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ANALYSIS AND ASSESSMENT OF THE SOCIAL RELATIONS AS A QUALITY OF LIFE COMPONENT IN PEOPLE WITH ONCOLOGICAL DISEASES

Abstract: *Social relations are a component in the quality of life that the World Health Organization sets as an area of its main tool for its research. The presence of oncological disease causes damage to the human individual in physical, social and psychological aspects. The article presents the results of a conducted research with the purpose to identify deficits in quality of life in terms of social relations which are caused by oncological disease. The research was conducted among 304 persons in the age group 35-60 years, diagnosed with oncological disease varying its duration of treatment. The research tool used is a questionnaire developed by the author for the purposes of the research. The article presents a quantitative and qualitative analysis of the results obtained. Deficits in the quality of life have been identified in terms of social relations caused by cancer at different stages of the disease. The role of the social work with people with oncological diseases for preserving their quality of life to the maximum extent is substantiated.*

Key words: *oncological disease, social work, social relations, quality of life.*

Language: *English*

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Introduction

The intensity in the development of oncological diseases in recent decades puts them at one of the leading places globally. Studies reveal a worrying trend that not only is the number of people suffering from malignant neoplasms increasing, but also the age of onset of the disease in both genders is decreasing. Twenty million people worldwide live with a cancer diagnosis and it is the cause of 12% of all deaths. The presence of oncological disease affects to varying degrees the quality of life of the affected individual and people in its immediate environment. The results of the author's observations regarding the ongoing change in the quality of life of people in active age who have been diagnosed with oncological disease, show that the disease changes their lives in various aspects in terms of social relations.

The working group of the World Health Organization defines the quality of life as (WHO, 1997) *"the perception of individuals of their own position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns"*. The World Health Organization, originating from the holistic or the overall concept of health, sets criteria for measuring the quality of life, including the social health and well-being. It is set as a main area in the tool for researching the quality of life of the given organization, which is used as a basis for developing a research tool adapted to local conditions and the

specifics of the researched group presented in the publication.

The purpose of the article is to present the identified deficits in the quality of life by indicators of criteria "social relations" in people with oncological disease in active working age. In order to achieve the set goal, we set ourselves the following tasks:

- selection of components of the quality of life in terms of social relations which are to be researched;
- structuring a research tool;
- selection of an age group of persons with oncological diseases, which would allow the clearest differentiation of deficits in the quality of life that stood out in the research;
- identification of two groups of persons with oncological diseases in which the disease is at different stage, which will allow us to outline the period of occurrence of the established deficit in the quality of life;
- presentation of the quantitative indicators from the conducted research;
- presentation of qualitative indicators from the conducted research;
- analysis of identified deficits in the quality of life in the two groups of subjects and differentiation of those that stand out more clearly in only one of the two groups.

Materials and methods

The purpose of the publication is to analyse and evaluate social relations as a component of the quality of life of people with oncological disease. In order for this to be achieved, a research was conducted in 2018 and 2019 among people with cancer of various organs and systems, in the age group 35-60 years, residents of the districts of Ruse, Razgrad and Silistra in the Republic of Bulgaria. A representative sample of 304 respondents (5.71% of the total number of cancer patients in the specified age group and residents of the specified regions) was formed, which is consistent with the specifics of the empirical research and is based on an unintended selection of a general population of 5318 individuals with oncological diseases, patients of Complex Oncology Centre - Ruse Ltd. and University Multifunctional Hospital for Active Healthcare "Medika - Ruse" Ltd., which allows to be formed an appropriate general entirety and the necessary representativeness of the empirical research.

The choice of the indicated age group (35-60 years) is based on observations made by the author regarding the occurring change in the quality of life of persons of active age, in whom oncological disease is discovered. It is found that the disease changes life in the following aspects:

- The patient cannot fully fulfil his/her work commitments and is forced to terminate for an indefinite period of time the development of his/her professional career, which leads to loss of professional positions, career stagnation and financial losses. The persons in this age group have established professional positions and working careers and usually these persons are contributors of the main income in the household.
- The patient cannot fully fulfil his/her family commitments to children, spouse and parents for an indefinite period of time, which leads to a change in the lifestyle of everyone in the immediate family environment. During this age period, people usually have their own family, spouse and children, who rely on their support and help. They also usually have elderly parents who also rely on their help (physical, moral and financial).
- The patient cannot actively participate in social life, which affects his/her emotional state and leads to weakening or loss of friendships and social contacts. This is the age period when each person's social life is most active.

In order to more clearly differentiate the period of manifestation of a certain deficit in the quality of life in terms of the time of its occurrence during different stages of treatment of the disease, respondents are divided into two groups: Group 1 - persons with oncological disease diagnosed two weeks ago and Group 2 - persons who are in the treatment period of the disease for one year.

The methods for collecting information were selected and used in accordance with the concept, purpose and objectives of the empirical research: modified and adapted for the purposes of the research and the local conditions version of the "World Health Organization Quality of Life Research Tool". Area 4 of that research instrument covers the quality of life indicators related to social relations. The specifics in assessing the statements in the given area of the questionnaire are in accordance with the five-point scale used in format of Likert, which consists of a series of statements with a certain number of possible answers in graded form (1 - no; 2- rather no; 3 - I have no opinion; 4 - rather yes; 5 - yes), from 1 - “extreme left” to 5 - “extreme right”. This scale examines the respondent's positive or negative opinion of certain statements relating to components of his/her quality of life indicators.

The research tool used was completed voluntarily and anonymously by 148 persons in the age group 35-60 years, who according to the given criteria are classified in Group 1 and 156 persons in the same age group who meet the criteria for inclusion in Group 2.

Results

1. Quantitative and qualitative analysis of the results on the indicators "age" and "gender" of the surveyed persons.

To achieve objectivity in interpreting the results obtained, five age subgroups are indicated in the questionnaire: from 35 to 39 years inclusive, from 40

to 44 years inclusive, from 45 to 49 years inclusive, from 50 to 54 years inclusive, and from 55 to 60 years inclusive. The values are presented as a percentage of the total share.

The analysis of the obtained results shows the following quantitative data, presented in relative shares in relation to the total count:

- The highest relative share of the surveyed persons is occupied by the persons in the age group 55-60 years - 30.6% from Group 1 and 30.1% from Group 2.
- The lowest relative share of the persons covered in the research is occupied by the persons in the age group 35-39 years - 8.2% from Group 1 and 9.0% from Group 2.

It is evident that with the increasing age the relative share of persons with oncological disease in both groups increases. The obtained results regarding the age of the persons covered in the research directly correlate with the data on the age distribution of all registered persons with oncological diseases in the districts of Ruse, Razgrad and Silistra in 2018.

Of all subjects studied in Group 1, 82 are female (N = 82). They represent 56.16% of the respondents. The average age of these 82 women is 47.4 years with a standard deviation of SD = 6.4. 64 of the surveyed persons are male (N = 64) and they represent 43.84% of all persons surveyed. The average age of these 64 men is 52 years with a standard deviation of SD = 5.7. Of all surveyed persons from Group 2,78 persons are female (N = 78) and represent 52.3% of the respondents in the group. The average age of these 78 women is 48.02 years, with a standard deviation of SD = 6.2. The surveyed male subjects in Group 2 are 71 in number (N = 71) and represent 47.7% of all subjects in this group. Their average age is 52.70 years, with a standard deviation SD = 5.2. The values are presented as a percentage of the total share. The presented data show that the incidence in women is higher in both groups of subjects.

2. Analysis of the social relations as a component of the quality of life in people with oncological diseases.

In order to identify existing deficits in the quality of life in regards to the area "social relations", the individuals of the two studied groups were surveyed with a questionnaire containing sixteen identical questions for both groups, aimed at assessing their satisfaction with their social relations. The following questions are included in the research tool:

Question No.1: Have you noticed any change in the relationship with your family members?

Question No. 2: Have you noticed any change in your relationship with your friends?

Question No. 3: Do you see a change in the relationships in the work team?

Question No. 4: Do you see a change in the community's attitude towards you?

Question No. 5: Do you receive support from your family members?

Question No. 6: How satisfied are you with the support you have received from your friends?

Question No. 7: Do you receive support from the members of the work team?

Question No. 8: Do you receive support from the community?

Question No. 9: Do you receive enough advice and support at the medical establishment/hospital?

Question No. 10: Do you need psychological counselling?

Question No. 11: Do you need health counselling in regards to protecting your rights as a patient?

Question No. 12: Do you need social counselling in regards to your social rights and needs?

Question No. 13: Are you looking for support from people in the same health condition?

Question No. 14: Do you receive support from people in the same state of health?

Question No. 15: Would you join support groups for people in the same health condition?

Question No. 16: Would you give support to people in the same state of health?

For this group of questions, the Cronbach's Alpha coefficient is 0.641, which we consider to be a good consistency. The correlation coefficient between the questions varies between 0.245 and 0.683, which is accepted as an acceptable value.

2.1 Quantitative analysis of the obtained results from the answers to the questions assessing the social relations of persons with oncological diseases.

When assessing the impact of the oncological disease on the social relations of persons diagnosed with the disease two weeks ago (Group 1) and one year ago (Group 2), the answers outline the following trends:

- 36.7% of the respondents from Group 1 and 45.2% of Group 2 do not notice any change in the relationships in their family;
- 34.0 of the respondents from Group 1 notice a change in the relationships in the family (without specifying in which direction it is);
- 33.3% of the respondents from Group 1 notice a change in their relationships with friends
- regarding any change occurring in the working team or the community, the answers are mostly negative in both groups;
- 74.8% of the respondents from Group 1 and 72.9% - from Group 2 receive support from their family;
- 49.7% of the respondents from Group 1 and 43.1% - from Group 2 receive support from their friends;
- 41.2% of the respondents from Group 2 receive consultations and support in the medical establishment/hospital;

- 57.1% of the respondents from Group 1 and 58.8% from Group 2 answered that they need psychological counselling;
- 63.7% of the respondents from group 1 and 74.8% from Group 2 answered that they need health counselling;
- 63.3% of the respondents from Group 1 and 77.4% from Group 2 answered that they need social counselling;
- 45.6% of the respondents from Group 1 and 49.7 - from Group 2 answered that they seek support from people in the same health condition;
- 52.7% of the participants in the research from Group 1 and 59.4% - from Group 2 share that they would join support groups for people in the same health condition;
- 61.9% of the participants in the research from Group 1 and 71.0% - from Group 2 share that they would support people in the same health condition.

The numerical values of the results obtained from the answers to the questions from both groups of respondents are presented in Table 1:

Table 1. Quantitative results from the answers to the questions

Questions	Group	Answers				
	No.	No	Rather No	I have no opinion	Rather Yes	Yes
1. Have you noticed any change in the relationship with your family members?	1	36,7	11,6	0,0	17,7	34,0
	2	45,2	11,6	0,0	31,0	14,2
2. Have you noticed any change in your relationship with your friends?	1	26,5	20,4	0,0	19,7	33,3
	2	39,6	13,6	0,0	31,8	14,9
3. Do you see a change in the relationships in the work team?	1	12,2	27,2	36,1	18,4	6,1
	2	9,0	16,8	45,8	14,2	14,2
4. Do you see a change in the community's attitude towards you?	1	14,1	21,1	49,3	9,2	6,3
	2	11,7	13,0	54,5	9,7	11,0
5. Do you receive support from your family members?	1	2,0	3,4	0,0	19,7	74,8
	2	1,9	3,9	0,0	21,3	72,9
6. How satisfied are you with the support you have received from your friends?	1	2,8	3,4	13,8	30,3	49,7
	2	0,7	5,9	5,9	44,4	43,1
7. Do you receive support from the members of the work team?	1	5,6	20,8	43,8	20,8	9,0
	2	10,4	14,3	51,3	17,5	6,5
8. Do you receive support from the community?	1	5,4	21,8	47,6	12,9	12,2
	2	7,2	15,0	50,3	17,6	9,8
9. Do you receive enough advice and support at the medical establishment/hospital?	1	17,8	15,1	6,2	32,9	28,1
	2	0,7	5,9	6,5	45,8	41,2
10. Do you need psychological counselling?	1	11,6	7,5	7,5	16,3	57,1
	2	5,2	2,0	5,9	28,1	58,8
11. Do you need health counselling in regards to protecting your rights as a patient?	1	10,3	5,5	2,7	17,8	63,7
	2	3,3	1,3	0,7	19,9	74,8

12. Do you need social counselling in regards to your social rights and needs?	1	13,6	4,1	2,7	16,3	63,3
	2	3,2	1,3	0,6	17,4	77,4
13. Are you looking for support from people in the same health condition?	1	9,5	15,6	8,2	21,1	45,6
	2	8,4	16,8	2,6	22,6	49,7
14. Do you receive support from people in the same state of health?	1	17,7	20,4	6,8	34,0	21,1
	2	8,4	19,4	1,9	36,1	34,2
15. Would you join support groups for people in the same health condition?	1	3,4	8,2	21,9	13,7	52,7
	2	1,9	8,4	11,0	19,4	59,4
16. Would you give support to people in the same state of health?	1	0,0	1,4	8,8	27,9	61,9
	2	0,0	0,0	6,5	22,6	71,0

Graphically, the responses are represented by a diagram of Figure 1 for Group 1 and Figure 2 - for Group 2

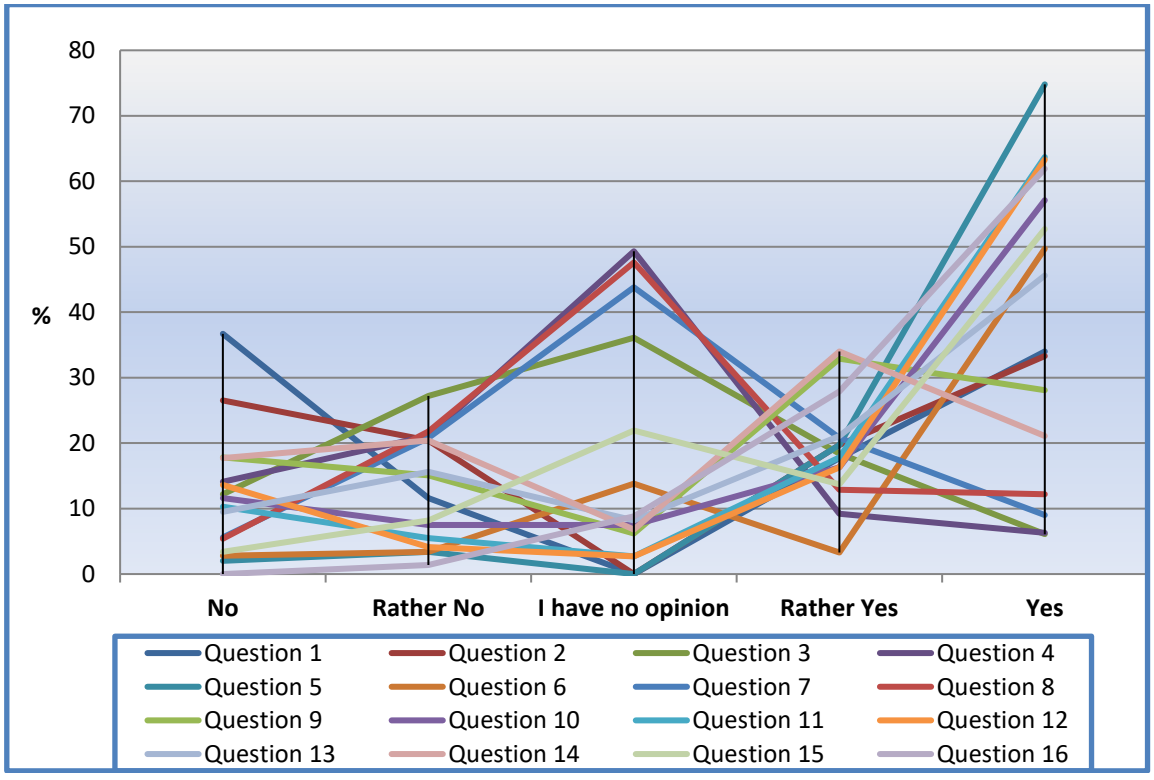

Fig.1: Graphical presentation of the answers to the questions received from Group 1

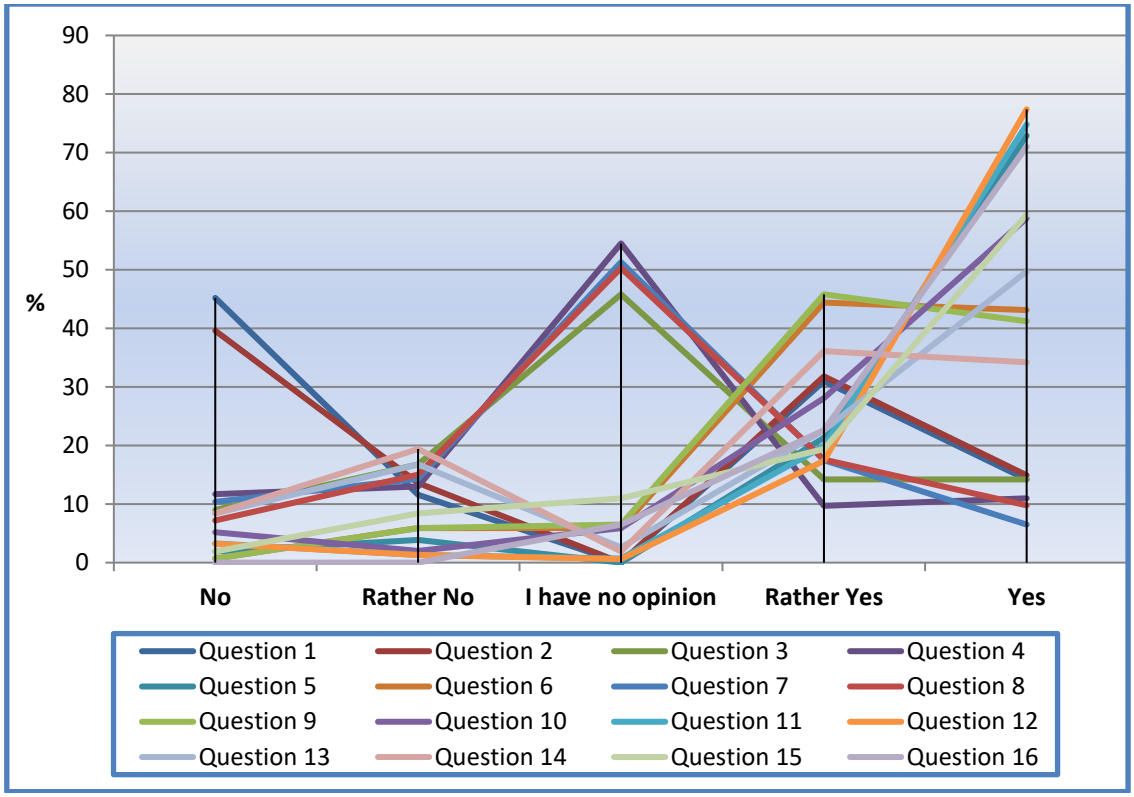

Fig.2: Graphical presentation of the answers to the questions received from Group 2

2.2 Qualitative analysis of the results obtained from the answers to the questions assessing the social relations of persons with oncological diseases.

In both groups, the object of the research is approximately the same share of people who report a change in the relationships with their family, friends and work team and those who do not report one after the onset of the oncological disease. It is not clear from the questions thus asked whether this change (or lack thereof) is in a positive or negative aspect. This is analysed through the answers to the following questions, which specify the level of support received. 94.5% of the respondents from Group 1 and 94.2% - from Group 2 answered that they receive support from their family members. 80.0% of the respondents from Group 1 and 88.5% of Group 2 received support from their friends. Regarding the support received from the working team and the community, in both surveyed groups, the answers "I have no opinion" prevail. Our interpretation of this is that a very large part of the surveyed persons in this period are in prolonged incapacity for work due to illness and do not have contact with the members of the working team. The interpretation of the result in terms of community support is identical to the interpretation we make in terms of a change in the position in the community. The share of people who state that they need psychological counselling during this period is high (73.4% - from Group 1 and 86.9% - from Group 2), although when answering a question from section 2, 52.9% of the subjects from Group 1 and 88.4% from Group 2 answered that they receive one. This can be explained by the intense stress caused by the oncological disease and the uncertainty of what lies ahead. 81.5% of people with oncological diseases from Group 1 and 94.7% - from Group 2 answer that they need health counselling, and respectively 79.6% from Group 1 and 94.8% - from Group 2 - from social counselling regarding their social rights and needs. These answers are a clear proof that in the period of treatment of the oncological disease the ill person is approached mainly as a patient of the medical establishment, and not as an object of social and psychological help and support. And the fact that ill people need one speaks for itself - 66.7% of the respondents from Group 1 and 72.9% from Group 2 answered that they seek support from people in the same health condition and 65.1 % of Group 1 and 70.3% of Group 2 - receive such. There is a high share of people who indicate that they would join support groups for people in the same health condition (66.4% of Group 1 and 78.8% of Group 2). 89.8% of all respondents from Group 1 and 93.6% from Group 2 would support people in the same health condition. The answers to the last questions clearly outline the

need for professional psychosocial assistance to people with oncological diseases.

The qualitative analysis of the obtained results of the answers to the questions from the field "Social relations" presents a tendency towards deterioration of the quality of life of the persons with oncological diseases and in the individuals from both groups.

Discussion - Analysis of identified deficits in the quality of life of people with oncological diseases in the area "Social Relations".

In people with oncological diseases subject to our research, we found the following deficits in the quality of life, which were also found in Group 1 and Group 2:

- need for social counselling;
- need for health counselling;
- need for psychological counselling;
- need for support from people in the same state of health;
- need to be included in support groups for people with similar needs

The analysis of the obtained results shows that the examined persons from Group 1 show a high degree of lack or insufficient support from people in the same health condition. This deficit in the quality of life is not so pronounced in the subjects from Group 2.

The following deficits in the quality of life in terms of their social relations are more pronounced in the persons with oncological diseases in whom the disease was diagnosed one year ago (Group 2):

- change in the relationship with the work team;
- changing the attitude of the community towards the ill person.

These deficits are not so clearly expressed in the respondents from Group 1.

Conclusion

The article presents the results from a conducted research aimed at assessing the deficits in the quality of life in terms of social relations that have occurred as a result of cancer in people in the age group 35-60 years. The research also establishes the period in which deficits occur in the studied components of a main area of the quality of life - social relations. The impact of the oncological disease on the change in the patient's relationship with family members, friends, work team and the community's perception towards him/her, has been studied and thoroughly analysed. Results are presented in terms of support received from family members, friends, work team and the community. The need of people with oncological diseases in this period for social and psychological support and social, health and psychological consultations has been studied and analysed. The readiness and attitude of these patients to provide help and support to people who are in the same state of health and to include them in self-help groups was also researched.

The summarized results of the research show that people with oncological diseases, no matter how long ago the illness was discovered, report the need for social counselling, the need for health counselling, the need for psychological counselling, the need for support from people in the same health condition and inclusion in support groups for people with similar needs. The persons in whom one year has passed since the diagnosis of the oncological disease, in addition to the indicated deficits, also report a change in the relations with the working team and a change in the attitude and perception of the community towards them.

The identified deficits in the quality of life in terms of social relations of people with oncological diseases show a clear need for psychosocial assistance and support for this category of individuals. The social work with persons with oncological diseases in the Republic of Bulgaria at this stage is poorly developed, and in some regions also non-existent activity. In the country, the clinical social workers with the necessary qualification to work with this category of users are not enough. There are few medical establishments in the team of which a clinical social worker or psychologist works. And the psychosocial work with this category of persons in outpatient conditions is not normatively established and if it is carried out, it is at the request of the patient or his/her family and is in the form of private practice.

The research clearly proves the need for normative differentiation of the social work in medical establishments, development of models for psychosocial work and their application in persons with oncological diseases in hospital and outpatient settings.

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