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RESEARCH PAPER

Predicting Role of Social Support and Coping in Physical Well-Being of Breast Cancer Patients in Punjab, Pakistan

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ABSTRACT

Cancer is a fatal disease that can severely compromise a person's health and standard of living. The purpose of this research is to determine factors that are indicative of physical health in women with breast cancer. Using a quantitative research approach, 325 patients with breast cancer were identified using convenience and purposeful sampling. Socioeconomic status, coping methods, social support, and physical health were all measured through the use of a structured questionnaire. Chi-square and gamma-square tests were utilised for the bivariate analysis, and a regression model was applied to the multivariate data. The results of the study showed a close connection between patients' socioeconomic status and their health. In addition, coping methods and social support were found to be substantial predictors of physical health status among those with breast cancer. This quantitative analysis sheds light on what factors are most likely to affect a breast cancer patient's physical health. The findings highlight the significance of addressing socioeconomic inequities, encouraging effective coping mechanisms, and cultivating strong social support systems in order to improve the physical well-being and quality of life of people with breast cancer. These results have implications for healthcare providers and policymakers in the design of tailored therapies to aid breast cancer patients in their fight against the disease and their subsequent recovery and well-being.

KEYWORDS Breast Cancer, Coping, Physical Wellbeing, Social Support

Introduction

Cancer is a collection of interrelated diseases that are not restricted to a particular region of the body. Irrespective of the cancer type, cellular proliferation persists and extends to adjacent tissues (Ahmad, Matloob, & Shirazi, 2013). The incidence of breast cancer is on the rise worldwide, posing a significant public health concern. However, the utilization of cutting-edge medical technology has enabled effective treatment of this disease. The management of this ailment necessitates patients to navigate diverse healthcare services located at disparate physical sites within the healthcare system. It may be required for patients in other countries to travel to multiple locations in order to access the same level of healthcare that is available in countries where it is more accessible. According to the Breast Health Global Initiative, the incorporation of breast cancer detection and treatment into fundamental healthcare systems is recommended (Dye et al., 2012).

This integration would not only improve access to care for patients with breast cancer but also streamline the process by consolidating services in one location, reducing

the burden on patients to navigate multiple healthcare sites (Landmark et al., 2009). Pakistan is a developing nation with many serious problems, including inadequate basic living amenities and a lack of cancer-friendly healthcare facilities. The lack of palliative care available to cancer patients in the nation raises serious concerns (Qasim, 2018; Zaheer, Shah, Maqbool, & Soomro, 2019). Cancer care in Pakistan is heavily influenced by surgeons, and the disease is increasingly seen as a surgical one there. Particularly for breast and gall bladder tumors, surgery is a common cancer treatment option. The only fellowship program for surgical oncology in the nation is provided by the esteemed College of Physicians and Surgeons. To educate professionals on the complexities of cancer, a second fellowship program was established in 2012; however, this education is only provided at one institution nationwide.

The Pakistan Atomic Energy Commission (PAEC) and its network of 17 Atomic Energy Cancer Hospitals (AECHs) have worked hard to ensure that many cancer patients in Pakistan have access to radiation therapy (Sohaib & Shafiq, 2020; Ashraf & Jamil, 2016). Pakistan is a developing nation with many serious problems, including inadequate basic living amenities and a lack of cancer-friendly healthcare facilities. The lack of palliative care available to cancer patients in the nation raises serious concerns (Qasim, 2018; Zaheer, Shah, Maqbool, & Soomro, 2019). Cancer care in Pakistan is heavily influenced by surgeons, and the disease is increasingly seen as a surgical one there. Particularly for breast and gall bladder tumors, surgery is a common cancer treatment option. The only fellowship program for surgical oncology in the nation is provided by the esteemed College of Physicians and Surgeons. To educate professionals on the complexities of cancer, a second fellowship program was established in 2012; however, this education is only provided at one institution nationwide. The Pakistan Atomic Energy Commission (PAEC) and its network of 17 Atomic Energy Cancer Hospitals (AECHs) have worked hard to ensure that many cancer patients in Pakistan have access to radiation therapy (Sohaib & Shafiq, 2020; Ashraf & Jamil, 2016).

Breast cancer begins in the epithelial cells lining the lobules and ducts of the breast and other glandular tissues, making it a kind of carcinoma. Only 15% of cancer cells develop in glandular tissues, 85% in ducts, and lobule-grown cancer cells have a low metastatic potential (WHO, 2022). The development of lumps is usually asymptomatic and slow-growing at first when they are contained within the lobule. Breast lumps, nipple discharge, skin dimples, and rashes or sores near the breasts are the most frequently observed symptoms of breast cancer (Momenimovahed & Salehiniya, 2019).

With the exclusion of 18.1 million instances of skin cancer, the GLOBOCAN report of 2020 predicted that there were 19.3 million new cases of cancer worldwide. With an anticipated 2.3 million new cases, female breast cancer had a greater incidence rate than lung cancer, accounting for roughly 11.7% of all new cases of cancer. Lung, colon, prostate, and stomach cancers each had an 11.4 percent, 10.1 percent, 7.3 percent, and 5.6 percent incidence rate, respectively. The survey found that among all cancers, lung cancer was responsible for 18%, or 1.8 million deaths. This was followed by colon cancer (9.4%), liver cancer (8.3%), stomach cancer (7.7%), and breast cancer (6.9%).

To begin, the 2020 GLOBOCAN study found that the incidence of cancer was much greater in transitional nations than in transitioned countries, and this was true for both sexes. The reports also showed that male mortality was double that of female mortality. Breast and cervical cancer fatalities were more common among women in nations that are transitioning. It also predicted that by 2040 there would be 28.4 million new instances of cancer worldwide, a 47% increase from now. The aging of the population and the

worldwide growth in the incidence of risk factors are both contributing factors, with the latter having the greatest impact on countries with low and medium HDI (Sung et al., 2021).

There would be almost 28.4 million additional cases of cancer in 2040, a 47% increase over current rates, according to predictions based on the GLOBOCAN report of 2020. Due to demographic and economic developments, low and medium HDI countries will feel this increase the most. The Punjab Cancer Registry, which receives funding from the hospital, compiles statistics on cancer patients treated at Shaukat Khanum Memorial Cancer Hospital and Research Center in Lahore and publishes them in an annual report. The number of people diagnosed with or treated for neoplasms in 2021 was 7,539. Of these, 41.9% were adults, and 9.7% were children. There were 6894 instances of malignancy and 645 cases of benign disease (Mahmood et al., 2022).

64% of malignant cases were found in Punjab, 24.2% were found in KPK, 2.3% were found in Sindh, 1.2% were found in Balochistan, 0.9% were found in Azad Jammu Kashmir and the Federal Capital as well, 0.3% were found in Gilgit Baltistan, 6.2% were found in Afghanistan, and 0.01% were found in other countries, according to data presented in the 2021 report from the Punjab Cancer Registry. According to Mahmood et al. (2022), Hodgkin lymphoma, cancers of the cervix, canal/anus, colon, and breast cancer are the most prevalent types of malignancy in patients.

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Conceptual framework

Background	Independent	Dependent
Age	Coping	Physical Well-being
Occupation	Emotion-focused coping	
Marital status	Problem-focused coping	
Income	Religious coping	
Family size	Social Support	
Type of treatment	Instrumental support (Health care services +professionals)	
Education	Appraisal support	
Family type	Emotional support	
Residential area	Informational support	
Age at diagnosis		

Literature Review

Cornerstones of the all-encompassing concept of well-being are optimism and the absence of distressing emotions. Happiness is characterized by a positive outlook on life

and the ability to express positive emotions. McCallum and Price presented a more expansive definition of happiness in 2016. They contend that the idea of well-being is not static but rather changes over time in response to environmental changes. According to them, it depends on how a person interacts with other people and their environment throughout their entire life.

Although there are many theories that try to explain what makes people happy, from this vantage point, happiness can be viewed as the full realization of a life well lived, rather than simply the absence of suffering. The state of one's physical, mental, emotional, social, and spiritual well-being can be used to describe his or her capacity for and experience of happiness. A person's physical health can be determined by their capacity to engage in enjoyable physical activity and carry out a variety of social duties. A physically healthy person can fulfill their social obligations without experiencing pain or a decline in biological health markers. According to research (Capio, Sit, & Abernethy, 2014),

Kim, Han, Shaw, Mctavish, and Gustafson (2010) set out to investigate the relationship between cancer patients coping strategies and social support and their emotional well-being. A mediation framework and a moderation framework, respectively, were investigated. Using a mediation model to examine how social support affects the use of coping mechanisms, the mental health of cancer patients was examined in relation to their social support and coping mechanisms. The results showed that the mediation model rather than the moderation model offered a better fit to the data.

Oncology research shows that people with cancer experience a wide range of quality of life. Researchers are giving the effect of treatment on patients' quality of life a lot more consideration. The rise in survivors is the result of ongoing improvements in prevention and treatment. People receiving long-term treatment for chronic diseases experience significant changes in their quality of life. According to qualitative research on the quality of life of cancer patients, making an effort to pursue worthwhile relationships and activities can help to lessen the adverse effects of treatment side effects. Relationships with family members and medical professionals have been found to enhance the quality of life for cancer patients (Sibeoni et al., 2018).

Cancer can seriously harm one's social relationships, emotional health, and physical health. A disease's threat to a person's physical health increases as it progresses. When a person is physically healthy, their sense of strength and health enable them to handle whatever life throws at them and to develop in any way they see fit. The physical condition of a cancer patient can be evaluated using eight different methods. This includes fatigue, a loss of appetite, insomnia, pain, infertility, and digestive issues. (Sari, 2018)

This cross-sectional study's goal was to better understand how leukemia and the chemotherapy that goes along with it affect patients' quality of life and levels of fatigue. This study's 115 participants were all leukemia patients, making it a convenience sample. Demographic information, a fatigue checklist, and a quality of life 36 health assessment were all included in the questionnaire used to collect data. The findings revealed a significant relationship between marital status, the physical aspect of life quality, and other factors like gender and educational attainment. Additionally, there was a strong relationship between socioeconomic status and both mental health and overall quality of life. The results also demonstrated a significant correlation between fatigue and marital status, but not with other demographic factors. It has been demonstrated that fatigue adversely affects the quality of life of leukemia patients (Musarezaie, Khaledi, Esfahani, & Ghaleghasemi, 2014). Sari (2018) examined the situation of Indonesian women who had been diagnosed with cervical and breast cancer in a cross-sectional study. Compared to

breast cancer patients, women with cervical cancer experienced more severe fatigue, appetite changes, pain, sleep disturbance, constipation, nausea and vomiting, and menstruation changes, but they also felt better physically. Among other symptoms, both cancer patients had trouble sleeping and lost their appetite. According to a different study by Brunault et al. (2016), a patient's age, the stage of their cancer, and their coping mechanisms all had an impact on their physical health.

Hypotheses

Hypothesis 1. Socioeconomic factors have a significant impact on breast cancer patients' physical well-being.

Hypothesis 2.Better coping with the disease increased the physical well-being of breast cancer patients.

Hypothesis 3. More social support a patient had better will be the physical well-being of breast cancer patients

Material and Methods

This study employed a positivistic philosophy for studying the variables and selected a quantitative research design. Interview schedule was used to collect responses from the respondents. 325 respondents were selected through purposive and convenient sampling techniques. Breast cancer patients who were diagnosed six months earlier were the population of the study.

Results and Discussion

According to Table 1, the majority of respondents in the study were between the ages of 29 and 39 (35.4%), followed by those between 40 and 50 (31.4%). The largest occupational group consisted of housewives, comprising 87.4% of the respondents. In terms of marital status, the majority were married (61.5%), while 19.7% were widowed. Among the participants, the most common family size was 5-7 members (47.1%). Illiterate individuals represented the largest portion of the respondents' educational background (30.8%), while primary to middle-level education accounted for 29.8%. Nuclear family types were the most prevalent (48.3%), followed by joint families (37.5%). In terms of residence, the majority lived in urban areas (40.6%), followed by rural areas (37.8%). The most common income range reported was between 14,000 and 30,000 (66.8%).

Table 1
Socio-economic Attributes of respondents

Age	**n(%)**	**Occupation**	**n(%)**
29-39	115(35.4)	Housewife	284(87.4)
40-50	102(31.4)	government employee	18(5.5)
above 50	71(21.8)	private employee	10(3.1)
Marital Status	**n(%)**	Businesswoman	13(4.0)
Unmarried	47(14.5)		
Married	200(61.5)	**Family size**	**n(%)**
Divorced	14(4.3)	2-4,	64(19.7)
Widowed	64(19.7)	5-7,	153(47.1)
Education	n(%)	8-10	71(21.8)
Illiterate	100(30.8)	more than 10	37(11.4)

Primary-Middle	97(29.8)	Family type	n(%)
matric – intermediate	92(28.3)	nuclear	157(48.3)
b.a –m.a	36(11.1)	joint	122(37.5)
above masters	0(0	extended	46(14.2)
Residence	n(%)	**Family Income**	n(%)
Urban	132(40.6)	14-30000	217(66.8)
Rural	123(37.8)	31-46000	67(20.6)
Semiurban	70(21.5)	47000-63000	30(9.2)
		above 64000	11(3.4)

Prognosis and management of funds and support

The majority of results from Table 2 indicate that the most common treatment option among respondents was chemotherapy, with 57.5% of patients undergoing this treatment. The majority of respondents (27.7%) managed the expenses of their treatment through their own savings. Family support was also significant, with 22.5% of respondents receiving financial assistance from their family members. Similarly, an equal proportion (22.5%) relied on support from their friends to manage their expenses. Furthermore, 15.1% of respondents managed their treatment expenses through government funds. Only a small percentage (1.5%) reported relying on charity to manage their treatment expenses.

Table 2
Frequency and Percentage distribution of respondent's disease Prognosis and management information

Treatment	n(%)	**Expenses of treatment managed by**	n(%)	**Person who brings you to the hospital**	n(%)
Surgery	27(8.3)	Own savings	90(27.7)	Self-managing	13(4.0)
chemotherapy	187(57.5)	loan	35(10.8)	husband	142(43.7)
Radiation	65(20.0)	support of family	73(22.5)	parents or siblings	97(29.8)
Medication	46(14.2)	support of friends	73(22.5)	friends	15(4.6)
		government funds	49(15.1)		
		charity	5(1.5)		

Testing hypothesis

Table3
Chi-Square and Gamma values showing relationship between Socio-economic variables and Physical -wellbeing of respondents

Socio-economic Variables	**Statistics**	**P-value**	**Gamma value**	**Significant**
Age	$\chi 2 = 59.91$	.000**	-.369	.000**
Education	$\chi 2 = 32.63$	.000**	.376	.000**
Family Income	$\chi 2 = 16.01$	.003**	0 .269	.022*
family size	$\chi 2 = 2.57$	.861^{NS}	-.008	.932^{NS}
Family type	$\chi 2 = 43.38$	.000**	0 .275	.016*

Age, education, family income, and family type are significantly related to the physical well-being of breast cancer patients, according to the bivariate analysis shown in Table 3. Family size does not appear to have a significant impact on physical well-being outcomes, but age, education, and family income do. These findings highlight how socioeconomic factors affect the physical health of breast cancer patients and emphasize the significance of taking these factors into account when creating supportive interventions or resources for breast cancer patients.

Table 4
Chi-Square and Gamma values showing relationship between independent variables and Physical -wellbeing of respondents

Variables	Statistics	P-value	Gamma value	Significant
Coping	$\chi 2 = 26.34$	.000**	Gamma = .113	$.346^{NS}$
Social Support	$\chi 2 = 22.95$	.000**	.238	.033*

The bivariate analysis of coping strategies and physical well-being, conducted using chi-square and gamma statistics, revealed interesting findings. The chi-square test showed a significant relationship between coping and physical well-being, as indicated by a statistics value of $\chi 2 = 26.34$ ($p = .000$). This result suggests that coping strategies employed by cancer patients have a significant association with their physical well-being.

Furthermore, the gamma (ɣ) coefficient, which measures the strength and direction of the relationship between two ordinal variables, demonstrated a positive but non-significant relationship (ɣ = .113) between coping and physical well-being. Although the relationship was not statistically significant, the positive direction indicates that better coping strategies are associated with higher levels of physical well-being among cancer patients.

The analysis of social support and physical well-being also yielded notable results. The chi-square test showed a significant relationship between social support and physical well-being, with a statistics value of $\chi 2 = 22.95$ ($p = .000$). This indicates that social support has a significant impact on the physical well-being of cancer patients.

Additionally, the gamma coefficient (ɣ = .238) affirmed a significant and positive relationship between social support and physical well-being. This result supports the notion that higher levels of social support are associated with better physical well-being among cancer patients.

Table 5
Summary of regression model

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.587[a]	.345	.331	.406

a. Predictors: (Constant), Coping, Social support, Family type, Education, Age, Family income, Family size

Table 6
Anova results of model

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	27.538	7	3.934	23.86	.000[b]
	Residual	52.265	317	.165		
	Total	79.803	324			

a. Dependent Variable: Physical wellbeing

b. Predictors: (Constant), Coping, Social support, Family type, Education, Age, Family income, Family size

Table 7
Coefficients Of Regression Analysis

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.210	.157		7.724	.000**
	Age	-.091	.027	-.174	-3.415	.001**
	Education	.095	.027	.191	3.495	.001**
	Family size	-.019	.030	-.034	-.631	.528^{NS}
	Family type	.084	.037	.122	2.278	.023*
	Income	.140	.035	.209	3.978	.000**
	Social support	.126	.038	.162	3.328	.001**
	Coping	.127	.039	.157	3.277	.001**

a. Dependent Variable: Physical wellbeing

The effect of social and cultural influences on cancer patients' physical health was studied using a multiple regression analysis. The model's adjusted R2 and F-test are used to assess its overall significance. The computed values for R2, corrected R2, and the F-test are 0.345, 0.331, and 23.86, respectively. According to the coefficient of determination (R2) value, the seven explanatory factors account for around 35% of the overall variance in physical well-being. The estimated value is quite high, and the whole model is credible, because primary data is employed in the analysis. The F-test was also utilized to validate the model's accuracy. All the independent variables in the model are explaining the dependent variable, as shown by the estimated value of 23.86, which is statistically significant at the less than one percent level of significance.

In this regression model, health status serves as the dependent variable. Five explanatory variables had positive effects, one had a negative effect that was statistically significant, and one did not. There was a positive correlation between respondents' levels of education, family structure, family income, social support, and coping strategies and their overall physical health. This suggests that cancer patients' physical health improved as a result of the respondents' levels of education, family structure, financial resources, social networks, and ability to cope. Age, however, was significantly unfavorable. This indicates that the health of young patients was better to that of elderly ones.

Discussion

The present study found that socio-economic variables of breast cancer patients were associated with the physical well-being of breast cancer patients. They also play part in acquiring the social support from the family and surrounding but they also play a vital role in acquiring the better medical facilities for the treatment of cancer. Findings of previous research revealed that instrumental, emotional and informational support all three were significantly correlated with socio-economic status of the patient. Other findings revealed that patients who had low emotional, informational and instrumental support were more depressed and faced anxiety during chemotherapy (Cai, Qingmei, & Yuan, 2021).

The examination of how patients' socioeconomic status, ability to cope, and social support affect their physical health is crucial to grasping the complex nature of cancer

treatment. Effectively addressing these issues can have far-reaching repercussions for the quality of life and treatment results of cancer patients during and after their cancer journey.

A breast cancer patient's physical health is profoundly influenced by their socioeconomic status, which includes characteristics such as their level of education, household income, and family structure. Improved health literacy and awareness help patients make more educated decisions about their care and motivate them to make positive lifestyle changes. Naseri & Taleghani(2018); Xu, et al., (2020) also endorsed the findings of current research that cancer patients with higher levels of education may have easier access to knowledge and tools that aid in better treatment adherence and side effect control. Musarezaie, Khaledi, Esfahani, & Ghaleghasemi(2014)also found strong correlation of age, education and marital status with the quality of life among cancer patients.

Financial stability in a family can alleviate stress and worry caused by medical expenses and other financial responsibilities, therefore a high income can have a positive effect on a person's physical health. If healthcare budgets were adequately funded, more women with breast cancer would get the care they need, when they need it.Furthermore disease also create burden on the family of the patient and if patient is bread winner of the family then it make the situation more vulnerable. The study conducted by (Kobayashi, et al., 2008;Pearce, 1997; Hara & Blum, 2009) endorsed the findings of current study and narrated that expenses treatment put stress on the patients and their families.

Furthermore, the availability of emotional and practical assistance might be affected by the type of family. Having a family that cares about them and is there for them can do wonders for a patient's mental and physical health. A study conducted by (Williams & Jeanetta, 2016) also supports the findings of current study that family support helps patient to cope better with the disease. The coping methods that breast cancer patients' use can have a significant effect on their health. Better psychological adjustment and lessened psychological discomfort can result from the use of effective coping methods such positive reframing, seeking social support, and keeping a sense of control. Patients' physical functioning and well-being may improve with better management of stress and emotional problems.

Avoidance and denial are examples of maladaptive coping mechanisms that may make emotional distress and physical health worse. It is crucial to provide patients with adequate coping skills and support in order to help them manage treatment-related side effects and the difficulties that come with a cancer diagnosis. Another study reflected that lower physical health was linked with the emotional health, age of the patient, severity of stage of cancer and coping behavior of patient (Brunault et. al, 2016).

Patients with breast cancer are more likely to recover physically if they have strong social support networks. The ability of patients to cope with their diagnosis and treatment is increased when they have a strong support system made up of family, friends, and healthcare professionals. Cai, Huang, & Yuan (2021) also stressed on the support of family for the patients who undergone surgeries. Having friends and family who care about you might make you feel less lonely and boost your emotional and mental health. . Furthermore, social support can also have real, material consequences on health. A patient's treatment experience can be improved when their social networks provide them with tangible aid, such as assistance with everyday duties or transportation to medical visits. Doumit, Huijer, Kelley, Saghir, & Nassar(2010) endorsed the Findings of current research by revealed in their study that social support influenced the physical well-being

of cancer patients and as people got more social support their physical well-being get improved.

Conclusion

The physical well-being of breast cancer patients is profoundly impacted by socio-economic circumstances, coping, and social support. Better treatment outcomes, higher quality of life, and an overall more pleasant cancer journey can result from including consideration of these elements in cancer care. Healthcare practitioners can better assist breast cancer patients in their pursuit of physical and emotional well-being by introducing interventions that improve education, financial support, coping resources, and social support systems.

Recommendations

Research found that in Pakistan there is no proper registration authority for cancer patients so basic updated statistics of these patients is a main cause of non-supportive policies for cancer patients. This study advised the government to conduct health surveys and establish a cancer registry. Due to a lack of early screening in Pakistani hospitals, many cases were late diagnosed. Cancer patients die due to improper screening and advice. Thus, chronic disease sufferers should receive free or subsidized government screenings.

The government could also create facilitation and counseling centers in District Head Quarter Hospitals with the support of Social Welfare & Baitul-maal Department Pakistan and other NGOs to educate cancer sufferers. They can also advise patients on disease prevention and treatment. Pakistan neglects palliative care most. Cancer requires long-term and vigorous treatment. Due to limited resources, hospitals cannot accommodate many patients, so the Health Ministry should plan to introduce this professional care in many oncological centers and hospitals by engaging existing human resources and training more in this field.

The study found that male doctors delaying medical checkups contributed to late breast cancer diagnosis. Shy women avoided family and male surgeons in hospitals. This cultural issue should be considered by the government and addressed as needed. Encourage female surgeons in oncology and other specialties. Because families stigmatize and confine patients, another useful option is to include families in public education programs. This disease needs public education. The government should educate health personnel about breast cancer symptoms. In Pakistan, lady health workers already work in fields and help women with different Gynecological issues by going door-to-door. If these workers are trained against these guidelines, it will change this field and help patients detect breast cancer early.

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