Quality of Life and Social Support of Patients Being Evaluated for Bone Marrow Transplantation

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A sample of 437 patients completed self-report measures of quality of life and social support while they were being evaluated for bone marrow transplantation (BMT) at The Johns Hopkins Oncology Center. Generally, the candidates showed reasonably high levels of quality of life (QOL) on the Satisfaction with Life Domains Scale (SLDS), their present ranking on the Cantril Self-Anchoring Ladder of Life, and their scores on the Bradburn Positive Affect Scale. The level of QOL of these candidates for transplant was significantly related to their level of social support. Both availability and adequacy of social support for these transplant candidates were found to be significantly related to QOL as measured by the SLDS. Availability of social support as measured by patient membership in religious and other organizations was significantly related to Positive Affect but not Negative Affect. The Family APGAR and Relational Support Scales measures of social support were significantly correlated with both Positive and Negative Affect.

KEY WORDS: quality of life; social support; bone marrow transplantation; cancer.

INTRODUCTION

This paper has two major purposes. The first is to present normative data on the quality of life of a large group (437) of cancer patients who completed a psychosocial assessment while they were waiting to see if they were eligible for bone marrow transplantation. The second is to test the

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general hypothesis that quality of life during this type of stressful medical evaluation situation is affected by type and level of social support.

BACKGROUND

Bone marrow transplantation (BMT) is a demanding medical procedure which is being offered as a life-saving treatment for an increasing variety of hemopoietic diseases and solid tumors (Bortin, Horowitz, & Rimm, 1992). It involves a prolonged hospitalization in relative isolation with considerable risk of morbidity and mortality. The number of psychosocial studies focusing on recipients of BMT has been increasing in the last few years, and the quality of life has been the primary outcome of concern. Recent reviews note that larger samples of patients and more rigorous research designs are being employed today than was the case in the early days of this area of research (Andrykowski, 1994; Lesko, 1993). At this time, however, there is still a predominant bias in this research in its focus on survivors who are included in research designs only after they have survived the initial inpatient phases of the BMT process.

Only two published studies have examined patients' psychosocial status before BMT, and they have yielded conflicting results. Jenkins, Linington, and Whittaker (1991) conducted a retrospective study of psychosocial morbidity in bone marrow transplant and found that 7 of 25 patients interviewed met DSM-III criteria for depression occurring during the preparatory stages of BMT. On the other hand, Rodrigue and colleagues (Rodrigne, Boggs, Weiner, & Behem, 1993) in a pretransplant study found no evidence, in a sample of 51 patients, of any patients experiencing high levels of depression, anxiety or anger.

Since studies have primarily focused on posttransplant status, the mortality rate has dramatically reduced sample sizes. The present study has the advantage of accumulating a large number of patients prospectively and hence, is able to assess their pre-BMT quality of life.

The quality of life of some chronically ill patients has been shown to be affected by social support. In an earlier study by some of the authors of this paper (Baker, Jodrey, & Intagliata, 1992), quality of life was examined in relation to two aspects of social support, i.e., availability and adequacy, among 729 chronically mentally ill adults enrolled in community-based care. Positive affect was shown to be significantly correlated with availability of social support, and negative affect was found to be significantly related to low adequacy of social support. The Satisfaction with Life Domains Scale (SLDS), a quality of life measure initially developed for assessing the outcomes of treatment of psychiatric patients (Baker & Intagliata, 1982), was found to be related to both availability and adequacy of social support.