Psychosocial needs and perception of inequity: How spouses react to the cancer of their partner?

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BACKGROUND

In psycho-oncology, psychosocial needs are a significant topic about which health professionals care. Several studies have highlighted the importance of psychosocial needs in cancer patients’ spouses. According to Thomas et al. (2003), these psychosocial needs are organized in different categories: health professional needs, emotional and spiritual needs, information needs, identity needs, support network needs, practical needs, and spiritual and life-quip need. Psychosocial needs’ dissatisfaction seems to influence the degree of emotional distress felt by spouses (Schroe-RuN et al., 2011). However, it seems that spouses’ psychological profile is more close to the general population’s one than psychopathological population’s one (Hagedoorn et al., 2000; Pinnock & Maguire, 2005).

On the other hand, perception of inequity is a concept that emerged recently in psycho-oncology and focuses on feelings that patients and spouses might experience in their relationship. This perception depends on two general factors that are benefit and investment, subdivided in two categories, which lead to four concepts: overbenefit, underinvestment, underbenefit, and overinvestment. Kajer et al. (2004) brought together these concepts to obtain two general feeling, described below:

- Overbenefit and underinvestment: people feel like they receive a lot from their partner but don’t give enough support in return. This feeling is principally felt by patients.
- Underbenefit and overinvestment: people feel like they give a lot to their partner and invest a lot in their relationships but don’t receive enough support in return. This feeling is principally felt by spouses.

In light of the consequences of cancer on spouses, it seems important to help them with psychological interventions. In this study, computer and behavioral methods are proposed to spouses in order to support them facing their partner’s cancer and their own issues.

METHOD

STUDY’S AIMS

1. To reduce spouses’ needs, using a combination of two psychotherapeutic methods:

- Problem-solving method according to the model in six steps of D’Zurilla & Nezu (2007): this method concerns the organization of psychosocial needs into a hierarchy, the decision-making method, the action planning method, and the social reorganization method.

- Psychosocial needs’ organization into a hierarchy.

2. To assess perception of inequity and its influence on the utilization of the combination of the methods’ combination.

HYPOTHESIS

The combination of psychological interventions will have a greater and a higher impact on independent variables than the utilization of the psychosocial need’s organization into a hierarchy alone.

RESULTS

Assessment of the evolution of psychosocial needs

No significant results have been highlighted for the total number of psychosocial needs, the number of important psychosocial needs, and the number of satisfied psychosocial needs. However, significant results have been underlined for the number of unsatisfied psychosocial needs and the number of important and unsatisfied psychosocial needs.

Unsatisfied psychosocial needs

Between T0 and T1, no significant effect appeared in CG but a significant effect appeared in EG (See graph 1. effect 1: F(2, 34) = 6.34, p = 0.022 (< 0.05)).

Between T2 and T1, no significant effect appeared in EG but a significant effect appeared in CG (See graph 1. effect 2: F(2, 34) = 6.02, p = 0.022 (< 0.05)).

Important and unsatisfied psychosocial needs

Between T0 and T1, no significant effect appeared in EG but a significant effect appeared in CG (See graph 1. effect 3: planned comparisons: F(1, 17) = 10.16, p = 0.006 (< 0.05)).

Between T2 and T1, no significant effect appeared.

Assessment of the evolution of the psychological profile

No statistically significant effects concerning the evolution of the psychological profile among groups and depending on time have been highlighted. Despite this lack of significant effects, emotional distress and anxiety decreased in both groups at T1 and at T2. Moreover, according to HADS norms, control group’s anxiety passed under anxiety threshold at T2.

Assessment of the perception of inequity and its influence on the utilization of the combination of psychological interventions

None of the two general feelings of the perception of inequity were prevalent in our sample (Table 1).

Table 1. Means and standard deviations of the two general feelings of the perception of inequity.

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<tr>
<td>CG (N = 18)</td>
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Converting the link between the perception of inequity and the utilization of the combination of methods, none of the two general feelings of the perception of inequity seems to influence the utilization of the psychological interventions.

- Overbenefit and underinvestment: T1 EG = 0.35 (< 0.05)
- Underbenefit and overinvestment: T1 EG = 0.42 (> 0.05)

Discussion and conclusion

First of all, our results confirm that spouses of cancer patients have psychosocial needs. Indeed, it seems that our participants feel more psychosocial needs than those of other similar samples: this can be explained by self-administrated scales and by the time of our intervention (earlier than the others). Consequently, it underlines the interest of proposing psychosocial needs’ organization into a hierarchy alone.

Assessment of the evolution of the psychological profile

Statistical analyses

Repeated ANOVA measures were conducted to assess the evolution of psychosocial needs and psychological profile (aim 1). Student t tests were conducted to assess the influence of the perception of inequity on the utilization of methods’ combination (aim 2).

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Concerning the link between the perception of inequity and the utilization of the combination of methods, none of the two general feelings of the perception of inequity seems to influence the utilization of the psychological interventions.

- Overbenefit and underinvestment: T1 CG = 0.83 (> 0.05)
- Underbenefit and overinvestment: T1 CG = 0.75 (> 0.05)

Second, our results confirm that our participants feel more psychosocial needs than those of other similar samples: this can be explained by self-administrated scales and by the time of our intervention (earlier than the others). Consequently, it underlines the interest of proposing psychosocial needs’ organization into a hierarchy alone.

Comparison between the perception of inequity and the utilization of the combination of methods

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General results confirm our hypothesis. Indeed, whatever the combination was given, a significant decrease in unsatisfied psychosocial needs has been highlighted when participants have received both methods. In other words, the combination of psychological interventions optimizes psychosocial needs that spouses feel. However, results don’t allow us to state on the influence of the perception of inequity on the utilization of this combination of psychological interventions.

The experimental design we used has to be enhanced and proposed to a bigger sample. Moreover, future research should assess the perception of inequity in a longitudinal design in order to observe its evolution depending on psychological interventions.

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