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Social support for patients with allergic diseases

In recent years special attention has been paid to the issue of social support. So far there has been no special, applied definition that would explicitly describe what social support is indeed. It results from the fact that the issue of social support has been of interest for numerous disciplines of science that have their own fields of research and practical application. These are, among others, psychology, sociology, pedagogy, medicine.

The notion of social support was not derived from any particular psychological theory, but has a pragmatic origin as it functions as an explanatory factor in research concerning the influence of stressful life experiences on man's physical and mental health. Sarason defines social support as help attainable to an individual in difficult and stressful situations (2).

A broader understanding of the notion of social support was offered by Lin defining it as an 'attainable support having its origin in man's relations with other human beings, social groups, societies.' Social support is thus delivered to a person in his everyday life, during his constant interactions with other people.

Kawczyńska-Butrym defines social support as a special mode and kind of help applied to particular individuals or groups, mainly with the purpose of mobilizing their power, potential and resources they have preserved in order to cope with their problems on their own (4). Sęk identifies social support as a desired and commonly expected form of help for the people in difficult situations (5). Axer offers three meanings of social support: 1) the first meaning of support concerns institutions and institutional networks that offer psychological help, 2) the second meaning of support concerns social organizations created by specialists, 3) the third meaning of support is connected with family and close associates, who provide emotional backing (1).

Smolińska-Theiss claims that what we call support is the help given to an individual in difficult situations. The notion of support is getting broader and has a clear link with the system of social maintenance and interhuman relations (6). Shaefer distin-

guished between three forms of social support. The first one of them is emotional support, the next one is material support and the third one is informational support. All the discussed categories are not separable since informational and material support can have as serious significance to the man as emotional support (2). According to Sęk social support may occur, first and foremost, in groups of reference, particularly in family and peer groups. It has been found that the lack of a group of support connected with subjective feeling of alienation lowers both mental and physical resistance of people. Kawula claims that the feeling of bonds and collectivity is associated with the possession of a certain group of support by a subject. Such groups of support are: families, friends, colleagues, neighbours, formal and informal organizations, clergy, doctors, psychologists and therapists. Kawula maintains that social support is needed by individuals and groups in various life situations, social and economic as well as health background, with different types of families, neighbours and acquaintances, in a wide variety of macrosystems of local communities and personal, professional and collective life (3).

People surrounded by a big close family and numerous friends, belonging to various organizations, united with other individuals by means of ideology or religion, thus existing in a thick social set of connections, cope with their problems much more easily and bear less negative consequences of stressful situations.

OBJECTIVES

The issue of social support in reference to patients with different diseases is more frequently the source of attention.

The objective of the study is an attempt to analyze the level of social support obtained from different sources of support by people with allergic diseases. The study has an exploratory character. The basic research problem is contained in the question: What is the level of social support in the perception of patients with allergic diseases?

The following questions will make this issue more detailed: 1) What is the level of social support offered by families in the perception of the patients? 2) What is the level of social support offered by people outside family as evaluated by the patients? 3) Which of the sources of social network gives the strongest and which one the weakest social support?

MATERIAL AND METHODS

The survey was carried out from February to June 2000 among patients of the Ward and Clinic of Allergology of Voivodship Specialistic Stefan Wyszyński Memorial Hospital

in Lublin. The criterion of qualification was diagnosing and treatment at the Ward and Clinic of Allergology. The total of 104 patients were examined (45 males and 59 females).

In order to extend the knowledge about the patients under the survey, the following features were taken into consideration: age structure, marital status, residence, level of education and period of treatment.

Age structure of the patients: 16-19 years old – 31.7%, 20-34 – 29.8%, 35-49 – 20.2%, 50-64 – 11.5%, above 65 – 6.5%.

Marital status. A total of 56% patients were single, including 68.9% of men and 47.5% of women. 36.5% of the surveyed individuals were married: 28% of men and 36.5% of women, 1.9% of the patients were divorced (incl. 2.2% male and 1.7% female), in the case of 4.8% (including 8.5% of women and 0% of men) the patient had lost her spouse – all widows.

Residence. Voivodship town – total of 54.8%, including 48.9% of men and 59.3% of women. Powiat town (smaller towns) – total of 19.2% (20% of men and 18.6% of women). Villagers – 26%, including 31% of male and 22% of female.

Among the subjects were representatives of all kinds of education: the largest group was constituted by people with A level degree (21.2%); the smallest group consisted of people who graduated from postsecondary schools – 6.7%. Primary education – 21.2%, technical education – 15.4%, university education – 9.6%, secondary school students – 14.4%, university students – 7.7%.

Time of treatment. The largest group consisted of people who had been treated for 5 years – 50% of the total number of subjects. The smallest was the group of those patients who had been treated for more than 15 years' time – 14.9%.

The patients were examined individually after their another medical consultation at the clinic. For the realization of the objective the method of diagnostic survey was used and carried out with the use of questionnaire technique. The research instrument was a self-structured inquiry sheet consisting of 25 questions and socio-demographic details. Having the research completed the data from medical files and from the survey were sorted out and the results underwent statistic analysis with the use of the selection of statistic procedures SPSS/PC.

RESULTS AND DISCUSSION

104 patients with allergic diseases, treated at the Clinic or Ward were surveyed answering the questions to the research problem concerning subjective feeling of social support from different people and institutions. The detailed analysis of the answers given by the patients presents an extensive picture of the subjects' views about the level and sources of social support. The analysis of the results was initiated with a subjective evaluation of coping with stress connected with allergic disease. The results show that the patients evaluate the level of stress connected with the disease as so high that they can-

not cope with it in a satisfactory way. Low esteem of self-efficiency was highlighted by 52% of the surveyed people, including 53.3% of men and 52.5% of women. Only 10.6% of the respondents claimed that they cope with stress well.

The issue that was a matter of examination is included in answers concerning subjective feeling of support given by a close family, friends, further members of family, acquaintances and institutions. Subjective feeling and perception of social support is understood by the authors as the feeling of supplying basic human social needs, such as: belonging, security and acceptance in one's own environment. Only 15.4% of the subjects claimed they did not get any support from the closest family. No differences were found as far as the sex is concerned. Among all the subjects 71.2% declared that they did not receive any support from further members of family. Such a view was represented by 71.1% of the men and 71.2% of the women. In the patients' perception only the closest family had been the source of instrumental, material and emotional support also known as maintenance support. These results indicate that the patients expect and receive support, help and reliance from relatives.

Analyzing answers to questions concerning people outside family, but making up significant and meaningful relations with the patients, it turned out that there is a significant difference between received support from friends and from acquaintances. The majority of the subjects (51%, including 51.1% male and 50.8% female) answered that the group of close friends provided social support. As many as 49%, however, gave negative answers, including 48.9% male and 49.2% female individuals. Among the people under the survey a total of 74% maintain they do not get any social support from their mates and acquaintances, which is the view of 71.1% of men and 76.3% of women. Only 26% of the respondents had the feeling of being supported socially by this group. The results of this section of the survey proves that a considerable part of the group under the survey suffers from the feeling of alienation in social relations.

The majority of the respondents shared the opinion about the lack of social support from part of institutions – 85% (including 82.2% M and 88.1% F). The institutions they mentioned include the Church, social institutions – the Society for people suffering from allergic diseases, psychological clinics and doctors. Only 14% of the subjects have experienced social support in an institutional form. When we confront these two sources of social support, the conclusion will be that institutional social support is at a very low level.

What comes from the complete results concerning perception of support experienced by the patients is the fact that the strongest support is offered by the closest family (84%), followed by friends (51%), further members of the family (28.8%), acquaintances (26) and institutions (14.4%). The least perceived by the respondents is the support offered by institutions, including the Church, doctors and psychologists. Another issue that underwent analysis was the level of patients' satisfaction with various aspects of their psychosocial existence, such as: family, social life, interests and hobbies, general level of life satisfaction. The analysis of the collected data in the group of patients demonstrates

that the majority of them felt satisfied with their family life. 37.5% estimated the level as satisfactory, 22.1% as high while 40.4% regarded it as low. These results are consistent with the subjective feeling of social support received from this source. The results concerning the level of satisfaction with patients' social life are somewhat different. The respondents were unsatisfied with this sphere of interpersonal relationships. The majority of the subjects (67.4%) defined their social life as rather unsatisfactory. This opinion was shared by a total of 60% of the men and 67.8% of the women. Those who felt satisfied with this sphere of life constitute 26.9%, while only 8.7% described their social life as fully unsatisfactory. As many as 67.3% of the respondents highlighted the negative influence of the disease on their social contacts.

On the basis of the received results we can conclude that there is a considerable demand for psychological consultations among these patients. As many as 67.3% of them felt the need for psychological as well as psychotherapeutic actions. It may be connected with the lack of support outside the family environment as well as with the negative impact of the disease on their functioning in different aspects of life. The negative impact of the disease on general level of life was emphasized by as many as 64.4% of the respondents.

CONCLUSIONS

1. The greatest social support for patients with allergic diseases are offered to them by the closest family. Family network is developed at a high level.

2. As far as people outside family are concerned, patients experienced support, understood as trust and physical actions, from their friends.

3. The strongest support for the patients was offered by the closest family (84%), followed by friends (51%), further members of the family (28.8%), acquaintances (26) and institutions (14.4%). The least perceived by the respondents was the support offered by institutions, including the Church, doctors and psychologists.

4. Allergic diseases had a considerable impact on the estimation of subjective quality of life in numerous psychosocial dimensions such as: social contacts, contacts with further family, general level of satisfaction with life. The disease made it difficult for the patients to satisfy needs connected with interpersonal relations, which is important to the man.

5. The respondents can be described as individuals having weak social links, thereby a low level of support from people outside close family. The

feeling of alienation seems to accompany these people, which was revealed by the survey.

6. An individual model of help, intervention and social support for patients with allergic diseases should be worked out. It should consist of the following components: psychological and therapeutic influence on the patient and his family; actions aiming at the creation of support groups for these patients; actions aiming at the creation of an interdisciplinary model of treatment of people suffering from allergic diseases.

REFERENCES

1. Axer A.: Społeczne systemy oparcia w środowisku chorego psychicznie, *Studia Socjologiczne*, 4, 20, 1983.
2. Jaworowska-Obłój Z.: Pojęcie wsparcia społecznego i jego funkcje w badaniach naukowych. *Przeł. Psych.*, 3, 7, 1986.
3. Kawula S.: Wsparcie społeczne – kluczowy wymiar pedagogiki społecznej. *Problemy Opiekuńczo-Wychowawcze*, 1, 16, 1996.
4. Kawczyńska-Butrym Z.: Niepełnosprawność. Specyfika Pomocy Społecznej. Biblioteka Pracownika Społecznego, Warszawa 1996.
5. Sęk H. et al.: *Społeczna psychologia społeczna*. PWN, Warszawa 1993.
6. Smolińska-Theiss B.: Od opieki do prewencji. *Problemy Opiekuńczo-Wychowawcze*, 10, 10, 1997.

2001.12.16

SUMMARY

In recent years special attention has been paid to the issue of social support. So far there has been no special, applied, definition that would explicitly describe what social support is indeed. It results from the fact that the issue of social support has been of interest for numerous disciplines of science that have own fields of research and practical application. These are, among others, psychology, sociology, pedagogy, medicine. The objective of the study is an attempt to analyze the level of social support by people with allergic diseases. The research instrument was a self-structured inquiry sheet consisting of 25 questions and socio-demographic details. The strongest support for the patients was offered by the closest family (84%), followed by friends (51%), further members of the family (28.8%), acquaintances (26%) and institutions (14.4%).

Wsparcie społeczne dla pacjentów ze schorzeniami alergicznymi

W ostatnich latach zwrócono szczególną uwagę na problematykę wsparcia społecznego. Dotychczas nie ma definicji, która jednoznacznie określałaby, czym jest wsparcie społeczne. Wynika to z faktu, że jego problematyką interesuje się wiele dyscyplin naukowych, które mają swoje pola badawcze i obszary zastosowań praktycznych. Są to między innymi: psychologia, socjologia, pedagogika, medycyna. Celem niniejszej pracy jest próba analizy poziomu wsparcia społecznego uzyskiwanego z różnych źródeł wsparcia przez pacjentów ze schorzeniami alergicznymi. Narzędziem badawczym był kwestionariusz ankiety własnej konstrukcji, złożony z 25 pytań oraz danych socjodemograficznych. Najsilniejszym oparciem dla pacjentów okazała się najbliższa rodzina (84%), w dalszej kolejności – przyjaciele (51%), dalsza rodzina (28.8%), znajomi (26%) i instytucje (14.4%).