The Effect of a Psychosocial Group Intervention on Loneliness and Social Support for Japanese Women With Primary Breast Cancer

Sakiko Fukui, PhD, RN, Makiko Koike, MA, Akira Ooba, MA, and Yosuke Uchitomi, MD, PhD

Purpose/Objectives: To examine the effects of a psychosocial group intervention on loneliness and social support in Japanese women with breast cancer.

Design: Secondary analysis of a randomized, controlled trial.

Setting: A breast cancer outpatient area of a National Cancer Center hospital in Japan.

Sample: 50 women who were less than 65 years old, were diagnosed with primary breast cancer, and had undergone surgery within 4–18 months of the start of the study.

Methods: Data were collected as part of a trial of an intervention. The investigators conducted a six-week group intervention consisting of health education, coping skills training, stress management, and psychological support. Subjects completed the revised University of California, Los Angeles, Loneliness Scale and a social support questionnaire at baseline, six weeks, and six months.

Main Research Variables: Loneliness, number of confidants, satisfaction with confidants, and satisfaction with mutual aid.

Findings: Fifty (33%) of the 151 invited patients participated and were randomized to either experimental (n = 25) or control (n = 25) groups, and 23 (92%) in each group completed the study. The experimental group had significantly lower scores than the control group for loneliness and significantly higher scores for the number of confidants, satisfaction with confidants, and satisfaction with mutual aid over the six-month study period.

Conclusions: This intervention is beneficial for Japanese patients with breast cancer experiencing loneliness and inadequate social support.

Implications for Nursing: The program can be used as an effective support for Japanese patients with cancer to manage their psychosocial concerns associated with illness.

Numerous investigators have reported that patients with cancer have many psychosocial concerns, such as intrapsychic (e.g., anger, fear of dying), interpersonal (e.g., loneliness, communication with family and friends), and social concerns (e.g., isolation, stigma caused by cancer) (Cella & Yellen, 1993). However, most investigators who studied psychosocial group interventions for patients with cancer have focused on improving anxiety, depression, and coping behaviors. Published meta-analyses and review articles express clear evidence that group interventions for patients with cancer are effective in reducing anxiety and depression and enhancing coping behaviors (Bottomly, 1997; Fawzy & Fawzy, 1998; Meyer & Mark, 1995; Sheard & Maguire, 1999; Spiegel, 1995;

Key Points . . .

- Loneliness is one of the major psychosocial concerns among patients with cancer.
- Loneliness is related negatively to the number of social network members and the degree of satisfaction with them.
- Few studies have been designed to investigate the effect of psychological group intervention in randomized trials on loneliness and social support among patients with cancer.

Trijsburg, Van Knippenberg, & Rijpma, (1992). Despite the recognized presence of various psychosocial concerns, little attention has been paid to demonstrating the effects of improving these concerns as research outcomes.

Loneliness is one of the major psychosocial concerns among patients with cancer. Several investigators have observed that many patients suffer from loneliness associated with illness or illness-related situations (Cuevas-Renaud, Sobrevilla-Calvo, & Almanza, 2000; Fox, Harper, Hyner, & Lyle, 1994; Friedman, Florian, & Zernitsky-Shurka, 1989; Perry, 1990). Researchers have reported that group interventions are important for people who are suffering from loneliness (Keel-Card, Foxall, & Barron, 1993; Kim, 1999; Koopman, Hermanson, Diamond, Angell, & Spiegel, 1998; Prince, Sakiko Fukui, PhD, RN, is a lecturer in the School of Nursing at the Tokyo Metropolitan University of Health Sciences in Japan; Makiko Koike, MA, is an associate professor in the School of Psychology at Mejiro University in Tokyo; Akira Ooba, MA, is a clinical psychologist at the National Cancer Center Hospital East in Kashiwa, Japan; and Yosuke Uchitomi, MD, PhD, is chief in the Psycho-Oncology Division at the National Cancer Center Research Institute East in Kashiwa. This work was supported by a Grant-in-Aid for Cancer Research (9-31) and Second-Term Comprehensive 10-Year Strategy for Cancer Control from the Japanese Ministry of Health and Welfare. (Submitted March 2002. Accepted for publication November 26, 2002.) (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Oncology Nursing Forum or the Oncology Nursing Society.)

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