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IDENTIFICATION OF THE LEVEL OF PERCEIVED SOCIAL SUPPORT AND HOPE OF CANCER PATIENTS AND THEIR FAMILIES

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Abstract – *Objective:* *The study aims to analyze the level of perceived social support and hope of cancer patients and their families.*

Patients and Methods: *The study was conducted with cancer patients (n: 69) and their relatives (n: 69). Data were collected via "Patient Identification Form", "Beck Hopelessness Scale", "Patient Social Support Form", and "Family Social Support Form" and were analyzed on SPSS (Statistical Programme for Social Science) 19 for Windows package program with percentage, arithmetic average, standard deviation, Mann-Whitney-U test, Kruskal-Wallis test, and Spearman-Brown correlation analysis.*

Results: *The average age of the participants was 56.41±11.65. The average period following the cancer diagnosis was 25.67±34.02 months. The average score for patients' social support was 140.28±17.26 and the average score for social support that the families think they provide was 124.97±15.19. The average score of patients for hopelessness was 3.78±3.70 and for their relatives was 3.41±3.21.*

Conclusions: *No significant correlation was found between the perceived social support of cancer patients from their relatives and the social support the relatives think they provide for the patients. Cancer patients' perceived social support from their relatives is higher than what the relatives think they provide for the patients. The patients and relatives had very high levels of hope; however, no significant correlation was found.*

KEYWORDS: *Cancer, Family, Hope, Social support.*

APPENDIX I

Sample items in patient social support form

1. My family comforts me when I feel down.
2. My family shows interest in me.
3. Sometimes I feel like my family does not understand what I am going through.
4. I cannot share my worries regarding future with my family.
5. My family is willing to assist me in making my decisions.
6. My family tries to support me in financial terms.
7. I share my joy and sorrow with my family.
8. My family hides information from me about my illness.
9. My family guides me about my illness and gives me useful advice.

Sample items in family social support form

1. Sometimes, I think we do not really understand what is happening to him/her.
2. We share his/her fear and anxiety with him/her comfortably.
3. We hide information from him/her about his/her illness.
4. We hesitate and abstain from discussing his/her fear and anxiety about future.
5. We support his/her decisions about life.
6. We try to take precautions to facilitate his/her life during long and exhausting treatments.
7. We always make time to listen to him/her.

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INTRODUCTION

Cancer is the second most common cause of death following the cardiac diseases in many countries, including Turkey. Gynecological cancers constitute the most significant part of morbidity and mortality for women following breast cancer[1,2]. Cancer is a physical illness, yet at the same time, it creates conditions that very often lead to psycho-social problems. It is perceived as a disease, which involves uncertainties, may be associated with a painful death and causes guilt, fear of being abandoned and anxiety by individuals [3-5]. Social support constitutes an important part in people's lives and it is defined as systems that include emotional, social, financial and cognitive support one can receive from his surrounding when he feels the need and that are used for keeping one healthy [1,6,7]. Perceived social support is the cognitive perception of an individual regarding having trustworthy bonds with others and the perception that these others will provide support. In other words, it is defined as people's interpretation of supportive interactions, their assigning personal meanings to people they are attached to and the satisfaction experienced as a result of provided support[1]. Gradual deterioration of health conditions, continuity of difficulties and increase in the number of conditions that cause illness-related stress, result in an increased need of social support for patients, especially for those with chronic illnesses. Emotional and material support and information support are, therefore, crucial for people who have a chronic illness such as cancer. Emotional support refers to increasing the resistance power of an individual by comforting him in situations that are hard to cope with. Material support refers to providing practical and concrete support to the individual needs, while information support refers to providing assistance in increasing the perceived control of the individual over the illness and illness processes by learning how others in the same situation coped with their problems. Cancer diagnosis unsettles the existing social support network and results in new arrangements within this network. Social support is an important source that can have impacts that prolong the life of the cancer patients when necessary[6,7]. In addition to social support, hope is another strength that is just as important for cancer patients. Hope is a part of human nature, a vital source that enables people to cope with difficult and stressful situations such as loneliness, anxiety or pain. Hope is a strength that motivates people and enables them to realize their goals[3,4]. A cancer diagnosis is a difficult situation not only for patients but also for their families and friends. Beginning from the onset of the illness, relatives of the patients also experience fear, anxiety, and anger related to each important stage of cancer just as the patients. The family members who face the reality that they can suddenly lose a loved-one go through a process of grief, which is known as deprivation. Even if the loved-one is still alive, family members may face a dimension of deprivation.[8] Therefore, identifying the perceived social support of patients, their relatives and their levels of hope may facilitate the acceptance of treatment for patients, may accelerate recovery, contribute to the morale and motivation of patients, thus resulting in a positive influence on life quality during treatment and care processes with a systematic and proper approach[3,4].

PATIENTS AND METHODS

Type of the study

The descriptive and cross-sectional study aims to identify the social support of families as perceived by cancer patients and the social support the families think they provide for patients, and also the level of hope for cancer patients and their relatives.

Patients

The study was conducted in a University Hospital's Gynecologic Oncology service between March 2013 and March 2014 in the Southern Turkey. The criteria for sampling included voluntary participation of the cancer patient, not being in the terminal stage of the illness and not having had a surgical operation. One relative for each patient was also recruited for the study. 74 patients were admitted to gynecologic oncology service during the specified dates. All the patients (n: 69) who were suitable for the criteria and were at the hospital at the time of the study as well as one relative (n: 69) for each patient formed the sample of the study. 5 patients and their relatives were excluded from the study as they were in terminal stage of the illness.

Ethical consideration

Confirmation was obtained from University Medical Faculty Noninvasive Clinical Studies Ethical Committee in order to conduct the study. Participants were informed about the aims of this study

and their written consent was obtained before the administration of the questionnaire.

Data collection

The data were collected with Patient Identification Form and Cancer Patient Family Form that were developed by the researchers in order to identify socio-demographic features of the participants. To identify the level of hope the Beck Hopelessness Scale (BHS) developed by Beck et al (1974) was used, and to identify the perceived level of social support for patients and the families, Patient Social Support Form (PSSF) and Family Social Support Form (FSSF) developed by Eylen[6] were used.

Patient identification form

It was developed by the researchers and consists of 11 items that include socio-demographic features of the cancer patient (age, marital status, education level, work status, social security), diagnosis, time of the diagnosis, treatments/therapies, people living in the same house, care at home.

Cancer patient family form

It was developed by the researchers and consists of 10 items that include socio-demographic features of the families of cancer patients (age, marital status, education level, work status), the person who fulfills responsibilities when around the patient, problems related to care at home, problems at the workplace stemming from patient's care, degree of relation to the patient.

Beck Hopelessness Scale (BHS)

Beck et al (1974) developed the Beck Hopelessness Scale in order to measure the level of hopelessness in numeric terms objectively. The first study regarding the scale was conducted by Seber (1991) (Cronbach alpha 0.86), and validity study was conducted by Durak and Palabiyikoglu (1994) (Cronbach alpha 0.85). The scale consists of 20 items and aims to measure the pessimism level of the people with regard to the future. The items in the scale can be responded as true or false and they reflect negative expectations. The items 1, 6, 9, 13, 15 reflect the emotions about the future, the items 2, 3, 9, 11, 12, 16, 17, 20 about motivation loss and 4, 7, 14,18 about expectations from the future. The items 2, 4, 7, 9, 11, 12, 14, 16, 18 and 20 are evaluated as "positive" and the items 1, 3, 5, 6, 8, 10, 13, 15 and 19 as "negative." There are 11 positive and 9 negative key responses. Each response in line with the key responses was evaluated as 1 point and the responses that did not match the key responses were evaluated as 0. The arithmetical sum reflected the "hopelessness" score. The range was between 0-20, higher scores representing hopelessness and lower scores referring to hope[9].

Patient Social Support Form (PSSF)

Eylen[6] developed the scale in order to identify type and level of social support the patients perceive to be receiving from their families. The scale consists of 35 items and is a five-point likert scale with three sub-dimensions. Reliance support, emotional support, and information support are the sub-dimensions of the scale. 13 of the items in the scale (4, 9, 13, 14, 21, 22, 26, 27, 29, 30, 31, 32, 33) are negative and 22 are positive expressions. For items with positive expressions, the options were "very suitable for my situation (5)", "suitable for my situation (4)", "partially suitable for my situation (3)", "not suitable for my situation (2)", and "not suitable for my situation at all (1)" and for negative expressions the same options were coded from 1 to 5. Perceived social support score consists of the sum of points from items with positive expressions and sum of reversed points from items with negative expressions. In the scale, higher scores represent the patients' perception that the level of support from their families is high. The first factor, reliance support subscale, consists of 13 items (1, 3, 6, 7, 8, 10, 11, 12, 17, 19, 24, 34, 35), the second factor, emotional support subscale, consists of 12 items (2, 9, 13, 15, 16, 18, 20, 23, 26, 27, 28, 29, 33), and the third factor, information support subscale, consists of 10 items (THEY ARE 9???) (4, 5, 14, 21, 22, 25, 30, 31, 32). Alpha coefficients of each sub-scale were as follow: for "reliance support" 88 (n=89, number of items: 13), "emotional support" 88 (n=89, number of items: 12) and "information support" 87 (n=89, number of items: 10). These findings were interpreted as the items can make a distinction between people who receive and do not receive social support[6].

Family Social Support Form (FSSF)

Eylen[6] developed the scale to identify the type and level of social support the families of patients

think they provide for the patients. The scale consists of 30 items and is a five-point likert scale with three sub-dimensions. 13 of the items (1, 4, 5, 7, 8, 9, 10, 11, 13, 15, 22, 25, 29) are negative expressions, 17 are positive. For items with positive expressions, the options were "very suitable for my situation (5)", "suitable for my situation (4)", "partially suitable for my situation (3)", "not suitable for my situation (2)", and "not suitable for my situation at all (1)" and for negative expressions the same options were coded from 1 to 5. Provided social support score consists of the sum of points from items with positive expressions and sum of reversed points from items with negative expressions. In the scale, higher scores represent that the families' level of support is high. Emotional support, reliance support, and information support are the sub-dimensions of the scale. The first factor; emotional support subscale consists of 14 items (1, 2, 3, 4, 5, 6, 14, 19, 20, 23, 26, 27, 28, 30), the second factor; information support subscale consists of 10 items (7, 8, 9, 10, 11, 12, 13, 15, 22, 25), and the third factor; reliance support subscale consists of 6 items (16, 17, 18, 21, 24, 29). Alpha coefficients of each sub-scale were as follow; for "emotional support" 87 (n=80, number of items: 14), "information support" 82 (n=80, number of items: 10), and "reliance support" 75 (n=80, number of items: 6). These findings were interpreted as the items can make a distinction between people who provide and do not provide social support[6]. Sample items in patient social support form and family social support form were given in Appendix I.

Statistical analysis

The data were analyzed on Statistical Programme for Social Science 19 (SPSS Inc., Chicago, IL, USA) for Windows package program with percentage, arithmetic average, standard deviation, Mann-Whitney-U test, Kruskal-Wallis test, and Spearman-Brown correlation analysis[10].

RESULTS

Sample characteristics

The average age for cancer patients was 56.41±11.65, majority were married, big proportion had low education levels, majority had health insurance and 72.5% stated to be middle class in terms of economic status (Table I). When diagnosis processes of the participants were evaluated, the highest percentage had 62.3% (n=43) ovary cancer; this was followed by endometrium (21.7%, n=15), cervix cancer (13%, n=9) breast cancer (1.5%, n=1) and mol hidatiform (1.5%, n=1). The average time following the cancer diagnosis was 11.38±8.86 months and 63.8% had only chemotherapy, while the rest had combined treatments. It was majorly 1st degree relatives (82.6%, n=57) who take cares of the cancer patients at home (Table II). The average age for relatives of cancer patients was 38.39±13.16, majority were married, more than half was primary-school graduates, majority were not working, and the highest proportion of relatives in the study were mothers (46.4%) (Table III). Table IV consists of findings regarding the responsibilities undertaken by the relatives when they are around the cancer patient. 60.9% of the patient relatives (n=42) stated that there is someone who undertakes the responsibilities instead of the cancer patient, and often partners of the patients were the people who undertake these responsibilities (18.8% n=13). Due to undertaking responsibilities at home, relatives had to postpone some of their duties regarding themselves and their families (27.5% n=19) and majority of the relatives in the study had no jobs and some of those who were working had certain problems at their work place (7.2% n=5).

TABLE 1. Socio-demografic characteristics of cancer patients.

Characteristics		*n*	*%*
Age*	50 and ↓	18	26.1
	51 ↑	51	73.9
Marital satus	Married	50	72.5
	Single	19	27.5
Education	Illiterate	34	49.3
	Primary School (8 years)	28	40.6
	High School (12 years)	7	10.1
Work	Working	4	5.8
	Unworking	65	94.2
Social security	Yes	55	79.7
	No	14	20.3
Economic Status	Good	5	7.2
	Middle	50	72.5
	Minimum	14	20.3

*$\bar{X}$ ± SD = 56.41±11.65 (min 20 – max 84)

Perceived social support and hope

Average scores for cancer patients and their families' social support scale (SSS) and BHS are provided in Table V. SSS average score of cancer patients was 140.28±17.26, the average score for the support families think they provide was

TABLE 2. Socio-demografic characteristics of cancer patients.

Characteristics		*n*	*%*
Diagnosis	Overian cancer	43	62.3
	Endometrium cancer	15	21.7
	Cervix cancer	9	13.0
	Breast cancer	1	1.5
	Mol hidatiform	1	1.5
Time of diagnosis*	1-12 months	37	53.6
	13-24 months	21	30.4
	Recurrence	11	16.0
Treatment	Chemotherapy	44	63.8
	Surgery + Chemotherapy	18	26.1
	Radiotherapy + Chemotherapy	3	4.3
	Surgery + Radiotherapy + Chemotherapy	2	2.9
	Curettage + Chemotherapy	2	2.9
Who lived together at home	Myself, my wife and children	34	49.3
	Myself and my wife	12	17.4
	Myself and children	11	16.0
	Myself	8	11.6
	Myself, my parents and my sibling	4	5.8
Who take care at home	Nobody	11	16.0
	1. Degree relatives	57	82.6
	2. Degree relatives	1	1.4

*$\overline{X}$ ± SD = 11.38±8.86 months

124.97±15.19. When the average scores of cancer patients and their families are analyzed for sub-dimensions of SSS, it was found that the highest average is in reliance support for the patients. Families think they support patients mostly emotionally and the highest average was in emotional support sub-dimension. The average scores of cancer patients and their families for BHS were 3.78±3.70 and 3.41 ±3.21, respectively. It was found that cancer patients' and their families' emotions regarding the future are positive (Table V). When the average scores for SSS and BHS are compared with various variables, education level has significant correlations for both of the scales in total averages and all sub-dimensions (p<0.05). It was found that as the education level of the participants increases, also their perceived social support and hope levels increase. It was found that there are statistically significant correlations between economic status of the participants and SSS total score and reliance support and emotional support sub-dimensions. Participants who identified their economic level as middle, had higher perception of social support. Participants with social security had higher emotional support scores and there were statistically significant correlations (p<0.05). There was no statistically significant correlation between SSS and BHS average scores of patients and their age, marital status and working status (p>0.05) (Table VI). Table VII includes findings in relation to the social support the families think they are providing for the patients, SSS and BHS total scores and sub-dimension score averages and their comparisons with various variables. It was found that there is significant correlation between cancer patients' families' SSS information support sub-dimension score and gender, and also between SSS total score and information support sub-dimension and degree of relation to

TABLE 3. Socio-demografic characteristics of relatives of cancer patients.

Characteristics		*n*	*%*
Age	20-29	18	26.1
	30-39	18	26.1
	40-49	20	29.0
	50 ve ↑	13	18.8
Marital Status	Married	55	79.7
	Single	14	20.3
Education	Illiterate	2	2.9
	Literate	1	1.4
	Primary School (8 years)	38	55.1
	High School (12 years)	13	18.8
	University	15	21.7
Work	Working	15	21.7
	Unworking	54	78.3
Degree of Relatives	Partner	8	11.6
	Child	3	4.3
	Sister	7	10.1
	Parent	32	46.4
	1. Degree relatives	19	27.5

TABLE 4. Findings regarding the responsibilities undertaken by the relatives when they are around the cancer patient.

Characteristics		*n*	*%*
Do you have anybody who undertakes your responsibilities instead of you when you are with your patient?	Yes	41	59.4
	No	28	40.6
What is degree of relation who undertakes your responsibilities instead of you in your home?	Nobody	28	40.6
	Partner	13	18.8
	Sibling	11	16.0
	Child	7	10.1
	Relative	6	8.7
	Parent	3	4.3
	Neighbour	1	1.5
Which problems do you experience due to undertaking your responsibilities instead of you in your home?	Nobody	28	40.6
	I have to postpone some of duties regarding myself and my family	19	27.5
	I don't care enough with my patient because I always think my responsibilty in my home	4	5.9
	I'm slogging.	3	4.3
	No problem	15	21.7
Which problems do you experience due to caring of your patient in your jop?	Unworking	54	78.2
	Anything	10	14.5
	I don't focus on my job?	1	1.5
	I have problems	4	5.8

the patient ($p<0.05$). Male relatives of the patients had higher scores in information support sub-dimension. When the relative is a partner, SSS total score and information support sub-dimension were higher. There was no statistically significant correlation between SSS and BHS average scores of patients' relatives and their age, marital status and working status ($p>0.05$). When the relation between the patients' perceived social support and level of hopelessness was analyzed, no significant correlation was found between cancer's patients' SSS information support sub-dimension and BHS emotion regarding future sub-dimension; SSS reliance support sub-dimension and BHS loss of motivation and expectations regarding future sub-dimensions have low level of negative correlation, and other sub-dimensions and total scores have middle level of negative correlation. No significant correlation was found between the perceived social support of cancer patients and the social support the families think they provide for the patients. No significant correlation was found in the analysis of the relation between BHS total and subscale scores of cancer patients and their families. The cancer patients' perceived social support from their relatives is higher than what the relatives think about the level of social support they provide for the patients (Table VIII).

TABLE 5. Findings about Perceive Social Support Scale and Beck Hopelessness Scale.

	Patient $\bar{X} \pm SD$	*Family* $\bar{X} \pm SD$
Perceive Social Support Scale		
Reliance Support	55.93±7.26	26.62±3.13
Emotional Support	49.33±7.38	61.68±6.95
Information Support	35.01±7.41	36.67±8.26
Total	140.28±17.26	124.97±15.19
Beck Hopelessness Scale		
Emotions about the future	0.57±1.15	0.41±0.84
Motivation loss	1.77±1.91	1.58±1.73
Expectations from the future	1.45±1.19	1.42±1.23
Total	3.78±3.70	3.41±3.21

TABLE 6. Findings Regarding Relationship between Several Variables and Perceive Social Support Scale and Beck Hopelessness Scale about Cancer Patient.

	Perceive Social Support Scale									Beck Hopelessness Scale							
	Reliance Support			Emotional Support		Information Support		Total		Emotions about the future		Motivation loss		Expectations from the future		Total	
	n	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Mean rank	Sum of ranks
Age*																	
50 and ↓	17	33.24	565.00	35.06	596.00	38.53	655.00	38.21	649.50	29.76	506.00	33.50	569.50	33.15	563.50	31.29	532.00
51↑	49	33.59	1646.00	32.96	1615.00	31.76	1556.00	31.87	1561.50	34.80	1705.00	33.50	1641.50	33.62	1647.50	34.27	1679.00
		p=0.946 U= 412.00		*p=0.697 U= 390.00*		*p=0.209 U= 331.000*		*p=0.240 U=336.500*		*p=0.241 U=353*		*p=1.000 U= 416.500*		*p=0.926 U= 410.500*		*p=0.578 U= 379.000*	
Marital Status*																	
Married		34.39	1650.50	32.63	1566.00	31.83	1528.00	32.52	1561.00	33.09	1588.50	35.20	1689.50	31.45	1509.50	33.67	1616.00
Single		31.14	560.50	35.83	645.00	37.94	683.00	36.11	650.00	34.58	622.50	28.97	521.50	38.97	701.50	33.06	595.00
		p=0.533 U=389.500		*p=0.544 U=390.000*		*p=0.249 U=352.000*		*p=0.498 U=385.000*		*p=0.724 U=350.500*		*p=0.226 U=350.500*		*p=0.135 U=333.500*		*p=0.907 U=424.000*	
Work*																	
Working	4	34.25	137.00	39.25	157.00	38.25	153.00	37.00	148.00	31.50	126.00	32.75	131.00	23.63	94.50	28.38	113.50
Unworking	62	33.45	2074.00	33.13	2054.00	33.19	2058.00	33.27	2063.00	33.63	2085.00	33.55	2080.00	34.14	2116.50	33.83	2097.50
		p=0.948 U= 121.000		*p=0.559 U= 101.000*		*p=0.631 U= 0.631*		*p=0.726 U= 110.000*		*p=0.846 U=116.000*		*p=0.945 U=121.000*		*p=0.301 U=84.500*		*p=0.595 U=103.500*	
Social Security*																	
Yes	54	34.73	1875.50	34.30	1852.00	32.77	1769.50	33.96	1834.00	33.00	1782.00	33.82	1826.50	33.83	1827.00	33.45	1806.50
No	12	27.96	335.50	29.92	359.00	36.79	441.50	31.42	377.00	35.75	429.00	32.04	384.50	32.00	384.00	33.71	404.50
		p=0.260 U= 257.500		*p=0.473 U= 281.000*		*p=0.511 U= 284.500*		*p=0.677 U= 299.000*		*p=0.572 U=429.00*		*p=0.764 U=384.50*		*p=0.752 U=384.00*		*p=0.966 U=404.50*	
Education**																	
Illiterate	31	28.66		26.55		25.40		23.84		39.13		42.32		42.55		45.02	
Primary School	28	36.63	2	38.95	2	39.89	2	41.43	2	29.64	2	26.04	2	26.18	2	24.16	2
High School	7	42.43		42.50		43.79		44.57		24.00		24.29		22.71		19.86	
		p=0.112 χ^2= 4.381		*p=0.019 χ^2= 7.902*		*p= 0.005 χ^2 =10.665*		*p=0.001 χ^2= 14.976*		*p=0.013 χ^2=8.729*		*p=0.001 χ^2=13.187*		*p=0.001 χ^2=14.658*		*p=0.000 χ^2=21.811*	
Economic Status**																	
Good	5	26.60		27.70		30.50		27.40		38.40		34.20		35.60		33.80	
Middle	49	37.15	2	35.50	2	34.73	2	36.12	2	32.45	2	31.97	2	33.23	2	31.93	2
Minimum	12	21.46		27.75		29.71		25.33		35.75		39.46		33.71		39.79	
		p=0.025 χ^2=7.404		*p=0.354 χ^2=2.076*		*p=0.672 χ^2=0.796*		*p=0.166 χ^2=3.596*		*p=0.604 χ^2=1.010*		*p=0.456 χ^2=1.569*		*p=0.961 χ^2=0.079*		*p=0.437 χ^2=1.656*	

*Mann-Whitney U Test **Kruskal-Wallis Test

TABLE 7. Findings Regarding Relationship between Several Variables and Perceive Social Support Scale and Beck Hopelessness Scale about Cancer Patient Relatives.

	Perceive Social Support Scale									Beck Hopelessness Scale							
	Reliance Support			Emotional Support		Information Support		Total		Emotions about the future		Motivation loss		Expectations from the future		Total	
	n	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Mean rank	Sum of ranks
Gender*																	
Female	55	32.74	1800.50	31.43	1728.50	30.91	1700.00	31.04	1707.00	34.05	1872	33.25	1829.00	33.64	1850.00	33.60	1848.00
Male	11	37.32	410.50	43.86	482.50	46.45	511.00	45.82	504.00	30.77	338.50	34.73	382.00	32.82	361.00	33.00	363.00
		p=0.465 U=260.500		*p=0.049 U=188.500*		*p=0.014 U=160.000*		*p=0.020 U=167.000*		*p=0.492 U=272.500*		*p=0.810 U=289.000*		*p=0.894 U=295.000*		*p=0.924 U=297.000*	
Marital Status*																	
Married	52	35.02	1821.00	34.99	1819.50	34.98	1819.00	35.25	1833.00	32.56	1693.00	34.47	1792.50	34.34	1785.50	34.29	1783.00
Single	14	27.86	390.00	27.96	391.50	28.00	392.00	27.00	378.00	37.00	518.00	29.89	418.50	30.39	425.50	30.57	428.00
		p=0.210 U=285.000		*p=0.222 U=286.500*		*p=0.226 U=287.000*		*p=0.153 U=273.000*		*p=0.306 U=315.000*		*p=0.412 U=313.500*		*p=0.480 U=320.500*		*p=0.516 U=323.000*	
Work*																	
Working	14	37.00	518.00	38.18	534.50	37.32	522.50	38.61	540.50	37.00	518.00	31.79	445.00	34.75	486.50	35.00	490.00
Unworking	52	32.56	1693.00	32.24	1676.50	32.47	1688.50	32.13	1670.50	32.56	1693.00	33.96	1766.00	33.16	1724.50	33.10	1721.00
		p=0.437 U=315.000		*p=0.302 U=298.500*		*p=0.401 U=310.500*		*p=0.262 U=292.125*		*p=0.306 U=315.000*		*p=0.696 U=340.000*		*p=0.776 U=346.500*		*p=0.740 U=343.000*	
	n	**Mean rank**	**sd**	**Mean rank**	**sd**	**Mean rank**	**sd**	**Mean rank**	**sd**	**Mean rank**	**sd**	**Mean rank**	**sd**	**Mean rank**	**sd**	**Mean rank**	**sd**
Education**																	
Primary School (8 years)	38	33.36	2	31.05	2	34.78	2	32.82	2	34.13	2	38.41	2	33.50	2	36.05	2
High School	13	30.77		32.92		24.31		28.04		30.73		27.73		38.35		33.08	
(12 years)																	
University	15	36.23		40.20		38.23		39.97		34.30		26.07		29.30		27.40	
		p=0.747 χ²=0.583		*p=0.290 χ²=2.476*		*p=0.131 χ²=4.072*		*p=0.246 χ²=2.805*		*p=0. 741 χ²=0.600*		*p=0.042 χ²=6.344*		*p=0.437 χ²=1.654*		*p=0.327 χ²=2.235*	
Age**																	
20-29	18	30.97	3	32.14	3	30.33	3	30.72	3	33.89	3	30.92	3	32.33		31.08	3
30-39	17	37.26		35.88		27.97		31.47		35.91		34.32		35.62		35.35	
40-49	20	33.48		33.50		35.63		35.10		34.05		36.05		37.13		37.63	
50 ve ↑	11	31.86		32.05		43.36		38.27		28.14		31.82		25.55		27.09	
		p=0.784 χ²=1.072		*p=0.936 χ²=0.419*		*p=0.167 χ²=5.064*		*p=0.709 χ²=1.387*		*p=0.563 χ²=2.044*		*p=0.837 χ²=0.853*		*p=0.380 χ²=3.076*		*p=0.450 χ²=2.643*	
Degree of Relatives**																	
Partner	7	49.36	4	49.43	4	59.57	4	57.71	4	29.64	4	30.29	4	32.29	4	29.07	4
Child	2	23.00		23.25		14.75		18.00		40.00		38.75		43.25		44.50	
Sibling	7	24.57		23.57		34.29		28.57		30.50		29.50		30.21		30.57	
Parent	32	30.36		32.70		29.63		30.16		35.69		35.45		34.73		35.11	
1. Degree Relatives	18	37.56		33.72		32.03		33.67		31.56		32.25		31.97		32.28	
		p=0.067 χ²=8.758		*p=0.117 χ²=7.377*		*p=0.003 χ²=16.287*		*p=0.008 χ²=13.889*		*p=0.685 χ²=2.279*		*p=0.889 χ²=1.135*		*p=0.900 χ²=1.065*		*p=0.823 χ²=1.518*	

*Mann-Whitney U Test **Kruskal-Wallis Test

TABLE 8. Correlation Between Perceive Social Support Scale and Beck Hopelessness Scale About Cancer Patient and Their Relatives.

Perceive social support scale (Patient)	*Beck hopelessness scale (Patient)*			
	Emotions about the future	*Motivation loss*	*Expectations from the future*	*Total*
Reliance Support	-0.41**	-0.26**	-0.27*	-0.38**
Emotional Support	-0.37**	-0.47**	-0.37**	-0.52**
Information Support	-0.09	-0.39**	-0.34**	-0.41**
Total	-0.35**	-0.51**	-0.42**	-0.59**
Perceive social support scale (Patient)	*Perceive social support scale (Family)*			
	Reliance Support	*Emotional Support*	*Information Support*	*Total*
Reliance Support	0.11	0.12	0.19	0.18
Emotional Support	0.06	-0.11	-0.01	-0.01
Information Support	0.07	-0.06	-0.03	-0.03
Total	0.09	0.05	0.06	0.07
Beck hopelessness scale (Patient)	*Beck hopelessness scale (Family)*			
	Emotions about the future	*Motivation loss*	*Expectations from the future*	*Total*
Emotions about the future	0.01	0.16	0.07	0.14
Motivation loss	0.02	0.07	-0.08	0.01
Expectations from the future	0.02	0.11	0.07	0.09
Total	-0.03	0.12	-0.04	0.04

*Correlation is significant at the 0.05 level (2-tailed).
**Correlation is significant at the 0.01 level (2-tailed).

DISCUSSION

Cancer is a health problem that is becoming more common in our country like all around the world. The wide use of technology and developments in medical technology increased the survival rate of cancer patients. Still, tens of thousands of patients and their families are facing cancer and many cancer-related problems. Both medical people and various segments of the society started to perceive cancer not only as a physical illness but also a serious illness that has emotional and psycho-social dimensions[11]. Ozyurt[5] conducted a study in order to identify the perceptions of patients about social support provided by their families and the perception of families about social support they think they are providing for the patients. 80 relatives' patients and 92 patients participated in the study. The biggest source of support was their partners, followed by their children and siblings. Our study has similarities with the study of Ozyurt[5] and we found that patients are mostly supported by their children. In the studies, the problems of the cancer patients' relatives about their responsibilities at home resulting from the support they provide for the patient, were also identified. Karabuga-Yakar and Pinar[12] (2013) conducted a study to analyze the life quality and its influential factor for family members that provide care for the cancer patient and included 120 care providing family members to the study. 75.8% of the care providers were married and their health was negatively affected due to their responsibilities for the care of the patient, 53.3% were not able to fulfill their personal responsibilities, 30% had problems in working life, 15% had problems with family relations and 45% had problems with their marriage. Awadalla et al[13] (2007) conducted a controlled study in order to identify life quality and influencing factors of women with breast or gynecologic cancer and their care providing family members. It was found that the families living with the cancer patient feel powerless and weak; the patients who have been diagnosed recently, have low education level, are single and do not have a job officially need support. In line with other studies, our study indicated that since responsibilities at home are undertaken by someone else, the relatives of the patients have to postpone their duties about themselves or their families. Social support plays an important role for cancer patients in making the

best use of medical treatment and also in reducing physical, psycho-social and economic problems the patients face during the illness.[11] In a study conducted by Arora et al[14] (2007) with the aim of identifying the emotional, information and decision-making supports of health care providers, family, and friends for women who were recently diagnosed with breast cancer, it was indicated that patients think that health care providers provide information support (84%), family and friends provide emotional support (85%, 80.4%), and care providers and family provide decision-making support (75.2%, 71%). In the master's thesis study, Yilmaz[15] (2011) aimed to identify the influence of perceived social support level on chemotherapy symptoms for women with gynecologic cancer. The average score for Multi-Dimensional Social Support Scale was 49 and while some symptoms had significant correlations with social support, some symptoms had no significant correlation. In their study on the correlations between positive adjustment to breast cancer and social support, Holland and Holahan[16] (2013) found that women with higher social support points had better adjustments. In the study conducted by So et al[17] (2013) with the aim of identifying the correlations between social support, symptom frequency and life quality for women going through breast cancer treatment, 279 were included in the study. The perceived social support of the participants was evaluated via "The Medical Outcomes Study Social Support Survey" and it was found that social support contributes positively to all sub-dimensions of life quality, and to social well-being, familial well-being and functional well-being. Dedeli et al[1] (2008) conducted a study on functional status and perceived social support of cancer patients. The analysis of average scores for PSSF and each of its sub-dimensions indicated that the average social support scale score was 142.4±14.2 and each of the sub-dimensions was as follows; reliance support 57.7±5.8, emotional support 37.02±6.1, and information support 5.5±5.2. In Ozyurt's[5] study, the patients had an average score of 100.53±21.10 in SSS. The highest average score was in reliance support sub-dimension (46.64±9.39) and the lowest was in information support dimension (26.82±9.69). This indicated that the patients' perception regarding the social support they receive from their families is low. In Ozyurt's[5] study the average scores of families were higher than the scores of patients; however, this difference was not statistically significant. Average FSSF total score of the families was 100.99±16.99. The highest level of support the families think they are providing was emotional support sub-dimension (47.86±8.50), and it was followed by information support sub-dimension (26.34±7.75) and reliance support sub-dimension (23.75±3.78). In our study, the average PSSF score for the patients was 140.28±17.26, and for the families was 124.97±15.19. When the average scores of SSS sub-dimensions for cancer patients and the families were analyzed, the highest average score was in reliance support sub-dimension for patients and emotional support sub-dimension for the families. In contrast to Ozyurt's study[5], the perceived social support of the patients was higher than the social support the families think they are providing for the patients; the families think they are not supporting the patients enough. In their qualitative study, Hammer et al[18] aimed at identifying the experiences of hope for women who were recently diagnosed with gynecologic cancer, interviewed 15 women and created 5 major themes. The hope of treatment, care for normalization, hope for being active and feeling good, hope as an internal power for integration, hope for meaningful relations and struggle against hopelessness were the themes. As a result of the study, the hope of participants was found to be in relation to diagnosis, treatment, family life and their own lives and also the hopelessness. In our study, both the patients' and their relatives' level of hope was found to be positive. Li et al[19] (2015) conducted a study in Taiwan on the influence of social support on life quality of women at early stage of cervical cancer. 110 people participated in the study and it was found that the younger ones, the ones with higher self-esteem and higher levels of social support had better quality of life. Aslan et al[3] (2007) conducted a study with the purpose of identifying the level of hope and the correlations between hope and some variables, and 246 people participated in the study. General Hope score, temporariness and future, positive readiness and expectation, relations with the self and people around sub-dimension average scores for patients were found to be above the average level. There was statistically significant positive correlation between the hope score, sub-dimension scores, and education level. In our study, statistically significant correlations were found in both of the scales' total and all the sub-dimension scores in relation to education levels ($p<0.05$). As the education level of the participants increased, their perceived social support and level of hope increased as well. It was indicated that there is statistically significant correlation between economic status and SSS total score and reliance support and emotional support sub-dimensions of the participants. Partic-

ipants who identified their economic level as middle, had higher perception of social support. It was found that there is significant correlation between cancer patients' families' SSS information support sub-dimension score and gender, and also between SSS total score and information support sub-dimension and degree of relation to the patient (p<0.05). Male relatives of the patients had higher scores in information support sub-dimension. When the relative is a partner, SSS total score and information support sub-dimension were higher. Limitations of this study are that it was performed in a single center and that it was a cross-sectional design.

CONCLUSIONS

The study indicated that the cancer patients' perceived social support from their relatives is higher than what the relatives think about the level of social support they provide for the patients. The patients' and their relatives' high levels of hope are positive for the treatment process. These results lead us to think that it is very important to maintain social support and level of hope that support positive prognosis for the cancer patients in the process of fighting against cancer and also planning nursing approaches to that end. Patients should be considered as a whole with their families, and families should also be supported in this process. Conducting qualitative studies in order to identify the level of hope and the social support perception of both patients and their families would enable individuals to express themselves better, thus facilitating the identification of necessary improvements to that end and contribute to the provision of such support.

Conflict of Interests:
The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

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