

SOCIAL SUPPORT, HEALTH PROCRASTINATION AND FLOURISHING IN CANCER PATIENTS

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ABSTRACT

Cancer, a dreadful disease, is considered as one of the top most causes of deaths around the globe. It is the turning point in the life of the patients and their families. The diagnosis of cancer has a great impact on psychological and physical level. Social support plays a significant role in the life of an individual as it provides a feeling of security, sense of belonging, and it increases self-worth of the patients. Health procrastination, or in other words, a delay in health examinations/checkup creates trouble in the life of an individual at the later stage. If a person reduces the attitude of procrastination and receives appropriate social support, he/she is more likely to flourish. Tools: Healthy Diet Procrastination Scale (HDPS) by Mohsen Haghbin and Timothy A. Pynchyl, The Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al (1988), and Flourishing Scale (Diener et al., 2010). Sample size was 100 cancer patients. Pearson moment Correlation and Multiple Regression Analysis (stepwise) was used.

Key words: *Social Support, Health Procrastination, Flourishing, Cancer*

1.INTRODUCTION

Cancer is a prolonged disease that may result several health consequences and eventually death if undertreated. Due to advancement in biotechnology and medical sciences, cancer has become treatable to some extent. But due to the high cost of bone marrow transplant, it is still unaffordable for large number of people. Cancer becomes deadly disease when its symptoms impact the patient's physiology. Generally, it is an abnormal, uncontrolled growth of the cells of any organ of the body. It is one of the leading causes of death worldwide. Deaths from cancer are estimated to rise to over 13.1 million / 23.6 million in 2030. In India cancer is second largest cause of death. According to Indian Council of Medical Research (ICMR) data, there are 14 million cases of cancer every year in India. As per the report of National Cancer Prevention and Research Institute, there will be 17 lakh new cancer patients by 2020. In India the most common cancer found in men is the lung and mouth cancer whereas in women its cervical and breast cancer. According to World Health Organization in India 5 lakh people die every year (Yadav, 2018).

It is difficult for middle- or low-class people to afford an expensive treatment. Sometime medicinal cost causes the panic in caregivers while chemotherapy and bone marrow transplants are way beyond their approach. It may take a certain period of time to arrange the specific amount of money for treatment. This may cause the condition to aggravate. According to National Cancer Institute, drugs and biologics used for treatment of cancer cost over \$10,000 a month and that's just for one drug.

The study was carried out by Mohandas K Mallath and Robert Smith to know about the misconception that modern lifestyle –Westernization is leading to cancer in India. Results of the study show that there is an increase in the number of cancer patients due to the increase in life expectancy of the Indians, as deaths from infectious disease or epidemics have been controlled.

The stages of cancer range from 0 to 4.

Stage0-(also known as carcinoma in situ). Stage 0 cells are called pre-cancerous cells. In this stage, there is no cancer, but abnormal cells are present with the potential to become cancer.

Stage1- (also known as early-stage cancer). At this stage, the tumor has not spread beyond the area of the body in which it is detected. **Stage2**-(also known as localized cancer stage). At this

stage, cancer has penetrated the walls of the surrounding muscle tissues and infiltrated a small number of very nearby lymph nodes, but it has not reached more distant lymph nodes or other areas of the body. **Stage3-** At this stage, cancer is larger and has grown into nearby tissues or lymph nodes. **Stage4-**(also known as advanced or metastatic cancer stage). At this stage, cancer has spread to other organs and lymph nodes in the body.

Gottlieb (2009) defines "social support as the social-psychological and interpersonal processes that maintain and promote health and well-being."

The term social support usually appears when we talk in terms of relationships. Support from trusted or valued individual is extremely helpful to deal with psychological and physical stress. Social support is important for the patient as it is human tendency to associate oneself with some person or group but it plays a major role when an individual is suffering from a chronic illness. It helps the sufferer deal with disease or traumatic life events effectively and efficiently. An individual receives social support from friends, family, peers, co-workers, spouse, relatives and significant others. The kind of social support an individual receives differs from person to person, as it depends on the circumstances, situations and the stage of life in which a person is.

Types of Social support-

Functional support -Whether interpersonal relationships serve particular function or not e.g affection.

Informational support-People are available to give feedback, advice etc.

Tangible support -It includes material support

Invisible support- An individual receives help from others but he/she is completely unaware of it.

Emotional/Affective- An individual receives emotional support and warmth from friends and family which enables him to deal with stress.

Chronic disease in itself is extremely stressful and the kind of support an individual receives plays a major role; it can lead to positive or negative impact on the health of an individual. It was found that people who had received a high level of social support were less distressed than those with a low level of social support.(Fleming,Baum, Gisriel, &Gatchel, 1982). Patients with a high

social support choose better coping strategies and showed positive change in their health behavior (Park, Edmondson, Fenster, & Blank, 2008) and improved emotional well-being (Kim, Han, Shaw, McTavish, & Guatafson, 2011; Holland & Holahan, 2003).

Ozkan and Ogce (2008) explored the role of social support in functional status to a diagnosis of cancer. The sample of the study consisted of 84 patients with breast cancer. The results revealed that support from friends significantly affected general functional state. Moreover, occupational activities were also improved by general social support.

Procrastination is a specific behavior that delays the task till the last moment, yielding negative consequences. It may reduce the situational anxiety and stress for a certain period but at the end cumulative stress can cause a breakdown and burnout. It happens in everyday activities from academic achievements to planning a trip or even seeking for medical health care services. People procrastinate treatment or hospitalization as the consequences of their lower socioeconomic status, or feel that they belong to a less privileged group (e.g. black, poor, none insurance policies) are more likely to delay the care because of a low socioeconomic background or those who haven't applied for health insurance. Neither can pay extra bills (Weissman, Stern, Fielding, & Epstein, 1991).

Health procrastination weakens curing and reduces the quality of life of the individual. (Ferreira, Panobianco, Gozzo, & Almeida, 2013).

The Study shows that people delay health examinations due to economic factors, other priorities, forgetfulness, and lack of information about detection and prevention of disease (Hamasaki, Kerbauy, 2001). Whereas if people understand the importance of early disease detection it would help in accurate treatment and improve prognosis. (Gouveia, Pessoa, Coutinho, Barros, & Fonseca, 2014).

Procrastination is linked to the culture of fear, the ancients eschew mentioning the name of disease as they believe they might attract it. (Tejeda, Darnell, Cho, Stolley, Markossian, & Calhoun, 2013). A study was conducted in Malaysia on the sample of breast cancer patients,

results showed that sociocultural barriers had played a role in postponement of medical checkup. Feeling of fear was the most reported among women. (Dalgarrondo, 2008).

Flourishing means “to live within an optimal range of human functioning, one that connotes goodness, generatively, growth and resilience” (Keyes, 2002).

In general terms flourishing means to thrive, it is a representation of a balanced life, where a person is satisfied with the life as they are functioning well. Flourishers are those who respond positively to the adversity, failure and have ability to deal with stress or any kind of pressure.

Through the existing literature, it is clear that the work on flourishing was started by Keyes and followed by Huppert and So, Diener, and Seligman. Flourishing has been referred to high level of well-being (Diener et al., 2010; Fredrickson & Losada, 2005; Huppert & So, 2009; Keyes, 2002; Seligman, 2011). There are two approaches to flourishing. The first is by Keyes's (2002) *mental health continuum* and second by Seligman (2011) *flourishing*. These two approaches differ on the basis of their conceptualization of flourishing but are similar as both agreed that flourishing is living in an optimal range of human functioning, a life with growth, resilience, goodness, and generativity (Dunn & Dougherty, 2008; Seligman, 2011; Van Zyl & Rothmann, 2012).

Flourishing is positively related with emotional, psychological and social well-being (Diener 2010; Keyes 2002) personal development, positive relations with others, and life purpose (Telef, 2011).

Soots stated that flourishing is not a trait rather it's a process that requires action. One should use one's skills, abilities, resources, potential, and wisdom to attain their goals and be a flourished human. Flourishers showed high work outcome, have high self-determination and positive life (Keyes, 2006) have self-control and high energy level (Keyes & Westerhof 2012). Patients high on flourishing recover faster, and the chance of relapse of disease is less among them (Keyes, 2010).

Delbar and Benor (2001) found that nursing intervention contributes to the well-being of patients. Their support and advice, of the caretaker guide the patients to develop a sense of self-

care which improves their conditions and coping abilities, and reduces the intensity of symptoms. The patients also develop an ability to practice internal control, and give meaning to illness. As a result flourishing takes places.

2. SIGNIFICANCE OF THE STUDY

The present investigation will add significantly to the repertory of the research. The knowledge gained through the present study will help the professionals, significant others, friends, and families to deal efficiently and effectively with patients. Further, it would help an individual itself to understand that a careless attitude towards health is a road to destruction of life, and the importance of social support plays a major role in flourishing.

3. OBJECTIVES

- To examine the relationship between social support, health procrastination, and flourishing in cancer patients.
- To identify the significant predictors of flourishing.

4.METHODS

PROCEDURE

The permission was granted by the Department of Radiotherapy, Jawaharlal Medical College and Hospital, A.M.U, Aligarh. Before data collection, participants were informed about the purpose of the study. A congenial rapport was established with cancer patients and they were assured about confidentiality of their responses. Data was collected from patients individually on the basis of their voluntary participation. Three scales along with personal data sheet were administered. Each participant took almost 15-20 minutes.

PARTICIPANTS

The sample of the present study consisted of 100 cancer patients with ages ranging from 30 to 75 years from Jawaharlal Medical College and Hospital (JNMCH), AMU, Aligarh.

TOOLS

- Personal Data Sheet
- Healthy Diet Procrastination Scale (HDPS) by Mohsen Haghbin and Timothy A. Pychyl (2016),
- The Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet et al (1988), and
- Flourishing Scale (Diener et al., 2010).

Statistical Analysis: The data was analyzed by means of Pearson's Product Moment Correlation Coefficient and Multiple Linear Regression (stepwise).

5. RESULTS

Table1: Shows inter-correlation matrix of health procrastination, flourishing, and social support in cancer patients.

Variables	Health Procrastination	Flourishing	Significant Others	Family	Friends	Total social support
Health Procrastination	1	.040	.044	.053	-.009	.032
Flourishing		1	.528**	.599**	.436**	.595**
Significant Others			1	.751	.603**	.895**
Family				1	.564**	.878**
Friends					1	.841**
Total Social Support						1

****Correlation is significant at the 0.01 level.**

The above table shows that there is a non-significant relationship between health procrastination with flourishing and social support (including its dimensions). But there is a significant relationship between flourishing and social support ($r = .595$, $P < 0.01$) and Flourishing and dimensions of social support e.g. significant other ($r = .528$, $p < 0.01$), family ($r = .599$, $p < 0.01$)

, friends ($r = .436$, $p < 0.01$). The above inter-correlation matrix reveals that health procrastination does not play a significant role in explaining the relationship with flourishing and social support. Still, social support explains more about flourishing or vice versa. This may be due to social support (including family and friends) that a person feels belongingness and care from their loved ones and develops a flourishing behavior.

Table 2: Shows Multiple Linear Regression (Stepwise)

Criterion Variable: Flourishing

Predictor Variable	β	R	R ²	R ² Change	f^2	F	p
Social Support	.320	.595	.354	.354	.547	53.24	.00
Constant	20.588						

It has been found that social support emerged as the most significant predictor of flourishing and it accounts for significant amount of variance ($R^2=.354$, $R^2\text{change}=.354$, $F=53.24$, $p=0.00 < 0.05$). This indicates that percentage of variance explained by social support is 3.54 % while Effect size of the model is ($f^2=0.547$) which is considered as medium. Cohen (1988) stated that effect size in range of .5 is considered as medium.

6. DISCUSSION

This study examines the relationship between social support, health procrastination, and flourishing. It has been found that there is a significant positive relationship between flourishing and social support (including its dimensions, e.g. friend, family, and significant others), but there is no significant correlation between health procrastination and social support and flourishing. Furthermore, it was found that social supports emerged as the most significant predictor of flourishing and explained the significant amount of variance of 3.54 %. This may be because a person lacks social support as kith and kin judge their non-serious, hopeless behavior along with constant procrastinating attitude towards health (daily checkups, medicines, and appointments). However, the relationship is statistically non-significant, while social support emerged as a predictor of flourishing, and there is a strong positive correlation between them. Moreover, the

relationship between flourishing and social support implies that there is a need for a supporter or well-wisher under every circumstance as it enhances well-being and leads to flourishing. This study is in favor of social support, as cancer patients perform well on medication and therapy when they receive adequate support. Vartak (2015) conducts a study on 115 cancer patients. The study is cross-sectional; findings of the study reveal that hope and social support have a significant positive impact on the resilience of cancer patients, further they lead to flourishing. Similarly, social support groups are beneficial for cancer patients (Taylor, Falke, Shoptaw, & Lichtman, 1986). While procrastination may be related to dissatisfied and poor social and family relationships (Ferrari, Harriott, & Zimmerman, 1998). According to Mohsen and Timothy (2016), individuals with low conscientiousness, procrastinate more in different domains of life that include academic, general, and health, which further leads to poor physical health and a higher rate of illness. Conclusively, we can say that procrastinator is at risk for poor health both in the long and short terms (Sirois & Pychyl, 2013). With an adequate amount of social support and less procrastinating behavior, an individual will reduce the negative consequences of life and flourish under specific conditions.

7. CONCLUSION

It has been found that there is an extreme need for social support in cancer patients when they are going through different stages of cancer. They are under critical situations; therefore, a strong sense of belongingness and care helps them to grow, mentally, and physically (exercise, therapy, etc.) This may help them to cope with the disease and provide a better chance of speedy recovery. Moreover, his study gives an insight into a dimension of social support, flourishing, and health procrastination in the specific context of cancer patients. It helps the doctors and therapeutics better understand the interstate of the patient's mind and works sincerely for the treatment of disease.

8. LIMITATIONS OF THE STUDY

The present study was conducted on a cancer patient, but health procrastination, social support, and flourishing can also be generalized to other diseases like cardiovascular, glomerulus, neurological, nephrological, and other health conditions. Sample size can be classified into specific subtypes of cancer (e.g., colorectal cancer, bladder cancer, melanoma, Non-Hodgkin

lymphoma, Leukemia etc.) Further, this study can be conducted in different regions and locations for comparison and variation in data.

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