

The Effect of Social Support Sources and Coping Strategies with the Quality of Life Cancer Caregiver

Siti Annisa Ulfara, S.Psi¹, Nining Hardiyana Garnasih, S.Psi², Nurul Layali Indrania Sahara³, S. Psi

^{1,2,3}Persada Indonesia Y.A.I of University, Master Program of Psychology Profession, Pangeran Diponegoro Street Jakarta, Indonesia

Abstract: *Caregiver cancer often experience problems and obstacles that have a negative impact on the quality of life. Therefore, the caregiver needs social support and must be able to control his emotions by using the right coping strategies during stressful situations. The purpose of this study was to examine the effect of social support sources and coping strategies on the quality of life of caregiver cancer. This study uses quantitative methods with a family caregiver research population that treats cancer patients both at home and in the hospital. The study sample was 153 caregiver cancer. The measuring instrument used in this study is WHO Quality of Life (WHOQOL-BREF) to measure quality of life, The Multidimensional Scale of Perceived Social Support (MSPSS) to measure social support and scale of ways of coping (WOC) to measure coping strategies. The data obtained were then analyzed using multiple regression analysis techniques.*

Keywords: social support, coping strategies, quality of life, caregiver

1. Introduction

In the medical world, cancer is a chronic disease. In the world, 12 percent of all deaths caused by cancer and killers number 2 after cardiovascular disease. Cancer patients have diverse needs, including monitoring of disease and treatment, symptom management, treatment administration, support emotional, personal care assistance, and help from care instruments. Person who treats cancer patients in the house and accompany him at the hospital called caregiver. Caregiver plays an important role in complex care including monitor symptoms experienced by patients, hygiene care, and drug administration regularly for patients (Barg et al Hudson, 2004) Caregiver is not only help with joint care maintenance service providers, but also provide most of the support in the home (Decker & Young; Ferrel; Kurtz et al; Rhodes & Shaw in Hudson, 2004).

According to Kim & Given (2008) the effects of cancer not only have an impact on the quality of life of a person suffering from the disease but also to his family and close friends. Impact on various aspects of the quality of life of the family caregiver.

Research conducted by Meier & Brawley (2011) published in the 2011 journal of clinical oncology, the results of research on mental health, showed that depression is greater in caregiver cancer is compared to the general population, especially in those who treat patients with severe illness. In addition, mental symptoms such as worry, nervousness, tension, and fear can increase anxiety to the point of being ineffective as a caregiver. Even in normal situations can cause a caregiver who experiences fatigue can become angry, tense and irritated. For more extreme cases the results of a correlation study of stress psychic and physical and the low resistance indicates that there is death rates in cancer caregiver patients (up to 60% from one study) and 5-9 times the increased risk of posttraumatic stress and grief disorders prolonged. Such things affect the quality of life of the caregiver that affects his psychology.

Meanwhile, according to Stajduhar & Davies (in Hudson, 2004). Regarding social and economic costs, caregiver

cancer reports negative social consequences, including disruption in their routines, lack of socialization, and interpersonal loss. Caregivers are also often faced with social burdens due to limited time, disrupted routines, reduced opportunities for recreational activities, and loss income. This clearly affects the quality of life seen from the social caregiver relationship.

In some studies it has been reported that treating people who are seriously ill because of cancer may be associated with physical problems, such as fatigue, fatigue, insomnia, weight loss and decreased general health (Barg et al; Oberst et al; Ramirez, Addington-Hall, & Richards; Stajduhar & Davies in Hudson, 2004). Such things are physical impacts that can affect the quality of life of the caregiver.

Another study, Chan & Chang (1999) examined the relationship between perceived difficulties in managing care tasks and the experience of stress symptoms in 26 cancer patient family caregivers in Hong Kong. The findings indicate that stress symptoms are more experienced by caregivers who report increased difficulties in managing care tasks, one of which is the overwhelming feeling for most caregivers. Another example is that 91 percent of family caregivers have episodes of anxiety or irritation, 73 percent have disturbed sleep patterns and 56 percent of caregivers get sick more often. This is a sign that the caregiver is under clear stress. These things affect the quality of life caregiver who influences his psychology. Social support can prevent stress, improve problem solving skills, improve health measures and improve well-being (Wright, Clipp, & George; Bass, Noelker, & Reclin, in Tang, 2008).

2. Definition of quality of life

WHO (1996) defines the quality of life as the individual's perception of the position of their lives in the cultural context and the value system in which they live and in relation to their goals, hopes, standards and concerns. This is a broad concept that has a complex effect on one's physical health, psychological area, level of independence, social relationships, personal beliefs and their relationship to the things that are within them. Another definition that quality

of life can only be described and measured from within an individual and depends on lifestyle, past experiences, hopes for the future, dreams and ambitions. Quality of life must cover all areas of life and experience and take into account the impact of an illness and treatment (Calman, 1984).

According to Carr (2004) Quality of life is a complex building that includes a variety of domains including health status, capacity to carry out daily activities, role status in work, opportunities for recreation, optimizing social functions in friendship and relationships, access to service resources health, living standards and general welfare.

According to Calman (1984) a good quality of life is usually expressed by satisfaction, happiness, fulfillment and the ability to coping. Ventegodt, Merrick & Andersen (2003) according to them the quality of life includes well-being, satisfaction with life, happiness of life that is meaningful to him, the biological information system ("balance"), realizing the potential in life, meeting the needs and objective factors.

3. Definition of Social Support

Social support according to Uchino (in Sarafino, 2011) refers to comfort, caring, self-esteem, or the availability of assistance to someone from another person or group. Almost the same with Uchino, Taylor (2009) defines social support as information from others that someone is loved and cared for, valued and is part of a network of communication and mutual obligations.

For Gottlieb (in Tracy & Wittacker, 1987) social support defined as information or advice, verbal or non verbal, real assistance or action given by social familiarity obtained through the presence of others and has emotional benefits or behavioral effects for the recipient so as to protect a person or even a group of people from negative behavior and stress. Another definition of social support is the attachment between individuals who are willing to feel, help and support for others (Turner, in Tang 2008) and are considered as one of the factors that can potentially reduce the caregiver's burden and depression. According to Tardy (in Tang, 2008) the focus of social support is the subject that receives support namely the actions of others to help or activities intended to help. Kahn and Antonucci (in Tang, 2008) social support is perceived as a perception of the individual he receives from his social network. While Hermalin et al (in Tang, 2008) social support is defined as the quantification of the goals of people helping and receiving assistance from their social networks.

A slightly different definition expressed by Pender (in Adams, Bowden, Humphrey, Adams, 2000) Social support is seen as an interpersonal influence, a cognition that focuses on the behavior, beliefs, or attitudes of others. Social support is defined as "subjective feelings of feeling owned, loved, respected, valued, and needed for oneself, not what can be done for others". But according to Cobb (in Sull & Wallston-ed, 2003) Social support is defined as information from others that someone is loved and cared for, respected and valued, and part of the communication network.

From the above definitions, it can be concluded that social support is the availability of resources that provide physical and psychological comfort obtained through knowledge that the individual is loved, cared for, valued by others and he is also a member in a group based on common interests. Overall, social support appears to help in all circumstances, but may be very effective as a buffer during times of stress (Zimet, Dahlem, Zimet, & Farley in Calix, 2004). Social support can be obtained from family, friends and significant others.

4. Definisi of Coping

Folkman & Lazarus (1984) define coping as a continuous cognitive and behavioral effort to manage certain external and internal demands that are judged as something that is heavy or exceeds resources someone. In the psychoanalytic psychology model, coping is defined as a realistic and flexible mind and action to solve problems and thus reduce stress. Murphy (in Lazarus & Folkman, 1984) who also sees coping as a process in which there are effort, make coping / problem solving and ready to adapt.

According to Lazarus and Folkman the two main functions of coping are referred to as problem focused coping and emotion focused coping. What was first discussed in Folkman & Lazarus (1984; 1999) in connection with the problem focused coping function, where a person obtains information about what must be done and mobilizes actions to achieve goals and change the reality of problems in one's relationships and environment. The emotion focus coping function aims to regulate emotions related to stressful situations, by avoiding thoughts about threats or reassess the problem without changing the reality of stressful situations.

Based on the group of coping strategies that are included in both ways, the coping strategy is divided into: confrontative coping, distancing, self controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem solving, and positive reappraisal.

5. Definition Caregiver

Caregiver is someone who helps others to do things that he would normally be able to do with himself. Department of Health and Human Services (in www.wikipedia.com, Quality of life(healthcare) reveals that the caregiver is a generic term that refers to someone, whether paid or voluntary, that helps parents in activities of daily living, health care, financial problems, guidance, friendship and social interaction. Caregivers can provide more than one aspect of care. Most often this term refers to family members or friends who help parents who usually refer to the informal, assistance is not paid for the physical and emotional needs of others.

6. The Relationship between social support and coping strategy with quality of life

Family caregivers experience a role that is overloaded when they decide to treat patients at home or will have additional responsibilities in addition to responsibility for themselves

(Northose, 2011). As a caregiver, individuals are required to carry out good care for cancer patients. Both in terms of disease and treatment monitoring, symptom management, medication administration, emotional support, and daily personal care assistance.

Looking at the task of a complex caregiver, it will have an impact on the quality of life of the caregiver itself, both concerning physical health, psychology, social relations and the environment and stress. To prevent and marginalize the stress the caregiver needs social support and the use of appropriate coping strategies. Searching for social support is very important in order to improve the quality of caregiver's life and care assignments. Examples of social support can be in the form of information, emotional support, advice, energy, financial and so on needed by the caregiver. By using the right coping strategy and fulfilling social support, it will affect the quality of life of the caregiver. If the quality of life is the caregiver well, certainly affects the quality of care for patients.

7. Population and sampling method

The population in this study is caregiver family of cancer patients at Cipto Mangunkusumo Hospital and Cancer Hospital Dharmais, Indonesia. The sample used in this study was 153 caregiver cancer at Cipto Mangunkusumo Hospital and Dharmais Cancer Hospital. In this study the sampling technique that researchers use is non-probability. Because the non-probability sampling technique means that the exact number of the population is unknown, so the exact chance of the sample is unknown (Umar, 2013). Specific criteria that have been established are family caregivers who continue to care for cancer patients both at home and in the hospital.

Table 1: Variable independent quality of life

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	,705 ^a	,496	,457	7,01137	,496	12,638	11	141	,000

Based on the table above, the results of the F test are that there is a significant influence from sources of social support and coping strategies on the quality of life of caregiver cancer.

Table 2: R-Square

ANOVA ^b						
Model	Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	6834,119	11	621,284	12,638	,000 ^a
	Residual	6931,472	141	49,159		
	Total	13765,591	152			
a. Predictors: (Constant), all of perceived sosial supportanda coping strategy						
b. Dependent Variable: quality of life.						

From the table above we can see that the acquisition of R square is 0.496 or 49.6%. This means that the proportion of variance of quality of life described by all independent variables (sources of social support and coping strategies) is 49.6%. The final step is to look at the regression coefficients for each independent variable in the table:

8. Data Collection Method

In this study researchers used instruments in the form of scales or questionnaires. Biodata content of research subjects, which contains questions about the name of the respondent, namely the gender and caregiver of what type of cancer patient. Life quality scale from WHO, The World Health Organization Quality of Life (WHOQOL) -BREF, which was compiled by WHO in 2004. It consists of 26 items covering aspects of physical health, psychology, social relations and the environment. The Ways of Coping Scale (WOC) coping strategy scale belongs to Folkman, S., & Lazarus, R. S. (1988). Which consists of 66 items that include eight dimensions of coping strategies. The Multidimensional Scale of Perceived Social support (Zimet, Dahlem, Zimet, & Farley) in 1988 which consisted of 12 items. Furthermore, the authors analyzed the data using Lisrel and SPSS to test hypotheses and regression between research variables.

9. Analysis of Research Results Data

To test the hypothesis using multiple regression analysis techniques using SPSS 17 software to see whether all sources of social support and coping strategies have a significant effect on the quality of life of caregiver cancer, second look at the amount of R-Square to find out what percentage (%) of variance, then finally see significant or not the regression coefficient from the source of perceived social support and coping strategies.

Table 3: Coefficients Regresi

Coefficients ^a						
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
	B	Std. Error	Beta			
1	(Constant)	25,967	8,150		3,186	,002
	Sossupp family	,169	,075	,174	2,244	,026
	Sossupp friends	,332	,077	,345	4,291	,000
	Sossuppsig others	,016	,082	,016	,191	,849
	confrontative	-,069	,069	-,073	-1,003	,317
	distancing	-,178	,062	-,187	-2,894	,004
	Self controlling	,164	,097	,143	1,684	,094
	Seeking social support	-,213	,096	-,176	-2,226	,028
	Accepting responsibility	,229	,067	,241	3,441	,001
	Escape avoidance	-,133	,066	-,139	-1,999	,048
	Planful	-,044	,068	-,046	-,650	,517
	Problem solving					
	Reappraisal positive	,209	,085	,186	2,477	,014

Dependent Variable: quality of life. From Table above, to see whether the regression coefficient is significant or not, just look at the significant value in the 6th column. If significant <0.05 , then the regression coefficients generated have significant effects on quality of life.

10. Conclusion

Based on the results of data analysis that has been described previously, the conclusion of this study is that there is a significant influence of acceptance of sources social support (family and friends), and coping strategy (distancing, seeking social support, accepting responsibility, escape-avoidance and reappraisal positive on the quality of life of caregiver cancer. Overall, this can be seen from the acquisition of R square of 0.496 or 49.6%, the rest is influenced by other variables outside this study.

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Author Profile



Siti Anisa Ulfara, Date of Birth : November, 12th 1989, Affiation : Master Psychology Profession of Persada Indonesia Y.A.I Jakarta



Nining Hardiyana Garnasih, Date of Birth : September, 24th 1989, Affiation : Master Psychology Profession of Persada Indonesia Y.A.I Jakarta



Nurul Layali Indrania Sahara, Date of Birth : March, 2th 1988, Affiation : Master Psychology Profesin of Persada Indonesia Y.A.I Jakarta