support interaction. In these models the recipient may receive more support than is reciprocated, the recipient may provide more support than is received, and support may be provided in a negative way, perceived as negative, or the outcome is negative (Hupcey, 1998). Social relationships can be viewed as negative especially when the relationship threatens the individual's self-esteem, autonomy, and ability to make choices. If the support provided is more than is reciprocated the recipient may have feelings of dependency or may feel as thought they are being treated as an infant and believed to be incapable of doing anything for themselves. Social support relationships can also have a negative effect in dealing with illness if the provider is unwilling or unable to discuss the disease and or the treatment in fear of upsetting the person with cancer. While the benefits affiliated with social support are of significance it is also important to remember that good intentions may be perceived in a negative light.

THE ROLES OF SOCIAL WORKERS IN THE FIELD OF CANCER

Social workers are the primary providers of psychosocial services in cancer treatment centers around the world. With their expertise in cancer and its psychosocial impact on patients and their family/community, social workers have training in dealing with psychosocial issues such as anxiety, family relationships, changes in lifestyle during and following treatment. Social workers are also there to help patients with re-integration in to the workforce and to cope with fears about recurrence and death which are stressors experienced by many cancer patients. Social workers can assist with practical needs such as employment and financial stressors caused by the illness. The social worker is an important link in the chain of communication that takes place in a busy hospital. Social workers accompany patients through all phases of the illness trajectory including diagnosis, treatment, live after cancer, and supportive/ palliative care. The following sections describe the role of the social worker in more detail along the treatment trajectory:

1. Diagnosis
2. Treatment
3. Palliative Care

Diagnosis

During this phase, as a new patient, patient and his/her family may be in a state of upheaval. The uncertainty that accompanies the news of a diagnosis can have a ripple effect on family life, employment and financial situation, and emotional state. Social workers will evaluate situation in order to understand the full impact of the illness on patient and those around him/her. During this time, patient and his/her family will receive information about illness, assistance with how to

negotiate time away from work responsibilities, information about medication programs and community and financial resources. The patient will need support both from your social network as well as from health care team. The social worker is well placed to be a bridge for good communication with the health care team.

Social workers are trained to assess how the patient is coping and provides illness adjustment counseling to him/her and loved ones including young children. Social workers will also screen, monitor and refer patients to appropriate services if they are identified as dealing with depression, anxiety, or anticipatory grief. Particular attention is given to assess whether there are other stressors happening in his/her life during the time of diagnosis such as family conflict, abusive relationship, etc. Doing so can help social workers provide support needed to make living life with treatments somewhat easier.

Treatment

During this phase the social worker's goal is to monitor how the patient is coping with changes in his/her life as a result of treatment. This is the phase in which many families find that the instrumental and financial burdens are the highest. With frequent visits to the hospital requiring transportation and days missed from work, the costs can be significant. Social workers can help by finding volunteer or community resources that can take some of the burden off caregivers. As well, social workers can help with the coordination of community provided care. Social workers are often the source of referrals to home care agencies and can be instrumental in mobilizing homecare resources so that you can remain at home and avoid unnecessary hospitalizations. If the patient is hospitalized, social worker will work with multidisciplinary team to help plan discharge home so that transition can be seamless. For those of patients who will require daily radiotherapy in addition to his/her chemotherapy, speak to social worker to explore what option there are for assistance with parking, transportation or accommodations if he/she is coming from remote areas.

Receiving a diagnosis of cancer is a significant life challenge. However, the patient is not alone. Social worker is one of the effective members of cancer team can make this time in patient's life a little easier and more comfortable.

Palliative Care

Social work is an integral part of the multi-disciplinary team within palliative care, offering a holistic service to patients and families. Unlike many fields of social work, specialist palliative care social work is potentially a universal service and they used to work with a diverse range of people in terms of age, diagnosis, class, ethnicity, sexual orientation, religion and culture. Palliative care social work involves working with two groups of people – direct service users with life threatening or terminal conditions and those who are bereaved. Social workers are skilled at balancing the different and sometimes competing needs of the two groups.

Specialist palliative care social work is provided in a range of settings, including independent hospice, day hospices, NHS specialist palliative care units, oncology wards and in home care teams. It includes working with people with cancer, HIV/AIDS, chronic circulatory diseases and other life threatening illnesses. Specialist palliative care social workers are used to working across the fields of health and social care and often provide a link between the two. They are used to work with both children and adults and in working with people in their own homes.

Specialist palliative care social workers offer a wide range of support to patients and families from practical help and advice around income maintenance, debt counseling, help with housing and accessing other services, through to advocacy, individual counseling and group support. This will include bereavement work with adults and children both as individuals and in group

settings. Key to specialist palliative care social work is the desire and ability to see people as whole people and not as set of problems, to understand the connections of their lives and to seek to act, rather than ignore the constraints and discrimination they experience in society. The combination of skills offered by specialist palliative care social workers makes a unique contribution to the psychological and social aspects of the multi-disciplinary professional team caring for patients, their families and cares.

CONCLUSIONS

Nowadays, science and technological advances have provided a wide range of available interventions for cancer. Therefore, both social workers and other health professional should pay special attention to this process, in order to offer access to different kinds of support to people with cancer and their families. Acknowledging the actual support needs of family members of patient with cancer is important for the coherent and adequate planning of social workers care, as well as to help and direct intervention areas that need to be developed, tested in research and put in practice. Social workers perform many roles and functions in inpatient and outpatient health care settings to assist persons with cancer on the micro and macro levels. These roles and functions serve to enhance both patient care and the smooth and efficient functioning of the health care systems in which they are cared for.

Considerable evidence suggests that social networks and support are important contributors to decreased distress and improved psychosocial adjustment among patients at all stages of the disease trajectory [8]. Providing social support to the family members of patient with cancer is a part of integral care delivery of social workers. Social support frequently tends to decrease over time, but it's the duty of social work profession to substantially contribute in the course cancer imposes, planning appropriate services and care, based on the needs in each phase of the disease.

SUGGESTION

According to the material presented can be used to improve the quality of services to cancer patients and their families aimed at following suggestions are offered:

- Increasing patient awareness and understanding of cancer, and associated treatments and supports;
- Improving patient and community-level understanding of cancer and cancer related services;
- Reducing inequalities in cancer service access and care;
- Providing culturally responsive services to cancer people and their family;
- Driving engagement with and entitlements from social services to help reduce socioeconomic barriers to care;
- Facilitating more timely access to health services;
- Changing negative assumptions of cancer as a death sentence and encouraging help-seeking behavior;
- Social workers could assisted with interpersonal communication – between groups of patients and between patients and their service providers;
- Providing services to a relatively high proportion of men – a population that is typically less likely to access support services and more likely to have poorer health outcomes;
- Educating service users about other local health and social services from which support could be accessed;
- Helping to increase service users' confidence and reduce embarrassment in regards to discussing and accessing supports for cancer;
- Helping patients overcome practical and other barriers to treatment like transport;

- Helped to ensure that service users were provided with needed information, psychological, spiritual and social support;
- Linked patients to complementary and alternative medicines as requested;
- Supporting patients to attend appointments, leading to more timely access to care;
- Improving cancer patient quality of life;

Placing cancer support within pre-existing services with a supportive care function appears to facilitate service implementation and improve stakeholder engagement and buy-in.

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