

Male lung cancer patients social support and death anxiety



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- Rajput Nitu

Abstract

One of the major challenges faced by India is the rapid growth of lung cancer and its devastating impact upon human life. The lung cancer patients suffering from severe death anxiety and also needs a lot of social support. The present investigation has been undertaken in order to study the social support and death anxiety of lung cancer patients in relation to age. Purposive sample was used to select lung cancer patients from civil hospital in the city of Ahmadabad. The total sample size was of 90 male populations, which were divided into two groups. The first group was 60 lung cancer patients, who were divided into two age groups 31 to 40 and 41 to 50 years age groups. The second group was on 30 normal subjects who were also divided two age groups 31 to 41 and 41 to 50 year's age groups. PGI social support scale and death anxiety scale were used for data collection. The t test technique was adopted for data analysis, t was found for difference between normal subject and lung cancer patients. The study found that there was significant difference between lung cancer patients and normal population in social support and death anxiety. It was found that there was no significant difference between 31 to 40 and 41 to 50 years lung cancer patient age groups. Lung cancer patients suffering from more death anxiety and they receive more social support compared than normal population.

Social support and death anxiety of male lung cancer patients in relation to age.

Lung cancer has become one of the leading causes of cancer deaths in developed countries and is also rising at an alarming rate in developing countries. Despite the advances made in diagnosis and treatment in the last few decades, the prognosis of lung cancer is still very poor (Parsons, 2010). The most common cause of lung cancer is long-term exposure to tobacco smoke (Merck Manual Professional Edition “lung carcinoma tumors of the lung, 2007). Lung cancer forms in tissues of the lung, usually in the cells lining air passages (U. S. National Cancer Institute, 2010). Projection estimates from the WHO has shown that by the year 2030, cancer will account for 12% of deaths in India (WHO, 2010). Cancer pain is not a purely physical experience but involves complex aspects of human functioning, including personality, affect, cognition, and behavior, coping and social relations. Research on psychological factors influencing cancer pain has focused on two main areas: Psychological distress and pain coping. Numerous Studies have examined the relationship between cancer pain and various forms of psychological distress.

Social Support

Social support may be viewed as a part of the coping process in living with a chronic strain such as a chronic illness like cancer (Thoits, 1986). Consequently, the chronic strain/psychological adjustment relationships is likely to be mediated by moderator variables such as social support (Katz and Vami, 1993). Social supports are commonly defined as function performed for an individual under stress by significant others such as family members, friends, or professionals (Nelles, 1991). Rose (1990) determined the dimensions and characteristics of components of support functions in 64
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non hospitalized adult cancer patients. They showed distinctiveness of primary network members by their overall preference for tangible aid from family, for modeling from friends who had cancer, and for open communications and clarifications from health professionals. Family and friends were equally preferred for dealing with affective reactions to the stressfulness of cancer. Houston and Kendall (1992) examined this aspect by studying patients with lung cancer. They found that patients who are encouraged to and permitted to verbalize their feelings by a friend or staff who is interested in, empathetic, and non-judgmental are better able to overcome feelings of anxiety and fear, and they progress through the stages of the illness process easily. Ell (1992) examined the relationship between social relationships and social support and survival following a first diagnosis of breast, colon, or lung cancer in 294 patients. Results suggest that the emotional support provided by the primary network members was a critical factor explaining the relationship between indicators of social relationship and mortality. Rose (1993) measures the processes and outcomes of emotional support in interactions between adult cancer patients and health providers. Emotional support processes were assessed as desired support, received support, and congruence. The older patients were found to expect intimacy as the most important, whereas the younger patients felt that being able to ventilate their feelings was the most important. In addition, the older patients received less emotional support from providers than did middle - aged patients, but younger patients were more inclined than the other 2 groups to feel that the emotional support they received was not congruent with support they desired. Aymanns (1995) studied the interrelationships between the coping behaviors of 169 cancer patients and perceived amount

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and adequacy of family support, as well as the role of these factors in predicting psychosocial adjustment to cancer. Survey data suggested that cognitive strategies of coping may be more effective in mobilizing family support than behavioral strategies. Klein (1994) explored the relationship of daily hassles demand of illness, and social support to the psychosocial adjustment of people with newly diagnosed, primary lung cancer. It was found that the participants report relatively high social support, low hassles, moderately low demand of illness, and positive adjustment.

Death Anxiety

Patients with cancer experience the approaching of death, which increases their fear of dying and the intensity of suffering. Cancer carries the threat of death and during the stage in which they may be approaching their last days; patients can experience the approach of death with increased fear of dying and fear of increasing pain intensity. Studies have attempted to explore the components of death anxiety. Adelbratt and Strang, (2000) studied death anxiety among 20 patients with brain tumors and 15 of their next of kin. Death anxiety has been analyzed with reference to various socio-demographic factors and most frequently with age. Tsai, (2004) conducted a study in 224 patients with terminal cancers admitted to the Palliative Care Unit. The severity of death fear decreased gradually in both groups after being admitted to the hospice. However, the elderly (≥ 65 years of age) displayed higher levels of death fear than the younger group at two days before death. A significant negative correlation was observed between the degree of death fear and the total good death score in both groups at two days before. The relationship between death anxiety and other personal

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factors were examined in some of the studies. Grumman and Spiegel, (2003) conducted a study among twelve cancer patients to determine their approach towards death anxiety. The results indicated the presence of significant death anxiety among the subjects. It was also reported that they were troubled by unresolved issues and higher anxiety and pain. The majority of the subjects expressed a desire to actively discuss their impending death and more than half of the patients reported being afraid of death and high death anxiety was associated with fear of dying in pain, high peak or usual pain, unresolved issues, and difficulty in parting with family in death. Most subjects experienced their religious faith as an important source of comfort and strength. In some of the studies, death anxiety was found to be related to affective factors such as anxiety and depression. Mystakidou, (2005) reported significant correlation between death anxiety depression and anxiety among terminally ill cancer patients. On the whole, the studies suggest that death anxiety is related to age, state of illness, and other affective components such as anxiety and depression, fear of being separated from significant others indicating the possible existence of an affective network related to death anxiety.

Method

Sample:

The sample size of this study was 90 male subjects. Subjects were divided into two groups. The first group was experimental groups which included 60 male lung cancer patients, and the second group was control groups which consisted of 30 normal and physically fit male. Male lung cancer patients and

normal male subjects will be sub-divided into two age groups :- (1) 31 to 40 years age groups. (2) 41 to 50 years age groups. Out which 31 to 40 years 30 male lung cancer patients and 41 to 50 years 30 male lung cancer.

Research Design:

The general objective of present study is to find the significant difference between social support and death anxiety of lung cancer patients and normal subjects. In particular, it was found difference between social support and death anxiety of normal subject and lung cancer patients. It will also be found for difference in means between the two age groups.

Research Tools:

P. G. I social support questionnaire (SSQ):- social support questionnaire constructed and standardized by (Dr. Ritu Nehra, Dr. Parmanand Kulhara, and Dr. Santosh K. Verma, 1998). Thakur death anxiety scale (TDAS):- Death anxiety scale constructed and standardized by (Giridhar Prasad and Manju Thakur, 1984). Both SSQ and TDAS test provide consistent, reliable and valid scores.

Research Procedure:

The above mentioned two scales were administered on the selected sample of lung cancer patients and normal subjects. Some personal information was also collected with bio-data sheet prepared for the same purpose. After establishing rapport with each lung cancer patients and normal persons respectively and Social Support Scale and death anxiety scale were

administered in Individual setting, scoring of each tool was done by the <https://assignbuster.com/male-lung-cancer-patients-social-support-and-death-anxiety/>

scoring key of each tool. After respondent completed answered the test, it was checked whether all the items were answered completely. Scoring and interpretation was done using the standard scoring key given in test manual. In particular, it was found difference between social support and death anxiety of normal subject and lung cancer patients. It will also be found for difference in means between the two age groups. After the discussion the result were summarized and concluded according to the design of research study.

Result:

Table no . 1

Sl. No	variab le	group of s amp le	Size of samp le	Mea n	Std. Deviati on	t'val ue	Level of significan ce
1	Social support	Lung cancer patients	60	49.75	7.48	8.86	Significant at 0.01 level
		Normal persons	30	37.87	5.10		

	n				
	31 to				
	40				
	years				
Social	lung	51.			Not
2 suppor	30	2	7.80	1.53	significan
t	cance				t
	r				
	patien				
	ts				
	41 to				
	50				
	years				
	lung	48.			
	30	3	6.9		
	cance				
	r				
	patien				
	ts				
	Lung				
Death	cance				Significan
3 anxiet	r	57.	6.73	5.69	t at 0.01
y	60	92			level
	patien				
	ts				
	Norm	30	46.	10.48	

	al					
	perso	03				
	n					
	31 to					
	40					
	years					
Death	lung	59.			significan	
4	anxiet	30	6.22	2.32	t at 0.01	
y	cance	86			level	
	r					
	patien					
	ts					
	41 to					
	50					
	years					
	lung	55.				
	cance	30	6.67			
	r	97				
	patien					
	ts					

The mean of social support of lung cancer patients and normal subject's were 49.75, 37.87 and SD 7.48, 5.10. The obtained 't' value is 8.86 significant at 0.01 levels. Hence it is concluded that lung cancer patients and normal subjects have significant difference to level of social support. The above table shows that lung cancer patients receive more social support

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compared than normal subjects. The mean of social support of 31 to 40 and 41 to 50 years lung cancer patients were 51. 2, 48. 3 and SD 7. 80, 6. 9. The obtained 't' value is 1. 53 no significant at 0. 01 levels. Hence it is concluded that 31to 40 and 41 to 50 years lung cancer patients have no significant difference to level of social support. The above table shows there is a no significant difference between the mean scores of two age groups on social support. The mean of death anxiety of lung cancer patients and normal subject's were 57. 92, 46. 03 and SD 6. 73, 10. 48. The obtained ' t' value is 5. 69 significant at 0. 01 levels. Hence it is concluded that lung cancer patients and normal subjects have significant difference to level of death anxiety. The above table shows that lung cancer patients are suffer more death anxiety compared than normal subjects and there is a significant difference between the mean scores of cancer patients and normal subjects on death anxiety. The mean of death anxiety of 31 to 40 and 41 to 50 years lung cancer patients were 59. 86, 55. 97 and SD 6. 22, 6. 67. The obtained 't' value is 2. 32 significant at 0. 01 levels. Hence it is concluded that 31to 40 and 41 to 50 years lung cancer patients have significant difference to level of death anxiety. The above table shows there is significant difference between the mean scores of two age groups on death anxiety.

Discussion:

From the results obtained in the present study it is found that there is a significant difference between social support of lung cancer patients and normal person. The study clearly portrays that the cancer patients receive more social support more than normal persons. These people require someone to sit with them, listen to their expression of feeling and thoughts.

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Weismen and Wortman (1975) found that emotional support was helpful when it came from family members and they also found that social support at the time of diagnosis was associated with less emotional distress and longer duration of life. Moreover, sharing cancer experiences with other group members has positive effects, as participating in the group helps to develop effective coping strategies and improves emotional adaptation (Spiegel, 1981).

Till the twentieth century, most patients with cancer were cared for by their families. By the 1930s, cancer began to receive wider attention from the medical research community and soon several national cancer societies by professionals came into existence. In the US, training of social workers for assistance of patients with cancer provided the first professional discipline devoted to the care of the psychosocial issues of patients with cancer.

It is also found that there is no significant difference between social support of 31 to 40 years and 41 to 50 years lung cancer patients. There is significant difference between death anxiety of lung cancer patients and normal persons. Tolor (1989) sees the relationship between subjective life expectancy, death anxiety and general anxiety patients with cancer experience the approaching of death, which the intensity of suffering cancer carries the threat of death and during the stage in which they may be approaching their last days.

Age difference on death anxiety found that 31 to 40 year's lung cancer patients significantly high death anxiety than 41 to 50 year's lung cancer patients. Thorson and Powel, (1998) emphasized age difference in death

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Anxiety. Study conducted in elder and younger women diagnosed with breast cancer to know the effect of age difference on death anxiety found that younger women had significantly high death anxiety. The element of death anxiety was of principal concern to the younger women. On the whole, the studies suggest that death anxiety is related to age, state of illness, and other affective components such as anxiety and depression, fear of being separated from significant others indicating the possible existence of an affective network related to death anxiety.

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