

Original Article

The need for social support in adult patients with cancer

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Abstract

Background: Patients with cancer experience many emotional and psychological burdens as they encounter different disease stages and receive treatments. Social support plays a crucial role in the patients' function, emotions, and symptoms. The present study aimed to evaluate the viewpoint of adult patients with cancer about the role of social support to caring for them, describe their common social support demands, and discuss their experience different components of social support current situation that are available for older adults with cancer.

Methods: Samples were selected from all adult patients hospitalized for at least 24 hours in a cancer referral center to receive the appropriate treatments. Among them, 12 patients who accepted to participate in the study were interviewed using semi-structured interviews with open-ended questions. Data analysis was performed by the qualitative content analysis approach.

Results: According to the patients' experiences, major social support concepts could be categorized as emotional, informational, and instrumental supports. They believed that social support needed to be enhanced in these three aspects, which each of them consisted of different needs.

Conclusion: Patients with cancer are demanding social support, which could improve their psychological well-being and their quality of life. The health care providers need to pay attention to this demand, identify this need, and support the patients, properly.

Keywords: Emotions; Neoplasms; Psychology; Psychosocial support systems; Social support.

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Introduction

Patients with cancer and their relatives are under significant psychological pressure because of the patients' health conditions. The patients may lose their hope whenever the diagnosis is discussed with them and eventually accept death. Besides, the cancer treatments could affect the quality of life and life expectancy, and many of the patients seem to use poorly applied strategies to cope with the side

effects of treatments (1). Previous studies also mentioned that the patients and their family members are prone to a variety of psychological distresses, such as depression and anxiety, which could be a normal reaction to life changes to some extent (1, 2).

Cancer and its therapies influence the patients' physical, emotional and psychological well-being, leading to a

decreased quality of life in most cases. Quality of life depends on how well someone perceives life and cultural and social status (3). Patients' quality of life could be improved by social supports provided by healthcare staff, family members, and psychology experts. Provision of social supports could ameliorate the emotional, social, physical, and psychological burden imposed on patients and their family members due to the negative consequences of illness and treatment.

Social support is defined as mental and physical resources accessible to an individual through social relationships with the surrounding individuals (family members, friends, groups, and others connected to a person). In times of crisis or need, social support can help the individuals broaden their focus and have a positive self-image; besides, it can buffer the adverse events and enhance the quality of life (4). Social support is a complex concept entailing various types. Three of the most frequently used defining components of social support are emotional support, informational support, and instrumental support (5-7). Emotional support is a kind of support that consists of the provision of empathy, caring, trust, and love (8-10). Emotional support is considered the most important component of social support, as the perception of this kind of support is conveyed to others (8). It is a subjective feeling of belonging, being loved, being needed, and being accepted (11). Secondly, instrumental support is defined as providing essential and basic services and goods (8, 12). In this case, needed materials, such as financial assistance, could be offered to the patients (7). Although the provision of this type of support may suggest love and caring, it differs from emotional support. Finally, informational support is information provided to an individual during stress time (8, 13). It helps a person solve his/her problems as it is suggested to use

informational support during problem-solving (9, 10, 12, 14).

Patients with cancer demand extensive healthcare support, as well as psychological and social help. The provision of social support could significantly improve the patients' psychological well-being, quality of life, emotional adjustment to cancer, and adherence to the treatments (15-17). Sufficient social support could help the patients to have a better self-image, cope with the disease distresses, socialize with their relatives, and optimistically accept the situation (18). The weakening of social support resources can also destroy the sense of belonging to the families and communities; besides, it may influence behavior, causing poor adherence to preferable treatment, delays in seeking care, and increased non-completion rates (1). In this context, identifying the patients' perspectives can yield useful information on patients with cancer' psychosocial concerns and needs.

This contributes towards a better understanding of what a person with cancer may need from their family members by studying both the changes in their family and the types of support they all provided.

This study sought to address the psychosocial needs of patients with cancer that may be under-addressed in health services. Implications of the results may clarify the impact of social support on patients with cancer, particularly the needs under-addressed in health services. Understanding of what a person with cancer may need within the broader experience of social interaction renders a holistic picture of a patient's disease state or well-being.

Methods

Study population and Data gathering

From June 2018 to December 2018, this qualitative study was done on patients admitted to Amir Hospital, Shiraz, Iran. Samples (12 patients) were selected through purposive sampling to select

information-rich cases needed for in-depth study. Data were collected through semi-structured interviews guided by a set of open-ended questions, which provided a framework for the interview and an opportunity for participants to explain their experiences about the question entirely. A content analysis method was used to analyze interview texts.

The inclusion criteria were age range of 18-60 years, hospitalization for at least 24 hours, cancer diagnosis for at least 6 months before the study, and willingness to participate in the research. The exclusion criteria were, not being aware of their illness, low level of consciousness, and admission to the intensive care unit.

Design of the questions and interview, and analysis

This qualitative study was prepared using previous literature based on the research objectives of evaluating the patients' needs and experiences during hospitalization. After several consultations with experts in the Medical Ethics Department of Shiraz University of Medical Sciences and numerous revisions, the final form of the questionnaire was prepared.

The interviewer (one of the authors) had permission and approval from the hospital authorities to assess the patients. Before commencing on interviews, the purpose and design of the study were discussed and clarified for the respondents. Written informed consent was obtained, and the patients who willingly volunteered were included in the investigation. The researcher tried to understand the true patients' feelings and understandings by asking open-ended questions. The interview was continued, between 20-50 minutes, until data saturation had occurred, once no additional data were being found, and after reaching repeated similar instances by the participants. The dialogues were audio-recorded and then transcribed verbatim. The transcripts were read and analyzed simultaneously. Data were

analyzed according to the steps recommended by Graneheim and Lundman (19). After each interview, the content was immediately handwritten, typed, and then read several times to extract the meaning and primary codes. The codes were then merged and categorized based on similarities to extract the concepts and contents hidden in the data eventually. After initial coding and a more careful review by a second researcher, additional interviews were done for more clarity, if needed.

The location and time integration method were used (sampling three times in the morning, evening, and night at different wards) to select participants with maximum diversity of experience. Specific qualitative research methods such as member-checking, peer checking, and external-checking were used to increase data validity. For member check, each interview was analyzed, its codes and texts were extracted and re-examined by the interviewee to verify the accuracy of the extracted material, and then necessary changes were made if needed. Full transcripts of all interviews, together with coding and primary classes, were sent to the supervisor, the advisor (peer check), and one of overseeing professors (external check) used their complementary comments throughout the process.

Ethical considerations

Participation in the study was voluntary, and the patients were enrolled in the study after obtaining verbal informed consent. They were also assured that their confidentiality would be maintained, and they can leave the research study at any time. The Medical Ethics Committee approved the study protocol and ethical considerations of Shiraz University of Medical Sciences.

Results

A total of 12 patients with cancer (six females and six males) aged 20-48 years participated in the study; 8 were married

and 4 were single. Cancer had been diagnosed for them 6 months to 2 years before the study. Participants' education levels varied from middle school to university graduates, and they had different occupations.

According to the analysis of interviews, the participants asserted that they need social support. Our study showed that the most common patients' demands could be classified into three main taxonomies of emotional (Table-1), informational (Table-2), instrumental (Table-3), and the relevant categories and subcategories as described below.

Emotional support

Table 1 shows the most common examples of emotional supports that were asserted to being needed by the patients, according to the analysis of interviews.

Emotional needs

1. Physical presence of relatives

The participants believed that the physical presence of their family members and close friends could help them have a better self-image and motivation to live longer.

"Thank God my sisters have stayed with me; otherwise, I do not know how I could handle it."

2. Understanding and empathy of relatives

They also noted that the families' understanding and empathy are important factors in forming a close relationship.

"I would rather talk to my aunt because she understands what I mean when I am talking about my problems."

3. Hope

Effective treatments, health improvements, intimate relationships, and close companionship were found to be very influential on patients' mood, increasing their hope for living. Patients hope that the advancement of medical knowledge could help them survive, and they could get cure

Table 1. Emotional supports that are needed by patients with cancer.

Categories	Subcategories	
<i>Emotional needs</i>	1. Physical presence of relatives	
	2. Understanding and empathy of relatives	
	3. Hope	
	4. Talking and expressing concerns	
	5. Having a sense of self-esteem	
<i>Emotional support</i>	<i>Patient relationships</i>	1. Families
		2. Doctors
		3. Nurses
		4. Other patients
		5. Other members of society
<i>Fears and concerns</i>	1. Appearance changes	
	2. Disability and dependency	
	3. Humiliation and pitifulness	
	4. Fear of death (Thanatophobia)	
	5. Concerns about relatives' distress and sadness	
	6. Pain and adverse effects of disease and treatment	
	7. Hospitalization	
	8. Fear of future and the family's	

for their diseases with new therapeutic discoveries.

The following statements were commonly extracted from patients' interviews, illustrating their sources of hope.

"Any positive trend in my treatment makes me hopeful."

"The love and affection of those around make me hopeful for living."

"I hope to survive to see the rest of my life, as science has progressed to the extent that I do not think cancer can be fatal anymore."

"I hope that the drug for the treatment of this disease will be discovered as it has been discovered for other diseases."

"... I saw that some patients had more severe diseases than me as they had not been diagnosed. I thank God that my disease has been diagnosed and the medication is accessible."

"I only want to see a patient who survived with the same illness. This can bring me back to life."

"Resorting to the Imams and Quran makes me hopeful to come for treatment."

"One day, one has to die, and the real-life is in the afterworld."

4. Talking and expressing concerns

Having a chat with other persons was another need of patients with cancer.

"Whenever I talk to someone, my mood would change as if I were not sick at all."

5. Having a sense of self-esteem

The patients might depend on others for their financial, physical, and emotional needs, lowering their self-esteem. The patients believed that doing their tasks could help them boost their self-esteem.

"It is difficult for me as I was active in the community and had lots of plans."

"When I was sick..., it was so good that I myself did my tasks."

Patient relationships

1. Family

Most of the patients mentioned that their relationships with their families and close friends were the most important reason that they want to confront the disease, survive, and live.

"Help and support provided by family are very helpful."

2. Physicians

Among all the participants, only two of them were satisfied with their relationships with the treating physicians. Most of them believed that there was no relationship between them and their physicians, or if it was conflicting, it did not help them.

Moreover, some participants mentioned that the physicians did not inform them about the disease's progress and its severity. On the other hand, some of them complained that the doctors shockingly educated them about the disease without making an appropriate rapport or giving enough information to them. Another patient also emphasized that the physicians should consider the feelings and knowledge of patients and their family members whenever they want to break the news about disease and treatment. Overall, the patients believed that the physicians' behavior could significantly decrease the emotional burden of disease.

"Doctors do not listen to the patient at all. They do everything they want to do and only talk to other doctors and nurses."

"When the doctor says hello and laughs while visiting patients, it is very effective than just visiting the case and then leaving the room."

"Telling the truth about the information is better than hiding it."

"Hastily, the doctor said that the tumor was cancer; the doctor should have treated more calmly ... and should have comforted the patient."

"Unfortunately, the only thing that our doctors do is to inform the patient that he/she will be alive for few months, which can exhaust the patient. When they get to a deadlock, they should not say that the patient has no treatments; rather they can say they do not access treatments which are suitable for the patient."

"One of the factors that make me forget about my illness has been my doctor giving me time when he speaks to me."

3. Nurses

Commonly, the nurses spend more time with the patients than physicians, and their behavior could significantly affect the patients' emotional and psychological well-being. The patients preferred their beds to be arranged and tidy. The patients also

expected nurses to behave friendly, empathetic, responsible, and respectful. Furthermore, the participants believed special training should be held for the nurses who work in oncology wards; hence they could appropriately communicate with patients with cancer. One of the participants generally criticized the nurses for their pitiless behavior and inappropriate care services. Some of the participants also mentioned that they feel abandoned when they communicate with their nurses. Overall, the patients believed that the nurses' behavior greatly impacted their sense of well-being; thus, this impact can be used as a strategy to improve patients' health.

"When a nurse comes in to inject drugs, we will cooperate better while receiving the drugs if she talks and jokes with us."

"I often saw depression and despair in nurses. I was more hopeful than a nurse, most of the time."

"Nurses should befriend patients so that they can feel comfortable."

"Nurses need to understand that we are sick and not staying here for fun."

"It is so good that nurses do not feel pity."

"Nurses should be trained in medical ethics classes. They need to be trained about patients with cancer."

"None of the nurses talked to one of my roommates who was ill, but he could have become better if they had given him a little hope."

4. Other patients

The participants mentioned that communication with other patients significantly had helped them and lifted their psychological well-being. They believed that, by patient-to-patient communications, they could learn from other patients about the disease and its treatment, inspire and encourage each other, improve the surrounding atmosphere, and make intimate friendships. Some of the

participants believed that patients with the same diagnosis should be admitted to the same room; thus, they can communicate better and share information about their condition.

"I gradually became familiar with someone who was ill the same as me and gave me such a spirit that I completely changed my morale since then."

"A roommate is fine; otherwise, one would pine away due to loneliness."

"It would be better if patients with the same physical condition could be roommates, for example, if someone ..., others would not get upset."

"It would be great if there were a community where patients could talk and share information ..."

5. Others in the society

Cancer affects the patients' relationships with their social network; the patients might choose to hide their disease to continue normal relationships, or they may prefer to reduce their network.

"I do not want to talk to anyone about my illness. If anyone asks me, I will try to change the topic."

"When I put on wigs and went to the wedding ceremony, I felt self-esteemed even more. The more people in the community, the fewer nags about their illnesses."

"I have not been out of the house since my appearance changed. If someone comes over our home, I do not show myself."

"Visits should be cut back because of our low immunity. If our relatives become aware, they would visit us frequently, and I could not stand it."

Fears and concerns

1. Appearance changes

The physical appearance and its changes were among the major concerns of patients with cancer. This might result in the rejection of treatments by the patients, as

they believe that it could lead to unpleasant side effects.

"I cannot dress properly because of the colostomy. I cannot attend public places ..."

"When others tell me about my previous body, it bothers me."

"I suffer from hair loss and pimples so I did not let my family see me."

"I did not go to chemotherapy for a while because I heard of hair loss."

2. Disability and dependence

One of the most important reasons for the patients' mental distress was their dependency on other people for doing their daily chores.

"I am mostly concerned that I cannot walk, so I may impose the burden of my life on others."

"When everyone in the office became aware, I was afraid that they would think I was incapacitated."

"We are young, and we should have fun; instead, we are on the hospital bed."

3. Humiliation and pitifulness

Almost all of the participants thought they were annoyed by their companions' pitiful behavior; they believed that they should behave as if they were healthy and normal.

"People behave as if the patient has just passed away. I do not want anyone to remind me of my illness by their compassion and pity; it gives me a negative feeling."

"The worst thing is that people ask you whether you are in good health or not. If not, they say that God heals you."

"When strangers see me, they say this is the girl who is sick."

"Those who did not know me at all came to greet."

"Other than close people, I hate the thought of being an object of pity when others begin to speak to me."

"For example, when I am sitting on the bus, somebody is talking to someone else about my cancer with pity."

"The worst thing for me is that people sit and cry next to me."

"Their behavior must be the same as before. I do not like fake kinds."

"I would like somebody to hit me in the back strictly saying I will get well, not to talk about becoming ill."

4. Fear of death (Thanatophobia)

The participants stated that fear of death is among their apprehensions. However, it seems those who had strong religious beliefs were more relaxed encountering these thoughts.

"On the first days, I was in a bad mood. I felt dying and was afraid of that."

"Honestly, we were afraid of dying."

"I am not afraid of death at all. I see death as a higher stage of this life. Death means to meet God."

5. Family

The participants mentioned that the feelings of their relatives affect their emotional well-being as well.

"As of the first day, my brother and mother were crying, and I tried to calm them."

"When you are ill, your family gets more bothered than you."

"I grieve my mother as she was very happy before my illness."

"I am not as upset about myself as I am for my family."

"I want my parents to be happy. My family is spending so much money, and I do not want to see them empty-handed."

6. Pain and adverse effects of treatments

The adverse effects of drugs, including pain, nausea, and vomiting, is another concern of the participants.

"I do not want to know about side effects of drugs; otherwise, I always think of and wait for them."

7. Hospitalization

Most of the patients considered hospitalization as a stressful event, and they preferred outpatient therapies. Long-term hospitalization, seeing deaths of other patients with cancer, undergoing difficult diagnostic or therapeutic procedures, being managed by underqualified staff are among other concerns of the patients with cancer.

"I hate the hospital. I hate Shiraz because it reminds me of my illness whenever I come here."

8. Fear of future

As patients encountered end-of-life conditions, it often affected their ability to make plans or set goals and strive to achieve those goals or plans. They may also become concerned about what will happen for their family members who are dependent on him/her, emotionally and financially.

"Since diagnosis until now, I have been thinking about the future. I have to change my job."

"I was not afraid of cancer. I was upset about having my ovaries ablated."

"My father had a stroke and was paralyzed when I was in the fifth grade. I had to work and study. I do not want the same event to happen to my child."

Informational support

The patients mostly considered the physicians the most important information source; however, they mentioned that the physicians did not meet their needs. The types of informational supports that the patients with cancer need are shown in Table 2.

Physicians

1. The disease

The patients expect that the physicians should educate them about the disease and its progress.

"I would like to know the disease process. Has it been controlled or not?"

"I would like to know how the disease came about."

"I asked my doctor if he could tell me about my status, so I could better get along with it."

Table 2. Informational support is needed by patients with cancer.

Categories	Subcategories
Physicians	1. The disease and its progression
	2. Changes in treatments
	3. The treatment and its complications
	4. The prognosis of the disease
	5. The diagnostic procedures
	6. Continual or withdrawal of treatments
	7. The effects of therapy
	8. Nutrition changes
	9. The level of physical activity that could be done by patients
	10. Refer to other doctors, if needed
Nurses	1. Explanation about procedures
	2. Help the patients accommodate with hospital
	3. Time of samplings and injections
Internet, Pamphlets, and Books	1. Information about their disease and its treatment

Informational support

2. Treatment protocol

The participants of this study stated that they wanted to have information regarding the treatment protocol and drug dosages.

"Tell me if they increase or decrease the drug dose."

"If needed, my doctor would tell me the drug dose and that would make me feel better."

3. Medication and its complications

The patients also wanted to know more about the prescribed drugs and their possible side effects.

"It would be better if they explain about the drugs."

"When they prescribe me medication, if they tell me what is the drug for means they care about me."

"If you know side effects of the medication, you can get along with it."

4. The disease prognosis

Education about the disease prognosis is among the most common informational supports that the patients need.

"I wish I knew about the illnesses of other patients and whether they have recovered or not."

5. Test results

The patients also expected that the physicians should inform them about the results of diagnostic procedures.

"Every time a doctor comes up, I ask him my test results."

6. Changes in therapeutic protocols

The participants wanted to be a part of the decision-making process while changing the therapeutic protocols.

"Tell me about the rest of the chemotherapy sessions."

"Tell me about my status and if I am going to be hospitalized again."

"I ask my doctor about the chemotherapy sessions I need. He says I have just needed it now. Not a convincing answer!"

7. The effects of therapy

The participants stated that they should be informed whether the treatments have been effective or not.

"I would like to know the results of chemotherapy."

8. Nutrition

The patients mentioned that the physicians should make them a nutritional plan, as well.

"They should further explain what we should eat, and what we should not."

9. Level of physical activity

Making an exercise plan and defining the level of physical activity were among the other information that the patients needed.

"If we can exercise or not."

10. Refer to other doctors if necessary

The patients believed that they should be referred to more experienced doctors by their physicians whenever it is needed.

"If doctors know a better doctor than themselves, they should introduce at least one of them to us."

Nurses

1. Explanation about procedures

The patients wanted the nurses to inform them about the medical procedures that they were going to undergo.

"If they tell us about the drug they are trying to inject, we will better accept it."

2. Help the patients accommodate with hospital

The patients believed that the nurses could help them adjust themselves to the hospital environment.

"The first day, the head nurse explained everything at the hospital, for example, she

said we should go to the caregiver if we wanted a discount."

3. Timing of samplings and injections

The participants of this study also wanted to be informed about the time of medical procedures.

"It is good that we know they come to get blood samples at 6 a.m."

Internet and social media

Most of the patients believed that the internet and social media helped them find the information they needed.

"The experts I met in the virtual groups gave me great information."

Brochures

The brochures and pamphlets that oncology experts publish are among the other information sources that the patients had used.

"The brochures in the ward explain well the prayers dispensation while they have a colostomy. This sort of information is available nowhere."

Books

The patients found the books as valuable sources of information about cancer disease.

"I read beneficial books such as the Inside Healing book, which I introduce to other patients."

Instrumental support

The participants mainly mentioned that they needed the instrumental supports categorized in table 3. The disease might hinder the patients from doing their daily chores; hence, they expected their relatives to do their responsibilities for them. Moreover, patients need to be adequately comfortable in the hospital environment and have the necessary facilities because of frequent hospitalizations. Another major concern for some of the patients was the cost of treatments.

Table 3. Instrumental supports are needed by patients with cancer.

	Categories	Subcategories
Instrumental support	Family supports	1. Take care of their responsibilities
		2. Hospitalization
	Hospital facilities	1. Food
		2. Services for their companions
		3. Hygiene
		4. Long waiting at the emergency department
		5. Supplying the prescribed drugs
		6. Calm environment
Financial help	7. Entertainment	
	8. Letting the patients go out	
	1. Insurance	
	2. Possibility of job creation	

Family supports

1. Taking care of their responsibilities

The participants stated that their relatives helped them perform their responsibilities while they could not do their daily chores.

"My wife takes care of the children."

"My husband and my kids do chores such as shopping which I used to do. I am so happy about that."

2. Hospitalization

The patients mentioned that the help of their relatives' thorough hospitalization process could be a significant comforting point.

"Once I call my wife, she comes to the hospital to follow up my tasks."

Hospital facilities

1. Food

The quality of hospital food was a significant concern for most participants, as

they believed the quality did not meet the standard level.

"Foods are cold. I do not have the appetite for foods here."

"Foods should be simple than serving us chicken and fish."

2. Services for their companions

The lack of facilities for the patients' visitors was another problem that the participants believed should be resolved.

"Whenever my parents come over here and do not manage to reserve a bed for themselves, they have to go to an inn that is not near the hospital, and they have to spend much money."

"Beds, which have been prepared for visitors, do not have a blanket pillow."

"It is hard to find a place to stay for a visitor coming from a distant place."

3. Hygiene

The patients also complained about poor hygiene, which sometimes could be seen in their wards.

"Poor hygiene in here, as an oncology hospital, is an embarrassing issue. Visitors should not enter here with their shoes on."

4. Lessening the long waiting at an emergency department

The participants believed that the long waiting at the emergency department could significantly stress them, and the hospital administration should solve this problem.

"The first day, I was in poor health condition while they were keeping me at the emergency department."

"In ... it will take a long time to receive chemotherapy. You have to stay at the emergency department where you are prone to other diseases, but they will not call you here until a bed becomes available."

5. Supplying the prescribed drugs

Finding and buying the prescribed drugs were among the major concerns of patients with cancer.

"We have to supply our own medicine in advance."

"Sometimes the patient has to be hospitalized for several days until the drug becomes available."

6. Calm environment

The participants mentioned that they need to be in a calm environment, and the administrators should help them relax.

"Nurses should calm the environment."

7. Entertainment

The patients believed that if the in-home entertainment facilities of hospitals increased, they could be calmer.

"If they hold art classes for patients, they will not feel bored."

8. Letting the patients go out

The patients with cancer also mentioned that they should be permitted to go out of the ward while being admitted to the hospital for treatment.

"If they let us go to the hospital yard, time will be passed more easily for us."

"Being in the hospital is very boring. I only have one choice of sleeping here, but whenever I am at home, I have more options to do such as going out."

Financial help

1. Insurance

The participants of the present study did not find the available insurances which can cover their treatment fees.

"I have social security insurance that is not accountable at all."

"The costs are too high for an unemployed person. I would not have any problem with the costs if I had a job."

"The costs are too high. We do not have much money. We are giving up."

"We are now worried about the cost of transplantation as we have heard of its expensive cost."

"My husband has to work and cannot come to see me because we are in a shortage of budget."

"Cancer is not considered among specific diseases which are covered by insurance. If someone has no insurance, it will impose a financial burden on himself/herself."

2. Possibility of job creation

Some of the participants believed that they could raise their budget to start a job within the hospital.

"For example, I know tailoring, so as a sick I can sew the patients' garments which could be a source of income for me."

Discussion

Social support has a significant impact on patients with cancer, helps them to deal with disease-related stress and harsh conditions. Previous researches were conducted to evaluate patients with cancer' attitudes about the role of social support, indicating that social support is beneficial to patients with cancer to help them adjust to the stress of disease (20-22).

The findings of our study indicated that the health care providers were essential sources of support to patients with cancer, particularly when it comes to informational support. Emotional support was also considered important and could be provided by the relatives as well as the medical staff. The authorities could further take reasonable steps to improve the instrumental supports for the patients, for instance, by cutting the hospital fees.

research has been conducted to evaluate patients with cancer' attitudes about the role of social support, indicating that social support is beneficial to patients with cancer to help them adjust to the stress of disease (20-22). The findings of our questionnaire-based study indicated that the health care providers were essential sources of support

to patients with cancer, particularly when it comes to informational support. Emotional support was also considered important and could be provided by the relatives and the medical staff. The authorities could further take reasonable steps to improve the instrumental supports for the patients, for instance, by cutting the hospital fees.

Concerning emotional support, the current study highlights the importance of understanding patients with cancer since empathy-based communication between them and the medical staff and their relatives will help them boost their self-esteem. This finding is consistent with previous studies on psychological adaptation to cancer (23, 24). Therefore, the patients' relatives must understand the patients' conditions and help them emotionally cope with the disease (25).

According to our observation, patients with cancer are prone to loneliness and hopelessness because of their medical condition. As mentioned in prior investigations, these feelings could further deteriorate their conditions (26-28). Fortunately, we found that the number of these discouraging ideas was diminished for the patients benefiting from higher support from their families. Consistent with Esbensen *et al.*, our results showed that having high self-confidence, which can be obtained through efficient social support, can help patients with cancer cope with anxiety and depression caused by the disease (29).

The fear of death is another challenging issue that patients with cancer face. Although they have different attitudes toward this problem, they should be given truthful information about their medical condition, which can help them better accept the situation and motivate them to struggle for better lives (30-32). Regrettably, some patients in our study complained of poor information giving about their medical condition.

The patients might also feel uncomfortable and guilty that their family ought to get involved with their problems. Overall, studies suggested that the families could successfully cope with the diseases by identifying the valuable and practical goals and conducting an insightful plan (33). In addition to the patients, family members should also adapt to the condition and help each other cope with the disease-related problems (34).

According to our investigation, the patients do not expect their relationships to be disrupted because of their medical condition. Indeed, they seek opportunities to increase their emotional intimacy (35). Moreover, they tend to express their emotions, including the negative ones, which has been shown to help the patients survive longer (36). The patients' new appearance was another concern, affecting the patients' self-image and self-satisfaction (37). They could experience rejection, hatred, or embarrassment because of their new look (35, 38). In these cases, the relatives could play an important role in improving the patients' self-perception as it is difficult for some patients to adapt to changes of their appearances. In addition, the relatives can encourage the patients to maintain their independence which can help them to have control over their lives (39).

The present study results showed that the patients have been trying to change their perception of cancer and increase their hope by implementing various strategies, such as comparing their conditions with the patients who are suffering from advanced cancers, meeting with a cancer survivor, and clinging to religious beliefs. Regarding religious beliefs, the result of the present study is comparable with other studies that indicated the positive effects of religious beliefs on handling mental health conditions, such as stress and post-traumatic changes (40-42).

Establishing an empathy-based relationship with medical staff is an element that can

help the patients deal with discouraging ideas accompanied by cancer. The healthcare providers should support the family of the patients, and the impacts of disease on the families should be identified and prevented. Healthcare providers have a considerable role in maintaining the well-being of patients and their families. According to our findings, it seemed that a periodic evaluation of the level of supportive care should be done in order to improve the care provided by medical staff.

Although the healthcare providers can play a crucial role in establishing a supportive and compassionate environment for patients with cancer, current medical education system is not sufficient enough to train future physicians for their role in caring for patients with cancer by providing meaningful contact with these patients in a learning environment (43, 44). In this regard, the participants of the present study and past researches mentioned that the lack of support, attention, compassion from the physicians and nurses is palpable (45-47). Considering this role of physicians, previous investigations also demonstrated that the most successful physicians can successfully communicate with the patients, understand them, and make an intimate relationship with them (48-50). In fact, the physicians should consider the patients' concerns and possible misunderstandings about the disease and treatments. Moreover, it has been noticed that the relationship between the patient and the nurses also directly impacts the patients' education outcomes (51). The patients should feel comfortable communicating with the nurses and physicians, which could be achieved by appropriate rapport and education (43).

A proper environment should be provided to connect the patients with cancer, both inside and outside the hospital. This could help the patients to know and support each other and increase their education and morale. Besides, the patients can form groups and associations with the help of

governments and charities to communicate with each other. This would provide an opportunity for patients with cancer to meet the other recovered patients with cancer, which could help them increase their hope, experience, and morale (52).

The patients with cancer' relationships are generally affected and reduced because of the disease progression, and its impact on their health and function. The patients' social interaction might be limited to their closest relatives (53). This may be due to the patients' deliberations about how they are perceived in society, which could be rooted in a lack of education about the disease in both patients and community members. Therefore, the authorities should take reasonable steps to increase education in this regard.

Informational support should include guidelines, information, and instructions to help patients deal with major life changes (5, 6). As cancer may continue through the life of the patients, they should get to know the disease, and find ways to fight for their lives. The education about the disease could help the patients feel that they can control the disease and its sequelae. This is one of the major contributing factors of patients' stable mental health, as previous studies mentioned (17).

Our study also showed that the patients are eager to be educated about various aspects of the disease and treatment, such as the pathophysiology of cancer, and therapeutic approaches toward the disease. Consistent with previous studies, the participants of the present investigation also mentioned that the physicians could be the most reliable source of information (33, 54). Moreover, educational pamphlets and classes could be provided for the patients to increase their information about different aspects of the disease and treatments, besides, the disease's mental, and spiritual impacts.

Instrumental support includes providing resources that are needed for patients'

treatments and their daily life. The costs of treatment for cancer are usually high, and the patients and their relatives may face several obstacles and limitations to cover the fees. The insurances commonly do not cover the full prices of cancer therapies, and the patients are usually being forced to pay a large amount of money to receive the treatments. Furthermore, the patients with cancer might not be able to work because of their diseases, resulting in financial problems. The authorities should revive their policies to relieve the patients' financial problems and concerns. Insurance agencies, relative organizations, and charities should also pay attention to this problem to provide suitable instrumental support.

This was a qualitative study investigating some dimensions of patients with cancer' problems and need for support. The study was based on face-to-face interviews between the patients and the researcher; hence, the critically ill patients could not be interviewed. In addition, as it was a cross-sectional study performed in a single-center setting, further studies, especially longitudinal ones, need to be conducted in a multiple-center setting for better evaluation of uncovered aspects of patients with cancer 'issues and their condition-specific needs.

Authors' Contributions

SE: Investigation, Supervision, Project administration, Writing- Reviewing and Editing; NF: Data Curation, Software, Validation, Writing- Reviewing and Editing; SH: Visualization, Writing- Reviewing and Editing; MP: Software, Writing- Reviewing and Editing; AE: Writing- Reviewing and Editing, Formal analysis

All authors participated in preparing the final draft of the paper and its final revision.

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Conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this paper.

Ethical consideration

The Medical Ethics Committee approved the study protocol of Shiraz University of Medical Sciences, and the participants have been voluntarily involved in this study. They were assured that no personal information is required, and their data would be kept confidential.

Availability of data and material

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

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