

RESEARCH BRIEF

Social Support and Psychological and Physical States Among Japanese Patients With Breast Cancer and Their Spouses Prior to Surgery

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Purpose/Objectives: To assess social support and psychological and physical states among Japanese patients with breast cancer and their spouses prior to surgery.

Design: Descriptive, comparative, and correlational.

Setting: A general hospital in northern Japan.

Sample: 38 Japanese patients with breast cancer and their spouses (N = 76).

Methods: The Japanese versions of three questionnaires were used to collect data before surgery: the Interpersonal Relationship Inventory, the General Health Questionnaire, and the Physical States Interview Form.

Main Research Variables: Social support (support, conflict, and reciprocity), social network, and psychological and physical states.

Findings: Significant differences were found in support and reciprocity between patients and their spouses. However, no significant differences were found in social network, conflict, or psychological states between patients and their spouses. Moreover, some significant correlations were found in the variables of conflict, social network, and psychological and physical states.

Conclusions: Japanese patients with breast cancer perceived more support and reciprocity than their spouses before their breast surgery. Conflict was significantly correlated with psychological states among Japanese women with breast cancer and their spouses.

Implications for Nursing: Healthcare professionals need to consider social support as an important factor to help Japanese patients with breast cancer and their spouses cope with the disease.

Social support has direct effects on stress and health outcomes by buffering the effect of stress on health outcomes. Studies of social support conducted in Western cultures have reported that it affects health outcomes among women with breast cancer (Bloom, Stewart, Johnston, Banks, & Fobair, 2001; Carson, Ottenbreit, St. Pierre, & Bultz, 2001; Edgar, Remmer, Rosberger, & Fournier, 2000; Maly, Leake, & Silliman, 2004). Most of the studies focused on positive effects of stress and health outcomes. A few studies included unhelpful and negative aspects of social support in regard to women with breast cancer. Studies of social support should include its positive and negative aspects (Dakof & Taylor, 1990). Moreover, breast cancer affects patients and their family members, especially spouses (Lloyd et al., 2000; Northouse et al., 2002; Woloski-Wruble & Kadmon, 2002).

Key Points . . .

- ▶ Studies of social support should include positive and negative aspects of social support.
- ▶ Healthcare providers should be aware of the impact of breast cancer on patients and their family members, especially spouses.
- ▶ Healthcare professionals should consider cultural differences when using results of social support research conducted in other cultures.

Cancer has been the leading cause of death in Japan since 1981, and the incidence of breast cancer has been increasing. The disease is estimated to be the most frequent cancer diagnosis among Japanese women by the year 2020 (Ohshima, Kuroishi, & Tajima, 2004). Despite the increasing incidence of breast cancer among Japanese women, few studies have assessed social support and its effects on health outcomes (Makabe, 1998b). Social support requires interpersonal relationships, which are influenced by beliefs, values, and behavior (Bourjolly & Hirschman, 2001; Hamilton & Sandelowski, 2004). For example, a qualitative study of social support among Japanese women with breast cancer described components of social support and unique characteristics of Japanese interpersonal relationships, such as reciprocity (Makabe & Hull, 2000). According to Lock (1982), reciprocity is related to *giri*, a Japanese term of social obligation and valuing of the maintenance of harmonious relationships. Because of the cultural characteristics of social support, the results of social support studies conducted in other cultures cannot be used

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