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Social support buffers the effect of self-esteem on quality of life of early-stage cervical cancer survivors in Taiwan



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ABSTRACT

Purpose: The purpose of this study was to examine the effects of self-esteem and social support on quality of life (QoL) in stage I and II cervical cancer survivors.

Method: The sample consisted of 110 participants who had been diagnosed with stage I–II cervical cancer and had completed their treatment 5 years or more before data collection. Each participant completed four structured questionnaires: a demographic-disease survey, the Rosenberg Self-Esteem Scale, Medical Outcomes Study Social Support Survey, and European Organization for Research and Treatment of Cancer Quality of Life Questionnaire 30. Data were analyzed using descriptive statistics, independent sample *t*-test, one-way ANOVA, and hierarchical multiple linear regression analyses.

Results: The participants' mean age was 60.74 ± 10.69 years. Better QoL was significantly associated with younger age, higher self-esteem, and stronger social support; in addition, social support buffered the effect of self-esteem on global QoL. Together, five variables (age, time since treatment, self-esteem, social support, and the interaction term of self-esteem and social support) explained 36% of the variance in global QoL, with self-esteem being the strongest predictor.

Conclusions: The results of this study advance current knowledge of QoL in cervical cancer survivors by demonstrating that survivors with low self-esteem and social support tend to have lower QoL than those with low self-esteem but high social support. Health professionals should help survivors seek support and provide appropriate strategies to expand their social networks and enhance their self-esteem to improve their global QoL after cervical cancer.

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Introduction

Cervical cancer is the third-most common cancer in women worldwide, affecting 529,800 women in 2008 (Jemal et al., 2011), and is especially prevalent among those of low socioeconomic status (Ashing-Giwa et al., 2009). In Taiwan, cervical cancer has been the one of the top ten types of cancer for decades, representing 34.84% of all new cases of gynecological cancer in 2010 (Bureau of Health Promotion [BHP], 2013). Due to Taiwan's free yearly Pap smear program and advances in treatment modalities, around 63% of the new cases of cervical cancer in 2010 were diagnosed with carcinoma in situ, and over 25% were in stages I and

II (BHP, 2013). The 5-year relative survival rates for stage I and II cervical cancer in 2009 were 84% and 62%, respectively (BHP, 2012). Furthermore, the standardized mortality rates of cervical cancer from 1980 to 2012 significantly decreased, by 57% (Health Promotion Administration [HPA], 2014). The increasing numbers of cervical cancer survivors have compelled health professionals to pay more attention to the issues of survivors' quality of life (QoL) after undergoing cervical cancer treatment.

QoL is an important outcome indicator to evaluate patients' responses to the cancer and its treatment (Padilla and Grant, 1985). The concept of QoL for cancer patients has been defined as their perceived physical, psychological, and interpersonal well-being (Padilla et al., 1990). Cancer itself and its treatments have been shown to lead to various physical symptoms and a marked increase in psychological distress (Kobayashi et al., 2009), which negatively influence QoL (Barnaś et al., 2012). Health professionals tend to focus on curative treatments for cervical cancer to prolong life and

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may understate the effects of treatment complications on patients' QoL. Further, a diversity of perspectives on the physical complications of cervical cancer and its treatment was found to exist between providers and survivors (Einstein et al., 2012). In addition, not as much attention has been paid to QoL of cervical cancer survivors as to that of breast cancer survivors, which has been well studied (Rustøen and Begnum, 2000).

Cervical cancer survivors have been shown to experience worse physical and mental QoL than survivors of other cancers (Weaver et al., 2012). Even 15 years after diagnosis, long-term cervical cancer survivors still suffered significantly worse psychological symptoms and global QoL than healthy controls (Le Borgne et al., 2013). The majority of studies on issues related to cervical cancer survivors' QoL have focused on the physical or psychological sequelae of treatment modalities on QoL (Hsu et al., 2009; Kobayashi et al., 2009; Pasek et al., 2013). For example, after radical hysterectomy, early-stage cervical cancer patients had a higher incidence of constipation, flushing, dysuria, urinary incontinence, dyspareunia, and vaginal dryness due to pelvic neural dysfunction than patients who underwent radiotherapy (Hsu et al., 2009). However, differences in cervical cancer survivors' QoL and psychological distress were related to their self-esteem, not treatment modality or cancer stage (Kobayashi et al., 2009).

Self-esteem is a personal resource that plays an important role in cancer survivors' efforts to rebuild their roles in society (Curbow et al., 1990). Self-esteem has been defined as a favorable or unfavorable attitude toward the self (Rosenberg, 1965) and as the levels of value, worth, respect, and love with which individuals view themselves as human beings (Johnson, 1997). Women's self-esteem is positively linked with physical appearance and femininity (Abell and Richards, 1996). The views of women regarding their femininity and worth as human beings are reflected by their feelings, emotions, and how others' perceive them (Bertero, 2005). A higher self-esteem and self-worth are helpful for coping with the stress associated with the disease (Perlin et al., 1981). However, women with gynecological cancer had poorer body image and lower self-esteem than healthy women (Pinar et al., 2012). Long-term female cancer survivors suffer the treatment side effects of gonadal failure and infertility, which cause emotional distress, low self-esteem, and poor QoL (Yap and Davies, 2007). Self-esteem of cervical cancer survivors has been shown to be affected by the cancer and its treatment due to changes in their bodies, self-image, and relationships (Juraskova et al., 2003), especially changes in the uterus, ovaries, vagina, and vulva, which are associated with femininity, sexuality, and fertility (Molassiotis et al., 2002). Furthermore, the self-esteem of patients in the acute phase of cancer and those who had been cancer-free for three years or more was significantly, positively related to their overall QoL (Sprangers et al., 2002). Similarly, the self-esteem of long-term cervical cancer survivors was significantly related to their QoL-related psychological adjustment (Bartoces et al., 2009). Self-esteem has been examined as a predictor of psychological distress in survivors with a relationship during or after testicular cancer (Tuinman et al., 2006) and in a meta-analysis of 80 studies (Sowislo and Orth, 2013), but little is known about the direct effect of self-esteem on cancer survivors' QoL, especially for cervical cancer survivors.

Patients' feelings of self-esteem can be positively influenced by perceived support of important others (Dirksen, 1989). Support from friends and family as a valuable resource has been related to psychological well-being (Thoits, 1995). Wan et al. (2008), conducting a QoL study with 600 Chinese patients with cancer, indicated that family relationships play especially important roles in the daily lives of individuals in Chinese culture, in which interdependence is emphasized (Dai and Dimond, 1998). Interpersonal harmony is the most important value in East Asian cultures such as

China, Taiwan, Japan, and Korea (Zhang et al., 2005), and the root of the value system is Confucianism, which focuses on interpersonal relationships and social obligation (Shih, 1996) with the virtues of righteousness and benevolence (Chao, 1995). Regarding interpersonal interactions, people are expected to be kind, gracious, and sensitive to others' feelings to maintain a balance of harmony (Shih, 1996). When harmony is broken, people should feel shame and loss of "face," which carry a stigma and lead to objection from inside and outside of the family (Holroyd et al., 1998). Further, the Chinese term *patient* denotes weakness, dependency, and a need for help and protection (Shih, 1996). Therefore, Chinese families feel that they are under an obligation to care for family members who are ill (Shih, 1996). A recent study of Chinese cancer survivors demonstrated that perceived support from family was greater than support from friends, special others, and cancer organizations (You and Lu, 2014). Most Chinese patients think of disease or misfortune, such as having cancer, as a personal and family affair, and they expect to have emotional support from their close family members (Liu et al., 2005). Therefore, health care providers should deal with patients' families as a unit instead of just the individual, which is important in caring for Chinese patients.

Social support has been defined as "the general availability of friends and family members that provide psychological and material resources" (Kleiman and Riskind, 2012, p. 43). However, support is multidimensional: emotional support (esteem, affect, trust, concern, and listening), appraisal support (affirmation, feedback, and social comparison), informational support (advice, suggestion, directives, and information), and instrumental support (aid in kind, money, labor, time, and modifying environment) (Tilden, 1985). These four dimensions form the basis of a scale commonly used to measure social support, the Medical Outcomes Study Social Support Survey (Sherbourne and Stewart, 1991). Strengthening social support has been found to positively enhance one's self-esteem (Budd et al., 2009; Denissen et al., 2008), especially when facing a stressful situation (Hobfoll et al., 1990). Social support is conceptualized in the transactional model of stress and coping as a moderator between the two (Wenzel et al., 2002), with direct and "stress-buffering" effects on well-being (Cohen and Wills, 1985). Social support can facilitate coping abilities and improve active coping strategies to help individuals adjust to life changes (Cobb, 1976). In addition to the external resource of social support, the internal resource of self-esteem may also buffer the stress that patients experience (Schroevers et al., 2003). Greater self-esteem could help a person to improve his or her coping strategies (Holahan and Moos, 1986). Higher self-esteem is related to better well-being in women with breast cancer (Carpenter, 1997). Furthermore, survivors who were in a relationship during testicular cancer tended to have better satisfaction with their support, higher self-esteem, and better mental health than single survivors (Tuinman et al., 2006).

Personal and social resources such as self-esteem and social support, respectively, become important factors during the process of adapting to a life crisis such as a cancer diagnosis (Moos and Schaefer, 1984). Indeed, social support has been shown to buffer the effects of gynecological cancer upon psychological distress (Carpenter et al., 2010), and social support has been shown to moderate the relationship between positive psychological strengths and subjective well-being in university students (Khan and Husain, 2010). Among patients with cancer, low social support has generally been related to high levels of depressive symptoms (De Leeuw et al., 2000; Schroevers et al., 2003) and low QoL (Kroenke et al., 2013; Pedro, 1998; Zeng et al., 2010, 2011). However, no information could be found on the relationships among self-esteem, social support, and QoL in cervical cancer survivors, limiting investigators' and clinical health providers' ability to

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