

## Impact of Social Support on Quality of Life of Chronically Ill Patients

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The present study evaluates the impact of social support on the quality of life of chronically ill patients. The main objective of this study is to assess the nature of the relationship between social support and the quality of life of chronically ill patients as well as compare the quality of life of the patients receiving high and low social support. To achieve the objectives of this study a comparative and correlational research design was prepared. The study includes a total sample of 80 participants who were suffering from chronic diseases and were within the age range of 18 to 55 years. Pearson's product-moment correlation and independent sample t-test were the statistical tools that were applied to achieve the objectives of the study. After the data profiling and data examination, a significant positive correlation was found between social support and the quality of life of chronically ill patients. Furthermore, a comparative analysis between the average scores obtained by patients receiving high social support and low social support in various domains of quality of life i.e. physical well-being, psychological well-being, social relations, and environmental satisfaction was conducted. We found the difference between the average quality of life of patients receiving high social support to be significantly different from the average quality of life of patients receiving low social support in all domains.

**Keywords:** Chronic Illness, Social Support, Quality of Life

Chronic illness presents a significant challenge to individuals' physical, emotional, and social well-being, often leading to reduced quality of life and increased healthcare burden. In this context, social support plays a crucial role in mitigating the adverse effects of chronic conditions by providing emotional encouragement, practical assistance, and a sense of belonging. Understanding the impact of social support on chronically ill patients is essential for developing targeted interventions and support systems to improve their overall quality of life.

### **Chronic Illness**

Chronic illnesses, characterized by their long duration and persistent nature, have a significant impact on the physical,

psychological, and social well-being of individuals. To better understand the impact of chronic illness on individuals, it is important to first define what is meant by a chronic illness. World Health Organisation (WHO), chronic diseases are diseases of long duration and generally slow progression. They include the four major Non-Communicable Diseases (NCDs) listed by: cardiovascular disease, cancer, chronic respiratory diseases and diabetes, as well as other NCDs such as mental disorders and disabilities like skeletomuscular diseases (WHO, 2009). According to Centres for Disease Control and Prevention, chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both (NCCDPH, 2022). It is usually

multifactorial in aetiology, and as it has no definitive cure, it requires continuous management over a period of years or decades. For the purposes of this study, we have classified disorders as chronic based on this definition. In this study, the terms chronic disease, chronic illness, and chronic condition are used interchangeably. However, “chronic disease” pertains to the disorder’s organic manifestation, observable through signs, symptoms, and laboratory results; “chronic illness” relates to its impact on social aspects, affecting the individual’s professional and social engagements as a patient; and “chronic condition” addresses the functional level, encompassing the individual’s subjective experience including sensations of pain, fatigue, weakness, and dysfunction.

### **Social Support**

The concept of social support is complex, and to encompass its various aspects and forms, it has been defined in multiple ways. According to the International Cancer Institute, it is described as “a network of family, friends, neighbours, and community members who are available when psychological, physical, and financial assistance is needed” (Mattson & Hall, 2011). This definition highlights both the network of individuals offering support and the types of aid they can provide, acknowledging the diverse ways in which support can be extended. A broader perspective on social support is presented by Mattson et al., who define it as “a transactional, communicative process involving verbal and/or non-verbal communication, aimed at enhancing the individual’s problem-solving abilities, self-esteem, and sense of belonging.” (Mattson & Hall, 2011) This comprehensive definition aims to encompass all the dimensions deemed essential for understanding the concept of social support. A more flexible interpretation of social support suggests it involves the “knowledge” of others, the

provision of solidarity, and the reinforcement of social connections (Amsal Sahban et al., 2014).

### **Quality of Life**

The World Health Organization (WHO) characterizes health not merely as the absence of disease or infirmity but as “a state of complete physical, mental, and social well-being” (WHO, 1958). On the other hand, Quality of Life (QoL) carries a more intricate definition. According to WHO, QoL refers to individuals’ perceptions of their life’s context within cultural and value systems, as well as in relation to their goals, expectations, standards, and concerns. QoL is the “sense of overall life satisfaction, as evaluated by the mentally aware individual reflecting on their life” (Meeberg, 1993). This assessment is subjective, encompassing various life domains and aligning with a biopsychosocial-spiritual model. The term “subjective” can hold diverse meanings for different individuals and may be viewed as unreliable due to its lack of objectivity. “Subjective” is often equated with self-perceived, implying that individuals primarily provide information about themselves. QoL is believed to encompass a broad spectrum of domains and elements theoretically. These encompass functional abilities such as role functioning (in various roles like physical activities and achievement beliefs), the extent and quality of social interactions, psychological well-being, physical sensations, emotional states, life situations, life satisfaction, and the desire for satisfaction. It also takes into account life experiences, significant events, the current life phase, and factors like gender, socioeconomic status, age, and generation that shape QoL. Though, QoL is a complex interplay of both objective and subjective dimensions, involving the individual’s viewpoint, assessed from the experienter’s perspective, and likely influenced by cognitive factors, researchers over the year

have come to agree on few domains that must be investigated when assessing QoL. These domains are as follows:

- *Physical Well Being*: This domain focuses on an individual's physical capabilities and limitations. It assesses aspects like daily activities, energy levels, pain management, sleep quality, dependence on medication, and mobility. A high score in this domain indicates a good ability to manage daily tasks and cope with physical challenges.
- *Psychological Well Being*: This domain explores an individual's mental and emotional well-being. It delves into feelings like self-esteem, positive outlook, negative emotions, body image, spirituality, and cognitive function. A high score in this domain suggests a positive self-perception, ability to manage emotions, and a strong sense of purpose.
- *Social Relationships*: This domain evaluates the quality and strength of an individual's social connections. It assesses aspects like personal relationships, social support systems, and sexual activity (if applicable). A high score in this domain indicates strong social bonds, a sense of belonging, and fulfilling interpersonal relationships.
- *Environmental Satisfaction*: This domain examines the impact of an individual's surroundings on their well-being. It delves into factors like financial resources, physical environment (pollution, noise), safety and security, access to healthcare, opportunities for leisure and learning, and overall satisfaction with their home environment. A high score in this domain suggests a sense of security, access to resources, and a comfortable living environment.

### **Objectives:**

- To explore the impact of social support on the quality of life of chronically ill patients.
- To conduct a comparative analysis of the domains of quality of life i.e. physical well being, psychological well being, social relations and environmental satisfaction of chronically ill patients who receive adequate social support with those patients who do not receive adequate social support groups.

### **Hypotheses:**

- H1: There will be a positive impact of social support on the quality of life of chronically ill patients.
- H2: There will be no significant difference in the level of quality of life between chronically ill patients receiving adequate social support and those patients who do not receive adequate social support.
  - H2a: There will be no significant difference in the level of physical well-being between chronically ill patients receiving adequate social support and those patients who do not receive adequate social support.
  - H2b: There will be no significant difference in the level of psychological well-being between chronically ill patients receiving adequate social support and those patients who do not receive adequate social support.
  - H2c: There will be no significant difference in the quality of social relationships between chronically ill patients receiving adequate social support and those patients who do not receive adequate social support.
  - H2d: There will be no significant difference in the level of environmental

satisfaction between chronically ill patients receiving adequate support and those patients who do not receive adequate social support.

## Method

### Design

Correlational and experimental research design were employed to achieve the two main objectives of this study i.e. to find a correlation between social support and quality of life of chronically ill patients as well as investigate the effect of social support on the various domains of quality of life of chronically ill patients.

### Sample

Chronically Ill Patients: For the purposes of this study, the criteria defined for inclusion of patients into the sample were as follows:

- a) The individual must be suffering from the disorder for a prolonged period of more than 1 year.
- b) The individual must require ongoing medical attention in terms of either medical treatment or medicines.

The study comprises of a sample population of 80 participants with 40 of them receiving adequate or high social support while the other 40 receiving inadequate or low social support.

In order fulfil the objectives of this study, purposive sampling was conducted to include population fulfilling the criteria mentioned in the previous section. Further, quota sampling was also applied to obtain an equal and comparable sample of patients receiving adequate social support and those patients who do not receive adequate social support. This was done to ensure that the comparative analysis between the two groups could occur while maintaining equal representation. Data was collected from multiple sources. For obtaining data on chronically ill patients

receiving adequate support, snowballing sampling technique was employed. The data for chronically ill patients not receiving adequate social support was obtained from patients admitted in hospitals, mental health facility and care home for chronically ill.

### Tools

*The Social Provisions Scale-10 (SPS-10):* The Social Provisions Scale-10 (SPS-10) is a shorter version of a social support measurement tool. It condenses the original 24-item scale by removing positively worded items and the “opportunity for nurturance” subscale. Despite these changes, the SPS-10 maintains strong psychometric properties. When compared to the original scale, the SPS-10 scores show a high correlation ( $r = 0.896$ ), indicating it measures the same concept accurately. Internal consistency, measured by Cronbach’s alpha, is high (0.809), signifying the items within the scale consistently reflect the same underlying concept of social support availability. These findings suggest the SPS-10 is a reliable and valid tool for assessing social support, particularly valuable in busy clinical settings due to its shorter administration time compared to the original version.

*The WHOQOL-BREF:* The WHOQOL-BREF is a 26-question quality of life assessment tool designed to be shorter than the original 100-question WHOQOL. It covers four domains: physical health, psychological health, social relationships, and environment. Each domain is scored on a 1-5 scale, with higher scores indicating better quality of life. The WHOQOL-BREF demonstrates good psychometric properties. Internal consistency (Cronbach’s alpha) is above 0.7 for all domains except social relationships (0.533). Test-retest reliability is good, showing stability over time. The tool captures four main quality of life components and explains nearly half of the variance in responses.

## Procedure

Data set was collected through multiple methods such as Google Form, and structured interviews of patients admitted in in-patient or out-patient programme of hospitals, clinics and assisted care homes. Both the scales i.e. SPS-10 and WHOQOL-BREF were administered simultaneously. All the participants were informed about the aim of the research. Both scales were administered following standard procedures devised by the respective test devisor. After data collection, the scores were tabulated and measured through different statistical procedures. Accordingly, interpretation was made and conclusions were drawn.

## Results and Discussion

Table 1. Maxima, Minima, Mean and SD Scores of Test Variables

Variables	Min	Max	Mean (n=80)	SD
Social Support	10	40	24	8.66391
Physical Well Being	6	94	58.2	15.63378
Psychological Well Being	19	100	60.675	15.22720
Social Relationships	6	81	47.4375	16.48309
Environmental Satisfaction	13	94	58.0125	17.44394

Descriptive statistics are presented in Table 1. From the results shown in the table, mean scores of Social Support (M = 24), Physical Well Being (M = 58.2), Psychological Well Being (M = 60.67), Social Relations (M = 47.43), Environmental Satisfaction (M = 58.01), were reported. The scores obtained from the Social Provisions Scale can range from 2 to 40. While the raw scores obtained from WHOQOL-BREF were converted into transformed score on the scale of 0-100 for analytical purposes using the guidelines provided in the user manual.

Table 2. Correlation between Social Support and domains of Quality of Life of Chronically Ill Patients

Variables	Physical Well Being (n=80)	Psycho-logical Well Being (n=80)	Social Rela-tions (n=80)	Environmental Satisfaction (n=80)
Social Support (n=80)	0.270*	0.405**	0.440**	0.622**

\*\* . Correlation is significant at the .01 level (2-tailed).

\*. Correlation is significant at the .05 level (2-tailed).

Pearson's correlations was conducted to explore the relationships between social support and the domains of quality of life. The results of Pearson's correlations are summarised in Table 2. The correlation analysis showed a statistically significant positive correlation between social support and quality of life of chronically ill patients with Physical Well Being ( $r = -.270, p < .05$ ), Psychological Well Being ( $r = -.405, p < .01$ ), Social Relations ( $r = -.440, p < .01$ ), and Environmental Satisfaction ( $r = -.622, p < .01$ ). Since, higher scores of social support show high levels of quality of life in all domains, it indicates that greater the social support in chronically ill patients, higher would be the levels of their quality of life. Therefore, the proposed hypothesis that there will be no relationship between social support and dimensions of the quality of life of chronically ill patients is rejected. The graphical representation of correlation between social support and domains of quality of life is shown in Figure 1.

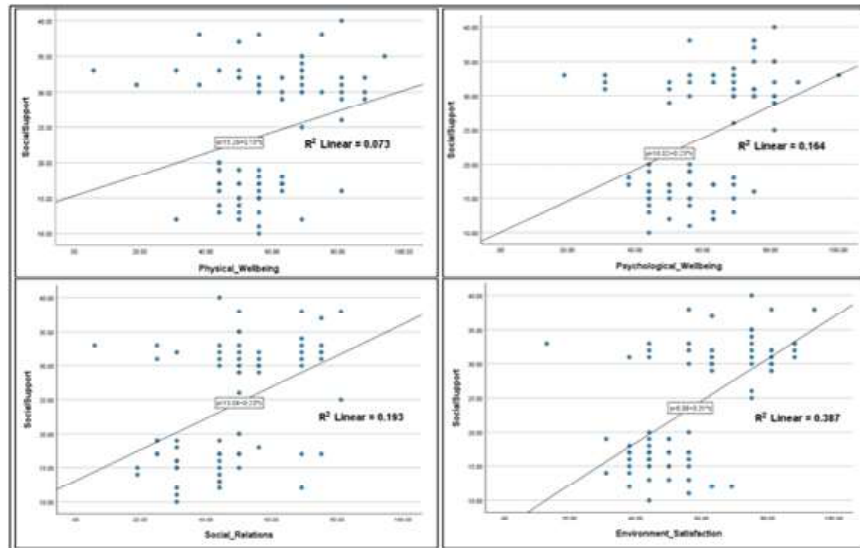


Figure 1. Graphical representation of correlation between social support and domains of quality of life

Table 3. Mean Comparison of Physical Well Being, Psychological Well Being, Social Relations and Environmental Satisfaction of Patients with HSS and Patients with LSS

Variable	Patients with HSS (n=40)		Patients with LSS (n=40)		t-value	Sig Level	Effect Size (Cohen's d)
	Mean	SD	Mean	SD			
Physical Well Being	63.22	19.05	53.175	8.94	3.019	0.003	0.10
Psychological Well Being	67.17	17.15	54.1750	9.42	4.201	0.000	0.18
Social Relations	54.85	16.18	40.025	13.25	4.482	0.000	0.20
Environmental Satisfaction	69.62	16.49	46.4	8.23	7.969	0.000	0.44

Independent samples t-test was used to compare the quality of life scores between patients with high social support and those with low social support. This analysis looked at all domains of quality of life. The results, detailed in Tables 3, revealed significant differences between the two groups in all domains. Patients with high social support had statistically better quality of life in physical well-being (t-value = 3.019, p-value = 0.003), psychological well-being (t-value = 4.201, p-value = 0.000), social relations (t-value = 4.482, p-value = 0.000), and environmental satisfaction (t-value = 7.969,

p-value = 0.000). Since all p-values were below 0.01, which indicates that there are significant differences in quality of life between patients with high and low social support. These findings are consistent with the findings of previously conducted researches of Dobříková et al. (2015) and Yildirim et al. (2023).

### Conclusion

The aim of this study was to explore the impact of social support on quality of life of chronically ill patients. A data of 80 samples was collected such that it could be divided

further into two groups- a) patients receiving high social support and b) patients receiving low social support based on the scores obtained on the Social Provisions Scale-10. Correlational analysis was employed to establish the nature of the relationship between social support and the constituent variables of quality of life i.e. physical well-being, psychological well-being, social relations, and environmental satisfaction. According to the results obtained, there is a significant and positive relationship between social support and all the domains of quality of life. Thus, the null hypothesis in this case was rejected and alternative hypothesis was accepted. Independent sample t-test was employed to compare the means of the scores obtained by patients receiving adequate social support and those patients receiving inadequate social support in the various domains of quality of life. Each group contained a sample of 40 participants. For all domains of quality of life, the difference between the means of the two groups was found to be significant. Therefore, hypotheses for all domains were rejected. Thus it can be concluded that social support has a significant and positive impact on quality of life. When comparing the mean scores of the scores obtained by patients receiving adequate social support and those patients receiving inadequate social support in the various domains of quality of life, all domains showed significant differences. As a result, it can be concluded that difference in the quality of life of patients receiving adequate support and patients receiving inadequate support that the overall quality of life of patients receiving high social support is greater than the overall quality of life of patients receiving low social support.

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