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EXAMINING SUPPORT SEEKING BEHAVIORS AND SOCIAL SUPPORT AMONG CHRONIC KIDNEY DISEASE PATIENTS

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EXAMINING SUPPORT SEEKING BEHAVIORS AND SOCIAL SUPPORT AMONG CHRONIC KIDNEY DISEASE PATIENTS

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Ashley Haley Josette Padilla

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ABSTRACT

Background: Chronic Kidney Disease (CKD) is considered a public health concern due to its high prevalence and a leading cause of disability in the United States. Patients suffering from CKD face a multitude of challenges. Past studies have shown that the challenges of CKD can be reduced through social support. However, little is known about the support-seeking behaviors used by the person in crisis to influence the amount of support received. **Purpose**: The aim of this study was to examine whether there was an association between support-seeking behaviors (direct vs. indirect) and levels of social support among CKD patients. **Methods**: This descriptive study used a cross-sectional design to gather quantitative data from participants living with a chronic disease including CKD. Participants were recruited using convenience sampling and snowball sampling methods. Participants' demographic characteristics were gathered along with their support-seeking behaviors, measured using a validated 16-item scale, and their social support, measured using the Medical Outcomes Study Social Support Survey. Descriptive statistics were generated for the sample. Additionally, correlation analysis was conducted to determine whether there was an association between participants support seeking behaviors and social support. **Results**: Thirty participants were recruited for this study. The majority identified as Latino/Hispanic with an average age of 42.8. There was an even distribution of participants living with family and living alone or with non-family members. There were as many married participants as there were unmarried

participants. The findings from this study partially supported our hypothesis that support-seeking behavior would be correlated with levels of social support. As indirect support-seeking behavior increased, the level of social support decreased. However, direct support-seeking behavior was not associated with social support levels. **Conclusion:** The findings demonstrate some promising steps toward enhancing social work practice to add additional questions in the assessment portion of services regarding patients' forms of seeking social support. Social Workers should also be more proactive in offering social support services and encourage patients to utilize more direct support-seeking behaviors to improve social support.

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DEDICATION

I would like to dedicate this achievement to my parents Margarita and Jose Luis, and my siblings Justine, Angel, Andres, and Leonel. I would also like to dedicate this to my grandmother, Lupe. Lastly, I dedicate this accomplishment to my partner Ramon. I would not have been able to achieve this without their unconditional love and support. Los Amo, Gracias.

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CHAPTER ONE

PROBLEM FORMULATION

Chronic kidney disease (CKD) is a long-standing medical condition characterized by the loss of kidney function. The damaged kidney cannot clean the body's blood, resulting in the accumulation of toxic waste and fluid in the body, which can cause high blood pressure, heart disease, stroke, and early death (Centers for Disease Control and Prevention [CDC], 2021).

Prevalence of Chronic Kidney Disease

CKD is considered a public health concern due to its high prevalence. Although the incidence of CKD varies across countries, about 200 new cases in a population of one million are diagnosed annually (Level & Coresh, 2012). In the U.S. approximately 37 million Americans, or one in seven adults, are affected by the disease (CDC, 2021). However, it may be higher because nine in ten Americans are unaware of the disease and thus go undiagnosed (National Institute of Diabetes & Digestive & Kidney Diseases, 2021). Specific subgroups in the population are at higher risk of CKD. For example, women are more vulnerable than men, 14% vs. 12% respectively, and adults aged 65 and older are more likely to develop CKD compared with adults aged 45 to 64 and adults aged 18 to 44, 38% vs. 12% vs. 6%, respectively (CDC, 2021).

Challenges of Chronic Kidney Disease

Patients suffering from CKD face a multitude of health challenges. CKD is usually accompanied by several other problems, such as high blood pressure, heart disease, stroke, and early death. CKD in later stages can cause an infinite list of symptoms such as feeling more tired, having poor/no appetite, losing sleep, having to urinate more often, and loss of energy among other things (National Kidney Foundation, 2022). Therefore, patients are unable to maintain the lifestyle and activities they once enjoyed.

Certain patient groups experience a significantly greater reduction in their quality of life. For instance, patients living in lower-income communities are faced with greater challenges such as substandard living conditions, limited quality health care, limited health literacy, etcetera (Nicholas et al., 2016). Contingent to the patient's CKD stage, treatments, resources, and challenges vary.

Treatment of Chronic Kidney Disease

It is crucial to understand the disease's progression to determine the most suitable treatment. There are five stages of CKD, which correspond to the extent of damage to the kidneys and how well they can function.

In Stages 1 and 2, patients usually do not experience symptoms. However, dysfunctions in the kidney might be noticed based on high blood pressure, swelling of the feet and hands, blood or protein in the urine, or abnormalities in ultrasound, CT scan, MRI, or kidney biopsy. To prolongate the function of the kidney, doctors will guide patients to control blood sugar, blood

pressure, and weight in a healthy range, by stopping or starting any medication to protect the kidney, recommending a kidney-friendly diet, and encouraging an active lifestyle.

Patients in stage 3, experience worse or increased symptoms. Beginning to feel weak, and tired, begin experiencing pain in the lower back, muscle cramps, trouble sleeping, urinating more often, and/or urinating a foamy/ darker color than usual. By this time, the kidney function cannot be salvaged as the damage is irreversible but can be treated to delay the progression to Stage 4 and Stage 5. Stage 3 can be treated, usually, with medicine to help blood pressure, and keep blood sugar at a safe level, supplements like calcium, iron, and other vitamins can be taken to keep the bones strong and help with swelling and make healthier lifestyle choices.

Unfortunately, at stages 4 and 5 patients have severe damage to the kidneys and the kidneys are very close to failure or have already failed, causing other health problems including high blood pressure, anemia, bone disease, heart disease, etcetera. The doctor can identify the best treatment for the patient including taking medicine, dialysis treatment, or a kidney transplant. (National Kidney Foundation, 2022).

Dialysis

Is a procedure that removes waste, excess water, and other toxic matter to prevent accumulation and maintain safe levels of blood pressure. There are two types of dialysis, and both involve a small surgery to create an entrance for

the dialyzer (filter) to enter the body. Peritoneal treatment requires a catheter to be placed in the abdomen. In hemodialysis treatment, an insertion is placed through the arm or leg.

During each treatment, a substance called dialysate is launched into the body for extra fluid and waste to be drawn out of the blood and into the dialysate. Hemodialysis' treatment length can vary but usually is done three times per week and lasts about four hours. While peritoneal dialysis is also separated into two procedures called continuous ambulatory peritoneal dialysis (CAPD) done at home or work with no requirement of machines dialysate stays in the catheter for about four to five hours and is done four or five times a day. Automated Peritoneal Dialysis (APD) usually is done at home using a special machine called a cycler. The treatment generally takes place at night while the patient sleeps and each cycle last about one and a half hours, exchanges of dialysate are done throughout the night. Unfortunately for those receiving dialysis treatment, there is no cure for kidney disease, and are required to receive treatment for their lifetime unless they can receive a kidney transplant.

Patients receiving dialysis experience multiple health and lifestyle changes. Certain kidney functions cannot be replaced by the dialysis procedure, patients need to take medications and other supplements to help with their disease, and patients need to adapt to the medication schedule and deal with any side effects. Dialysis can also have effects on the skin making it very dry and itchy, and patients can experience hair loss. Additionally, patients need to control

their fluid balance because drinking too much liquid can cause cramping and low blood pressure. If they consume too much over time, then this might cause heart damage because it will make it work harder.

Patients need to stick to a healthier diet regimen to avoid being overweight since dialysis makes the body retain extra liquid. Patients might have to reduce sugar and fat intake, do regular exercise, they also might have to reduce alcohol consumption, and quit smoking. Those in hemodialysis might experience other uncomfortableness due to a catheter (tube) sticking out of the belly because it can increase waist size and may feel uncomfortable at first during intimacy (DaVita Kidney Care, 2022).

Furthermore, dialysis can take a toll on the patient's finances, even though most patients can continue working some may have to reduce working hours due to its physical demands which can harm expenses and insurance coverage.

Moreover, CKD patients undergoing dialysis treatment are susceptible to mental and physical health issues such as sleep disturbances, physical fatigue, sexual problems, stress, anxiety, depression, and high comorbidity rates for suicidal ideation (Georgiann et al., 2014) (Feroze et al., 2010). Yet the challenges of CKD can be reduced through social support (Ye et al.,2008).

Summary

Overall, CKD is one of the leading diseases in the U.S., if not treated correctly and on time the progression of the disease can lead to detrimental changes and difficulties in the lives of those diagnosed. Patients will need

invasive treatments such as dialysis and kidney transplant that can affect their mental and physical well-being. Thus, high-quality social support is important in alleviating some of these symptoms and problems.

CHAPTER TWO

LITERATURE REVIEW

This section will provide a literature review focused on the present research on the associations between social support and dialysis patients. The literature will center on describing what social support is, the impact of social support on the survival of chronic illnesses, its association with treatment outcomes in CKD patients, identifying levels of satisfaction with social support, and gaps surrounding characteristics of dialysis patients perceiving different levels of support.

Social Support

Refers to networks that individuals interact with and receive and return aid (Patel et al., 2005). Individuals can receive social support from family friends, coworkers, spiritual advisors, healthcare personnel, or members of their community or neighborhood. Social support can be delivered through emotional means, tangible efforts, information sharing, or advice-giving.

Social Support and chronic illnesses Research have found that social support improves survival in several chronic illnesses. When patients with chronic illnesses perceive a higher level of support, they have been found to have lower levels of comorbidity and morbidity since it alleviates feelings of guilt and a burden to those around them. When patients receive encouragement, the network support can facilitate lifestyle changes and better manage their chronic illness (Vargas et al., 2018) (Thong et al., 2006).

Rad et al. (2013) conducted a narrative review study in which they looked at the relationship between self-care, social support, and diabetes. Their results showed that diabetic patients who have social support from family, friends, and/or spouses displayed more self-care behaviors, such as higher adherence to diets, lower stress levels, better blood sugar control, etc.

The researchers of this study reviewed articles published from 1990-2011 on websites such as MEDLAB and IRANMEDEX. Many of the studies reviewed demonstrated that patients needed to have adequate levels of social support. However, those that have social support showed positive self-care behaviors. In a text by Usta (2012), the author discussed research findings on the impact of social support on physical health, well-being, and the adjustment of cancer patients. The author explains the importance of introducing social support services to patients early in the diagnosis stage as this is the time when the support system of the patients gets “shaken” and having strong support will impact the psychological, physical, and overall well-being of patients.

Social Support and Chronic Kidney Disease

Similarly, research has found that CKD patients’ level of social support is associated with their treatment outcomes (Plantinga et al., 2010). For example, a study by Thong et al. (2007) found that patients receiving dialysis treatment who reported receiving adequate social support had lower mortality risks than those with low levels of social support. The researcher took a sample of 528 patients to be evaluated on their perceived social support. They measured social support as

receiving social companionship, frequency of social activities, daily emotional support, affection, encouragement, comfort, advice, and problem-solving assistance. The result showed that daily emotional support and total support were associated with a 6%, 10%, and 2% increase in survival, respectively.

Results from Chen et al. (2018) offer insights into the link between social support and survival outcomes of CKD patients. The researchers investigated the correlations between health literacy, social support, and self-management behaviors in 410 patients diagnosed with CKD. The study found that social support from family and healthcare providers was positively associated with self-management behaviors. Patients who reported receiving a high level of social support also reported higher levels of health literacy. These patients had higher levels of comprehension of medical information and were able to negotiate the healthcare system. In other words, patients with higher levels of social support evidenced healthier attitudes and behaviors, reducing certain risk factors, such as depression, anxiety, and mortality.

Another study with a sample of 258 Hemodialysis patients analyzed associations between perceived levels of support, demographics, and therapeutic characteristics. The study revealed that social support provided by significant others, family members, and friends improved patients' coping mechanisms, minimized stress, and offered issues such as accessing the health care system. This in turn allowed the patient to be more compliant with the

doctor's instructions such as limiting liquid intake and modification of diet, as well as participating in therapy (Theodorittsi, 2016).

Satisfaction with Social Support

Despite the beneficial effects of social support, many patients undergoing dialysis treatment present various obstacles in receiving high-quality psychological and social support interventions (Cardol, 2022). Culp et al. (2015) interviewed 487 patients regarding their care team's provision of support and end-of-life care and found that only 4.5% of patients were satisfied with the care team's performance.

Recently, the care team performance has been looked at closely to determine its importance in improving the quality of life of chronically ill patients. Shortell et al. (2004) obtained data from a sample of 40 team members of a chronic illness program and used existing literature and theory to measure the perceived team effectiveness and depth of improvements made to improve patient care. The participants were asked to modify the usual care they provide and incorporate 50 different care activities including proactive follow-up, distributed care management roles, and coordinated scheduling with other providers. The results indicated that effective team care produced greater patient adherence to treatment and higher quality of care overall (Shortell et al., 2004).

Gaps

Research has demonstrated the importance of social support for various chronic illnesses including CKD. More specifically, social support has been found

to exert a considerable impact by reducing mortality and lowering the risk of poor health and mental ill health among dialysis patients (Unitas et al., 2011). As a first step toward enhancing social support among CKD patients, it may be helpful to examine whether social support can be enhanced through various support-seeking behaviors. Knowing ways to boost social support among CKD patients can help inform the development of new social work interventions.

Sensitive Interactions Systems Theory (SIST)

This theory by Barbee and Cunningham (1995) aims to describe the complexities of the support process by laying out nine variables including cultural and individual differences in social skill and interpersonal trust that predict the individual's perceived appropriateness of seeking support and signaling emotional distress to friends and family. According to the theory, individuals who are most likely to seek social support are those who have higher interpersonal skills and confidence.

The SIST also maintains that the kind of help-seeking behaviors used by the person in crisis influences the kind and quality of support received. The elicited behavior can be categorized into two forms, direct and indirect. Direct behaviors include being verbal about the problem by asking someone for help and non-verbal by crying to someone about their problem. Similarly, indirect behaviors can be verbal, and this includes hinting to someone they have a problem or sighing around someone to show they are not okay. Direct behavior is more likely to elicit helpful support such as providing comfort and advice while

indirect behaviors are more likely to be dismissed. This line of reasoning regarding variables that impact seeking and quality of social support received by individuals prompts the following question.

Research Question and Hypothesis

Is there a relationship between support-seeking behaviors (direct vs. indirect) and perceived levels of social support among dialysis patients? Per the SIST, patients with higher levels of social support are those characterized by individuals who report higher levels of direct support-seeking behaviors.

Significance of Study

This research is necessary to help identify patients' perceived levels of social support based on their support-seeking behaviors. Understanding patients' support-seeking behaviors according to their perceived social support can help social workers enhance social support services. A great percentage of social support for chronically ill patients is offered by social workers who account for an integral part of the care team for dialysis patients. Based on their experiences and training social workers can understand the importance of social support and how it is associated with more remarkable survival and clinical benefits (Thong et al., 2007). Social workers can work alongside their patients to understand and predict the individual's perceived appropriateness of seeking support (direct vs. indirect) and signaling emotional distress to friends and family.

CHAPTER THREE

METHODOLOGY

This descriptive study used a cross-sectional design to gather quantitative data from 30 people diagnosed with End Stage Renal Disease or stage 4-5 chronic kidney disease and undergoing dialysis treatments. Given the cross-sectional nature of this study, results cannot be inferred as causation.

Study Design

This descriptive study used a cross-sectional design to gather quantitative data from up to 120 people diagnosed with End Stage Renal Disease or stage 4-5 chronic kidney disease and undergoing dialysis treatments. Given the cross-sectional nature of this study, results cannot be inferred as causation.

Settings

A survey was posted by the study authors on social media websites (Facebook and Instagram). Including what is going on in San Bernardino County, and San Bernardino County Marketplace groups. These are community pages where members can share advertisements, current city news, and events. These social media platforms were selected for posting the survey because the study aims to recruit participants from the general population who are of age 18+ and have been diagnosed with a chronic illness (e.g., Chronic Kidney Disease, Cancer, Asthma, Diabetes, eating disorder, and/or mental health conditions like depression). The authors also posted flyers around the CSUSB campus and

three bus stops near the CSUSB campus. These sites were chosen because many college students might have or know someone who is diagnosed with a chronic illness.

Participants

Eligible participants were 18 and older, self-reported diagnosis of a chronic disease and could read English. Study participation was limited to patients who have a self-reported diagnosis of a physical chronic disease. (e.g., Chronic Kidney Disease, Heart Disease, Stroke, Cancer, Diabetes, Respiratory Disease, etc.). Those with a Cognitive Chronic Condition were excluded from study participation.

Recruitment

Participants were recruited using convenience sampling and snowball sampling methods. A flyer with information on the study was posted on various social media platforms, namely Instagram and Facebook pages (what is going on in San Bernardino County, San Bernardino County Marketplace). These are community pages where members can share advertisements, current city news, and events. These social media platforms were selected for posting the survey because the study aims to recruit participants from the general population who are of age 18+ and have been diagnosed with a chronic illness (e.g., Chronic Kidney Disease, Cancer, Asthma, Diabetes, eating disorder, and/or mental health conditions like depression). flyers were also posted around the CSUSB

campus and three bus stops near the CSUSB campus. These sites were chosen because many college students might have or know someone who is diagnosed with a chronic illness. Individuals who received the study invitation and met the study criteria were able to self-enroll by scanning the QR code or clicking on a link provided on the recruitment flyer, which directed them to the online survey.

Study Procedure

Prospective participants were invited to complete a screening questionnaire to establish their eligibility for the study before being directed to the informed consent document and survey. After they completed and passed the screening, prospective participants were invited to read the informed consent. Prospective participants provided consent to participate by checking a box at the bottom of the informed consent document that reads, “I have read and understood the consent document and agree to participate in your study.” After providing consent, participants were invited to complete two self-administered surveys on their perceived social support and support-seeking behaviors. The process, from screening to completing the survey, took participants approximately 20-25 minutes. Participants did not receive any compensation.

Measures

Demographics

Data on participants' age at the time of research participation, gender (female, male, non-binary), ethnicity (Hispanic or Latino, White, Black, or African

American, Asian, Native Hawaiian, or other Pacific Islander, American Indian or Alaska Native), marital status (married or in a relationship, previously married, or single).

Support-Seeking Behaviors

Support-seeking behaviors were measured using the statements for support-seeking and the support-receiving scale (Barbee and Cunningham,1995). This validated 16-item scale asked participants to consider when in need of support for minor or major events, how they approach someone close to them about their situation and measure direct and indirect support-seeking behaviors. Direct behaviors include crying or asking for support and Indirect behaviors include hinting or sighing. Each item has a response option of 1(*not at all*) to 5 (*very much*).

Perceived Social Support

Perceived social support was measured using the Medical Outcomes Study (MOS) Social Support Survey (Stewart and Sherbourne,1991). This 19-item scale measures the availability of support, if needed, in four domains, such as emotional/informational support (e.g., someone to confide in, to listen to you, and to provide advice and information), tangible support (e.g., someone to help with daily chores, prepare meals or drive if needed), affectionate support (e.g., someone to show you love and affection, hug you, and make you feel wanted), and positive social interaction (e.g., someone to have a good time, do enjoyable

things with, get together with relaxation). Each item has a response option of 1(*none of the time*) to 5 (*all of the time*).

Statistical Analysis

Descriptive analyses were performed to yield summary statistics of participants' demographics, personal characteristics, and levels of social support. Correlation analysis was performed to examine the relationship between support-seeking behaviors and perceived social support, both continuous variables. The mean score of 19 items that measure social support was correlated with the sum of 16 items measuring support-seeking behaviors. Data analyses were performed with data from participants with complete information. To determine whether support-seeking behaviors defer between genders (male and female) and whether they differ between those living with family members and those who don’t, we conducted a series of independent sample t-test statistics. The relationship between support seeking behaviors and social support was analyzed using a Pearson product-moment correlation coefficient. Scatterplot was generated to check for linearity between the variables. Analyses were conducted using IBM SPSS 28.0, and statistical significance was set at $p < .05$.

CHAPTER FOUR

RESULTS

This chapter presents the findings of the study, with data coming from 30 participants recruited from December 2022 to February 2023. All participants in this study had self-reported a diagnosis of a chronic disease. First, the researcher will present the demographic characteristics of the study's participants. Secondly, the researcher will present the descriptive statistics of the independent variables and dependent variables. Lastly, the researcher will present the results of the group comparison analysis and the results of the analysis exploring the relationship between variables.

Descriptive Statistics

Demographic Characteristics

Table 1 displays the sample's demographic characteristics including self-reported chronic health conditions. Out of the 30 participants, 24 participants identified as female (80%), and six identified as male (20%). The age range among participants was between 22–80 years old (M=42.8, SD=17.2). The largest ethnicity group was Hispanic/Latino (n = 27, 90.00%) and the remainder were White and other groups (n = 3, 10%). Then our demographics showed 14 (46.67%) respondents reported being married, and 16 (53.33%) reported being unmarried. Finally, when participants were asked about their living situation, most (n = 22, 73.33%) reported that they lived with family members, and eight (26.67 %) reported living with non-family members.

Concerning participants' chronic condition, the most reported health condition was diabetes (*n* = 10, 40.00%), followed by respiratory disease (*n* = 5, 20.00%). The other less commonly reported chronic conditions were cardiovascular disease, hypothyroidism disease, degenerative eye disease, and anemia.

Independent Variables

The following section will describe the results of the Support Seeking Behaviors scale. This validated 16-item scale includes four subsections (ask, cry, hint, sigh). The scores for items assessing asking and crying behaviors were averaged to yield a score that indicate the level of participants' direct support seeking behaviors. Similarly, the scores for items assessing sighing and hinting behaviors were averaged to yield a score that indicate the level of participants' indirect support seeking behaviors. For each of the subsections, the researcher ran a descriptive analysis to obtain the average of the total sample population. Higher scores indicate higher levels of the specific support-seeking behavior.

The average scores for the different support seeking behaviors are displayed in Table 2. Among the support seeking behaviors, participants use asking most often followed by hinting. The mean score of *Ask items* was *3.0 (SD* = 1.1, range = 1–5), suggesting that on average, participants asked for help some of the time. The mean score of *Cry items* was *2.3(1.0),* range = 03.75 suggesting that on average participants used cry items a little of the time. The mean score of *hint items was 2.7(1.10),* range = 04.00 suggesting that on

average participants use hint items some of the time. The mean score of *Sigh* was 2.5(1.1). range = 04.00 suggesting that participants use sigh items a little of the time.

Table 1 ***Descriptive Statistics on the Participants' Demographic Characteristics, Support-Seeking Behaviors, and Social Support*** **(*N* = 30)**

Variables	*n* (%)
Age, *M* (*SD*)	32.3 (6.7)
Sex	
Male	2 (6.25)
Female	30 (93.75)
Ethnicity	
Hispanic / Latinx	27 (90)
Other[a]	3 (10)
Living Situation	
Living with family	22 (76.3)
Living with non-family members[b]	8 (26.7)
Marital Status	
Married	14 (46.7)
Unmarried[c]	16 (53.3)
Chronic Disease, *n*	

Respiratory disease	5
Cardiovascular disease	3
Diabetes	10
Hypothyroidism	2
Anemia	2
Degenerative Disc disease	2
Depression	1
Not specified	5
Support Seeking Behaviors, *M* (*SD*)	
Cry	2.3 (1.0)
Hint	2.7 (1.10)
Ask	3.0 (1.1)
Sigh	2.5 (1.1)
Social Support, *M* (*SD*)	4.0 (.8)
Emotional	3.9 (1.0)
Affectionate	4.3 (.9)
Tangible	4.1 (.8)
Interaction	4.3 (.9)

[a]Other comprise White and other racial and ethnic groups

[b]non-family members comprise individuals living alone and with non-family

[c]Unmaried comprise individuals who are single, divorced, and separated

The Dependent Variables

The following section will describe the results of Social Support scale. This validated 19-item scale includes four subsections (emotional, tangible, affection, interaction). The scores from all items were averaged to yield a score that indicate the level of participants' social support. From each of the subsections, the researcher ran a descriptive analysis to obtain the average of the total population. Higher scores indicate higher levels of specific social support received by participants. The average scores for the different types of social support are displayed in Table 2. Among the social support, participants received affection and interaction support more often followed by tangible support. The mean score of *Affection items* was *4.3*(*SD* = *.9,* range = 1-5), suggesting that on average, participants received affectionate support most of the time. The mean score of *Interaction items* was *4.3*(*.9*) range = 03.00 suggesting that on average participants received interaction most some of the time. The mean score for *Tangible items* was *4.1*(*.8*) range = 03.00 suggesting that on average participants received tangible most of the time. The mean score for *Emotional items* was *3.9*(*1.0*) range = 03.50 suggesting that on average participants receive emotional support some of the time. The mean score for total *social support scale* was *4.0(.8*) range = 03.00 suggesting that on average participants received social support some of the time.

A series of independent-samples *t*-test were conducted to examine whether the mean social support level varied by gender, race and ethnicity,

marital status, and living situation. Results are displayed in Table 2. All the findings indicate a statistically insignificant difference between groups in social support.

Table 2 ***Social Support Levels by Demographic Characteristics*** **(*N* = 30)**

Variables	*M* (*SD*)	test statistic
Gender		
Male	4.1 (0.6)	$t(28) = -.38$, $p = .71$
Female	4.0 (0.8)	
Race and Ethnicity		
Hispanic	4.6 (0.3)	$t(28) = 1.25$, $p = .22$
Other	4.0 (0.9)	
Marital Status		
Married	4.0 (0.7)	$t(27) = .23$ $p = .81$
Unmarried	4.0 (0.9)	
Living Situation		
With family	4.0 (0.9)	$t(28) = .87$ $p = .38$
Alone / non-family	4.3 (0.6)	

Inferential Statistics

Pearson Product-Moment Correlation

Direct Social Support Seeking Behaviors. Findings from a correlation analysis indicate a weak positive correlation between direct support-seeking behavior and social support, $r = .10$, $n = 30$, $p = .61$. The positive correlation indicates that higher levels of direct support-seeking behaviors were associated with higher levels of social support. However, this correlation coefficient is statistically insignificant, which indicates that the probability of finding a correlation coefficient of .09, is so common that the relationship between the two variables is a chance finding.

Indirect Social Support-Seeking Behaviors. Findings from a correlation analysis indicate a moderate negative correlation between indirect support-seeking behavior and social support, $r = -.44$, $n = 30$, $p = .01$. The negative correlation coefficient was statistically significant. As indirect support-seeking behavior increases, participants' social support decreases.

CHAPTER FIVE

DISCUSSION

This cross-sectional study gathered quantitative data from 30 individuals who are living with a chronic health condition to examine whether there was a relationship between support-seeking behaviors and levels of social support. There was a positive correlation between direct support-seeking behavior and social support and a negative relationship between indirect support-seeking behavior and social support. However, the former was statistically insignificant, but the latter was statistically significant. The findings from this study suggest that as indirect support-seeking behavior increases, the level of social support decreases. The findings also suggest that there is no relationship between direct support-seeking behavior and social support levels. The findings from this study partially supported our hypothesis that support-seeking behavior would be correlated with levels of social support.

The type of social support behaviors used by participants appeared to have different outcomes. Direct support-seeking behaviors may be more positively correlated, albeit weakly and insignificantly, with higher levels of social support whereas indirect support-seeking behaviors may be associated with a less responsive social support system. Findings from this study are consistent with existing studies that have examined the relationship between support-seeking behaviors and social support. In a study by Derlega et al. (2013), the researchers found that HIV-positive patients who reported direct support-seeking

behaviors were more likely to receive higher levels of social support from their peers. In a separate study, featuring Chinse and Americans, similar findings were reported in that participants who demonstrated confidence and directly asked for support reported higher levels of social support from friends and family (Mortenson, 2009).

A possible explanation as to why findings show a negative correlation between indirect support seeking behaviors and levels of social support can be due to participants not asking directly for help which makes it difficult for others to identify any problems or ways to help. Participant's might conceptualize this as their person not caring rather than using other forms of support seeking behaviors, making their levels of social support lower. Consequently, a possible explanation for no statistical significance in the association between direct support seeking behaviors and levels of social support can be due to participants were likely selectively healthier and with high levels social support regardless of how their social support seeking behaviors.

Limitations

This study has several limitations. First, small quantitative sample size may prevent the finding of statistical significance. Findings detected with the current sample size also have limited generalizability. Second, the original intent for this study was to gather data only from participants who have been diagnosed with chronic kidney disease. Due to recruitment challenges, participant eligibility was expanded to individuals with a chronic health condition making the findings

less likely to be generalized to the chronic kidney disease population. Third, other factors that may affect levels of social support, were not looked at. Last, due to the cross-sectional nature of this study, we cannot conclude causality that the participant's types of support-seeking behaviors caused the levels of social support. It is plausible that participants with higher levels of social support are more likely to directly seek social support.

Conclusion

This study investigated the relationship between support-seeking behaviors and levels of social support from a small sample of individuals living with chronic health conditions. The findings demonstrate the urgent need for interventions carried out by Social Workers to improve the levels of social support among CKD patients. Some promising steps toward enhancing Social Work interventions for this population include adding questions to initial assessment forms about how patients seek help from their support system. Also, for Social Workers to encourage patients to utilize more direct support-seeking behaviors to improve social support. And finally, for social workers to be more proactive in providing resources to improve patients' social support.

Given the challenges faced during the recruitment process, the study was left with a small sample size thus, replicating the research with a larger sample size and exclusively to CKD patients might bolster the statistical significance as well as a more generalizable finding to the population. Data to identify other

factors related to levels of social support such as mental health status, poverty, and treatment periods may also help strengthen the conclusion of the study.

APPENDIX A

IRB APPROVAL LETTER

January 11, 2023

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2023-157

Caroline Lim Ashley Padilla
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Caroline Lim Ashley Padilla:

Your application to use human subjects, titled "Examining the characteristics of Dialysis patients with high levels of support and those with low levels of support" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's COVID-19 Prevention Plan for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2023-157 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

King-To Yeung

King-To Yeung, Ph.D., IRB Chair
CSUSB Institutional Review Board

KY/MG

APPENDIX B

INFORMED CONSENT AND STUDY SURVEY

Social support among patients with chronic disease

Start of Block: Screening

Q1, I appreciate your interest in this study. The following questions pertain to the study's inclusion criteria. Please respond to all the questions to determine your eligibility to participate in this study.

Q2 Are you at least 18 years old?

- ○ Yes (2)

Q3 Are you currently diagnosed with a Chronic Disease?

- ○ Yes (2)

Q4 Please specify your Chronic Disease

_____

End of Block: Screening

Start of Block: informed consent

Q12 Informed Consent

The study in which you are being asked to participate is designed to investigate the

relationship between self-seeking behaviors and perceived levels of social support among patients with a Chronic Disease. This study is being conducted by Ashley Padilla, graduate student, under the supervision of Dr. Caroline Lim, Assistant Professor of Social Work, California State University, San Bernardino. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of this study is to gain an understanding of social support among Chronic Diseases. More specifically, this study will examine the relationship between support-seeking behaviors and levels of perceived social support among patients with a Chronic Disease.

DESCRIPTION: If you volunteer to participate in this study, you will be asked to provide information on yourself (e.g., ethnicity, age, marital status). You will also be invited to complete two self-administered surveys on perceived social support and support-seeking behaviors.

PARTICIPATION: Your participation is completely voluntary. You do not have to answer any questions you do not wish to answer. You may skip or not answer any questions. You can also freely withdraw from participation at any time. To do so, simply exit the survey. The alternative to participation is not to participate.

CONFIDENTIALITY: We will be gathering anonymous data. This means we will not collect any information that will identify you (e.g., your name, social security number, contact information, video recording). We will present findings from this study in group format only so that no results will be connected to a participant. We will protect the data against inappropriate access by restricting data access to authorized study personnel. We will store the data on computers or laptops secured with individual ID plus password protection. Additionally, the folder containing the data will be protected with a password known to authorized study personnel. We will destroy the data three years after the project has ended.

DURATION: Your participation in the study will last approximately 20 to 25 minutes. You will be asked to complete the survey only once.

RISKS: Some of the questions may make you feel uneasy or embarrassed. You may also provide sensitive and personal information. You can choose to skip or stop answering any questions that make you uncomfortable. You can also withdraw from participation at any time with no consequences. To do so, simply exit the survey.

BENEFITS: There are no direct benefits to the research participants. However, findings from this study have the potential to advance knowledge on the relationship between support-seeking behaviors and high and perceived levels of social support among dialysis patients.

CONTACT: If you have any questions or concerns about this research study, please contact Dr. Caroline Lim caroline.lim@csusb.edu or 909-537-5584. You can also contact the California State University, San Bernardino, Institutional Review Board at 909-537-7588.

RESULTS: After the completion and publication of the study, results can be found at California State University, San Bernardino, John M. Pfau Library (5500 University Parkway, San Bernardino, CA 92407; 909-537-5090/5091).

Q19 CONFIRMATION STATEMENT

- ○ I have read and understand the consent document and agree to participate in your study (1)

End of Block: informed consent

Start of Block: demographics

Q8 What is your age?

_____

Q21 What is your gender?

- ○ Female (1)
- ○ Male (2)
- ○ Non-binary/non-conforming (3)
- ○ Prefer not to respond (4)

Q9 What is your ethnicity?

- Caucasian (1)
- Black or African American (2)
- American Indian or Alaska Native (3)
- Asian (4)
- Native Hawaiian or Pacific Islander (5)
- Hispanic or Latino (6)
- other (7)

Q11 What is your marital status.

- Married (1)
- Single (2)
- Divorced or separated (3)

Q20 What is your living arrangement?

- Living alone (1)
- Living with family members (2)
- Living with non-family members (3)
- Other (4)

End of Block: demographics

Start of Block: support-seeking behaviors

Q13 For this section, I invite you to think about someone who you are close with to answer the following questions. When you need support for minor or major life events, including issues related to your Chronic Disease. How do you approach (person close to you) about your situation? Choose one number from each line.

Q14 Ask Items

	None of the time (1) (1)	A little of the time (2) (2)	Some of the time (3) (3)	Most of the time (4) (4)	All of the time (5) (5)
I tell my [close person] the specific details of my problems (1)	○	○	○	○	○
I ask my [close person] how I can best handle my problem (2)	○	○	○	○	○
I ask my [close person] for help with the problem (3)	○	○	○	○	○
I tell my [close person] the exact emotions I am experiencing because of this problem (4)	○	○	○	○	○

Q15 Cry Items

	None of the time (1) (1)	A little of the time (2) (2)	Some of the time (3) (3)	Most of the time (4) (4)	All of the time (5) (5)
I cry about the problem (1)	○	○	○	○	○
I try to get physically close to my [close person] to get them to know I am upset (2)	○	○	○	○	○
I pout to let my [close person] know how upset I am (3)	○	○	○	○	○
I look sadly at my [close person] when I am upset (4)	○	○	○	○	○

Q16 Hint Items

	None of the time (1) (1)	A little of the time (2) (2)	Some of the time (3) (3)	Most of the time (4) (4)	All of the time (5) (5)
I have a difficult time expressing the emotions I am feeling as a result of the problems (1)	○	○	○	○	○
I deny the seriousness of the problem (2)	○	○	○	○	○
I try not to talk about the problem (3)	○	○	○	○	○

Q17 Sigh Items:

	None of the time (1) (1)	A little of the time (2) (2)	Some of the time (3) (3)	Most of the time (4) (4)	All of the time (5) (5)
When my [close person] asks me what is bothering me, I move or look away from them (1)	○	○	○	○	○
I fidget a lot when I have a problem (2)	○	○	○	○	○
I sigh a lot when I have a problem (3)	○	○	○	○	○
I make sounds of irritation and move in an angry fashion when I am upset (4)	○	○	○	○	○

End of Block: support-seeking behaviors

Start of Block: perceived social supportL

	None of the time (1) (1)	A little of the time (2) (2)	Some of the time (3) (3)	Most of the time (4) (4)	All of the time (5) (5)
Someone to help you if you were confined to bed (1)	○	○	○	○	○
Someone you can count on to listen to you when you need to talk (2)	○	○	○	○	○
Someone to give you good advice about a crisis (3)	○	○	○	○	○
Someone to take you to the doctor if you needed (4)	○	○	○	○	○
Someone who shows you love and affection (5)	○	○	○	○	○
Someone to have a good time with (6)	○	○	○	○	○
Someone to give you information to help you understand a situation (7)	○	○	○	○	○
Someone to confide in or talk to about yourself or	○	○	○	○	○

your problems (8)					
Someone who hugs you (9)	○	○	○	○	○
Someone to get together with for relaxation (10)	○	○	○	○	○
Someone to prepare your meals if you were unable to do it yourself (11)	○	○	○	○	○
Someone whose advice you really want (12)	○	○	○	○	○
Someone to do things with to help you get your mind off things (13)	○	○	○	○	○
Someone to help with daily chores if you were sick (14)	○	○	○	○	○
Someone to share your most private worries and fears with (15)	○	○	○	○	○

Someone to turn to for suggestions about how to deal with a personal problem (16)	○	○	○	○	○
Someone to do something enjoyable with (17)	○	○	○	○	○
Someone who understands your problems (18)	○	○	○	○	○
Someone to love and make you feel wanted (19)	○	○	○	○	○

Support-seeking behavior survey items were retrieved from support seeking scale (Barbee et al., 2003).

Perceived social support survey items were retrieved from medical outcomes study (MOS) social support survey (Sherbourne & Stewart et al., 1991).

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