Patient Education and Counseling 93 (2013) 169–176

Contents lists available at SciVerse ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Review

Associations between social support and stroke survivors' health-related quality of life—A systematic review

Willeke J. Kruithof [a], Maria L. van Mierlo [a], Johanna M.A. Visser-Meily [a], Caroline M. van Heugten [b,c], Marcel W.M. Post [a,*]

[a] Rudolf Magnus Institute of Neuroscience and Center of Excellence for Rehabilitation Medicine, University Medical Center Utrecht and Rehabilitation Center De Hoogstraat, Utrecht, The Netherlands
[b] School for Mental Health and Neuroscience, Maastricht University, Maastricht, The Netherlands
[c] Department of Neuropsychology and Psychopharmacology, Maastricht University, Maastricht, The Netherlands

ARTICLE INFO

Article history:
Received 11 January 2013
Received in revised form 5 June 2013
Accepted 7 June 2013

Keywords:
Stroke
Quality of life
Social support
Review

ABSTRACT

Objective: Social support to stroke survivors has been recognized as an important determinant of their health-related quality of life (HRQoL), but this relationship is not clarified to date. More insight in the relationships between various types (i.e. emotional, instrumental, or informational support) and sources (i.e. partner, children) of social support and HRQoL might target post-stroke educational and counseling interventions to strengthen patient's social networks and supportive relationships.
Methods: Systematic review.
Results: 11 original articles could be included. Most of these articles studied the overall perceived social support without further specification of type or source. They show a positive relation between perceived social support and stroke survivors' HRQoL. Relations between perceived social support and HRQoL seems to be more often significant and were stronger than relationships between specific social support types or sources and HRQoL.
Conclusion: Due to the small number of studies and the heterogeneity in methods of assessing social support, a clear statement about the specific influence of social support source or type could not be made.
Practice implications: Attention should be paid to promoting social support on the short and long term. Further research is needed to clarify the influence of social support type and source.

Contents

* Corresponding author at: Rehabilitation Centre De Hoogstraat, Rembrandtkade 10, 3583 TM Utrecht, The Netherlands. Tel.: +31 30256 1211; fax: +31 30251 1344.
E-mail address: m.post@dehoogstraat.nl (Marcel W.M. Post).

0738-3991/$ – see front matter © 2013 Elsevier Ireland Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.pec.2013.06.003

1. Introduction

Stroke survivors often experience physical or cognitive disabilities [1] which may have a negative impact on their health-related quality of life (HRQoL) [2–4]. HRQoL is a broad concept, which focuses on the aspects of quality of life directly related to patients' post-stroke health. The concept of health-related quality of life is multidimensional, including different domains of one's life, such as physical, functional, mental, psychosocial and social health [2]. Demographic factors, stroke-related factors and physical impairments have been found consistent determinants of HRQoL of stroke patients [4,5]. However, these factors only explain a small part of the variance of HRQoL, and, consequently, other factors gained more attention as possible determinants of HRQoL. Social support is among these factors [2,3,6,7]. Social support can help to deal with the consequences of stroke and promote functional independence and quality of life [8]. For example, emotional support can help a person with stroke to overcome grief over, for example, the loss of mobility as a result of paralysis or the loss of communication as a result of aphasia, or may enhance self-confidence and self-efficacy by encouraging the stroke survivor [8].

Social support can be defined as any support given outside formal settings, i.e. not by health professionals or social services [6]. Langford et al. divided social support in four types: (1) emotional support, involving the provision of caring, empathy, love and trust, (2) instrumental support, including the provision of tangible goods and services (e.g. getting help to get to and from the hospital), (3) informational support, providing information (e.g. receiving advice), (4) appraisal support (e.g. involving information in the form of affirmation, feedback and social comparison) [9]. Social support can be described from a qualitative (i.e. satisfaction with social support) and a quantitative (i.e. the amount of social support, or network size) view. Another perspective is the source of social support, i.e. the partner, children, other relatives or friends. Furthermore social support can be distinguished in the received (i.e. objective) or the perceived (i.e. subjective) social support that have been offered.

In the stroke literature, only two reviews on social support are available [2,10]. The first is a narrative review describing social support as an important determinant on HRQoL, but the authors did not quantify associations between social support and HRQoL reported in the literature and did not specify social support by type or source. The second review reported the generally disappointing effectiveness of 10 social support interventions for post-stroke depression and did not investigate the effects on HRQoL [10]. These trials varied widely with regard to the types and sources of social support provided, which may have contributed to this counter-intuitive result but which could not be explored due to lack of data.

In conclusion, although HRQoL and social support have been recognized as important factors in stroke research, their inter-relationship is not clarified to date. More insight in the relationships between various types and sources of social support and HRQoL might target post-stroke educational and counseling interventions to strengthen patient's social networks and supportive relationships [11]. The present study aims to supplement the literature by systematically reviewing the literature on relationships between social support and stroke survivors' HRQoL.

2. Methods

2.1. Search strategy

Electronic searches of the literature published up to the 8th November 2011 were performed in Pubmed, Embase, Psycinfo and CINAHL. The following search term keywords were combined: stroke (and synonyms), social support (and synonyms) and health-related quality of life (and synonyms). Details of the search are available on request. An update of the search up to March 2013 did not reveal new articles.

2.2. Selection criteria and process

Articles were included if they met the following criteria:

(1) More than 50% of the investigated patients suffered from stroke (ischemic or hemorrhagic lesion).
(2) The patients were ≥18 years at the time of stroke.
(3) The study measured HRQoL with one or more standardized questionnaires.
(4) The study reported quantitative relationships between social support and patients' HRQoL.
(5) The study was an original empirical study (e.g. not an abstract, review, proceeding or letter) published in English.
(6) The study was published in a peer-reviewed journal.

After removing duplicates, two authors (WJK and MM) independently checked the abstracts on the inclusion criteria, and compared their results. The level of agreement between the two raters was calculated using Cohen's kappa. After that and in case of disagreement, both authors reassessed and discussed that abstract until consensus was reached. The same procedure was followed for final in- or exclusion after reading the full text articles. The references of the included articles were studied to trace relevant studies not identified by the primary search.

2.3. Quality assessment

The assessment of methodological quality of the individual studies was conducted using a brief 8-point checklist [12]. The scores ranged from 0 (lowest quality) to 8 (highest quality). The assessment was conducted independently by the same authors (WJK en MM) and the level of agreement between these authors was established using the Intraclass Correlation Coefficient. After