

suggested the use of support groups have their follow-up visits scheduled on a six-weekly (1), two-monthly (3), three-monthly (2), four-monthly (3) or six-monthly (2) basis.

TABLE 2
SUMMARY OF PARTICIPANTS' REASONS FOR NEEDING SUPPORT GROUPS
DURING SOCIAL WORK INTERVENTION WITH REFERENCE TO
THEORETICAL BENEFITS OF SUPPORT GROUPS

Areas of social work services according to literature	Participants' reasons for needing support groups	Benefits of support groups according to literature
Providing information (5 or 25%)	<ul style="list-style-type: none"> • To provide information regarding the operation and consequences in daily life • To discuss post-operative adaptation • To talk about uncertainties about the future • To listen to others who had a similar experience 	Providing information
Problem solving (5 or 25%)	<ul style="list-style-type: none"> • To compare oneself with others by sharing and discussing problems commonly experienced, including physical problems • To communicate with others • To experience support • To learn from patients who had their operation a longer time ago 	Problem solving
Contact with community resources (0 or 0%)	<ul style="list-style-type: none"> • None 	Not applicable
Support to the patient and family (4 or 20%)	<ul style="list-style-type: none"> • To offer opportunity to identify and share problems and feelings and to find possible solutions • To offer support when experiencing emotional problems • To share knowledge and empower families to cope with patients at home • To get patients together to talk and "share" a similar experience 	Social and psychological support
Promote rehabilitation (8 or 40%)	<ul style="list-style-type: none"> • To identify and discuss problems including post-operative adaptation • To give advice • To share the feeling of having the same experience • To think about what had been discussed in order to face challenges in daily life • To experience acceptance from others • To experience interest shown by hospital 	Promote rehabilitation
Social work intervention in the above areas will improve quality of life		Improvement of quality of life

Second, four (30.7%) of these participants who suggested the use of support groups had their surgery less than a year ago. Six (46.2%) participants' surgery was between one and five years ago and three (23.1%) participants had their surgery between five and eleven years ago. Graham (2004:130) stated that with time, patients may become used to their laryngectomy experience and underestimate their post-operative needs. On the other hand, one can expect newly-operated patients to be more aware of their need for support.

Third, five (38.5%) of these participants were female, in contrast with eight (61.5%) male patients. All the females (5 or 100%) suggested the instigation of support groups as part of social work intervention for this target group of patients and their relatives. Salva and Kallail (1989:300-301) found that male and female patients differ in their laryngectomy experience on the grounds of emotional and informational needs and lifestyle changes. Female patients will find help from family members and friends effective. They may also go outside the home for support more often than males, because they might not find their male spouses as supportive as hoped for.

Fourth, four of the five (80%) female participants were married, while the fifth one (20%) had separated from her husband prior to her diagnosis and treatment. Taking into account the marital status of both male and female participants who recommended the use of support groups in social work intervention, eight (61.5%) participants were married, while five (38.5%) were single (divorced, separated, or never been married). One would expect single patients to experience an increased need for support, as Mathieson, Stam and Scott (1991:153-154) stressed that spousal support can play an important role in encouraging the patient to return to his former levels of functioning. In the words of Salva and Kallail (1989:299), attitudes of the spouse and families "can make or break the patient". However, when the four married female participants described the effect of the operation on their marital and sexual relationships, two indicated that their marital relationship had improved since the operation – one participant acknowledged initial problems but did mention improvement, while the other participant mentioned that her marital relationship had not changed.

Additional remarks regarding the role of the social worker

Although all (20 or 100%) participants had been exposed to social work services, it was observed that participants did not always respond easily to questions regarding their opinion on the role of the social worker in rendering services to the laryngectomy patient and family, and in most cases needed time to think before responding. One explanation could be that in the majority (14 or 70%) of cases, surgery had been performed more than a year ago and patients had become used to their social circumstances. Presently, they were not necessarily exposed to social work services except for attending the support group during follow-up visits to the clinic. The follow-up visits may be scheduled on a six-monthly or yearly basis, whilst the other six (30%) participants had had their operation less than a year ago and were therefore still actively involved in social work services. Another possible explanation could be that it was difficult for participants to distinguish between the different levels of social work services. Assistance from the social worker was experienced as social work intervention, no matter what area of service delivery it represented.

Support and aftercare

Finally, participants' opinion on potential sources and quality of support currently being received, familiarity with other laryngectomy patients and the benefits or value of support groups were explored.

Sources and quality of support currently being received

Participants were asked to rate the quality of support currently being received according to a list of possible sources of support, which demonstrated the items possibly to be included in the laryngectomy patient's eco-map (Compton, Galaway & Cournoyer, 2005:352-353; Meyer & Mattaini, 1995:18-19; Tracy & Whittaker, 1990:461-470). Sources of support were selected from the model proposed by Richardson *et al.* (1989:283-292) and included support from family and friends; support from disease-specific peers (other patients who had a similar operation) and professionals (team members at the hospital), as well as from the researcher's personal experience in group sessions. Participants were asked to rate the quality of these sources of support as either *strong*, *poor* or *stressful*.

Support from parents (where applicable), from children in the home (where applicable), the church, other patients in the group, and team members at the hospital, was rated as hundred percent "strong" by all (20 or 100%) participants. This was followed by support from the spouse (91.7%), from children out of the home (92.9%), grandchildren (94.1%), and friends (95%), which was rated at almost hundred percent "strong". Support received from other family (16 or 80%) and community health centres (14 or 70%), although rated lower than the above, still received a high score.

Strong support from patients in the group as rated by participants, compared well with the opinion of Tracy and Whittaker (1990:461-462) that social support can either be provided informally and spontaneously through the natural helping networks of family and friends or through professional intervention. These support sources could support, weaken, substitute, or could be complementary to the help offered by professionals.

Various sources of support are seen as important contributors to the patient's recovery to meet the different demands of adaptation after surgery. These sources of support should be seen in combination with one another, as different types of support have their own unique qualities and benefits (Richardson *et al.*, 1989:284). Viewed from an ecological perspective, a person acts in relation to the various systems in his environment. These systems interact with one another in order for the patient to cope, survive or to compete for resources needed (Sheafor *et al.*, 2000:91). Laryngectomy patients therefore have to be seen in relation to various sources of support in their environment in their efforts to adapt to their changed circumstances.

Acquaintance with any other patients who have had the same operation

Only one-quarter (5 or 25%) of participants knew other laryngectomy patients. This corresponds well with the literature, which states that a laryngectomy experience can be regarded as a lonely experience as this operation is not often performed and patients seldom know other patients who have had such an operation (Renner, 1995:215; Ross, 2000:14). Lack of contact with other patients may result in not experiencing the potential benefits of support. Added to patients' loneliness may be reactions of withdrawal or isolation. These reactions intensify their need for support. For these participants, contact with other laryngectomy patients was not always beneficial, as Richardson *et al.* (1989:284) have warned.

Two of the five (40%) participants mentioned a negative experience in their contact with other laryngectomy patients because these patients did not maintain a sober lifestyle, which they experienced as demotivating:

He is of no help to me ... he continues his lifestyle and I continue with mine, he is a guy who still drinks.

More than half of these five (3 or 60%) participants rated their contact with other patients as positive as they benefited from sharing experiences, problems, practical hints and ideas. This finding corresponds with the literature (Murrills, 1975:55; Renner, 1995:219), which points out that the emotional trauma after an operation can best be understood by those sharing a similar experience. Ross (2000:20) also mentioned that the needs of laryngectomy patients and their relatives can best be understood by fellow patients. To observe other patients who are in the same position was also mentioned as being of help:

It is good, because then we can communicate about our problems or what to do with the problems.

It lets me feel good, it encourages me. When we are in contact with each other, then we can talk.

Description of the benefits or value of support groups

Support groups were rated by all (20 or 100%) participants as contributing largely towards problem solving, provision of information, promotion of rehabilitation, emotional and social support, and an improvement in their quality of life. Guidelines as used in the literature (Birkhaug, Aarstad, Aarstad, Olofsson, 2002:198; Graham, 2004:132-133; Richardson *et al.*, 1989:290-291) were used to identify possible benefits of support group attendances. These benefits corresponded well with the various roles of the social worker as discussed earlier, namely to provide information, to solve problems, to support patients and families, and to promote rehabilitation opportunities. Some of the participants' verbatim responses illustrate their personal experience of these benefits:

I would say that it is positive to listen to other people's problems in order to compare it with your own. Then we can share ... in general we are like a pool, we pool our problems in one bucket and then we sort it out.

To attend something like this is very informative because you can learn a lot from other people.

I don't think that I spoke as well as he did so soon ... you are inspired by others, you feel good.

It gives me a lot of courage, I told myself I give myself a year, and then it (the cancer) will possibly come back. But when I heard that one person was operated on eleven years ago, it helped me a lot.

When I leave the group I have the idea that I am not alone. It feels as if that person walks with me, alongside me, I feel as if he is continuously walking with me ... in my mind I am still with them, I do not forget them.

In the beginning when I was operated there was not a group. I longed to talk to someone about the operation. Later, when the group started, I could talk to people who have more experience than I have, and it gave me goals. Yes, I can also be like them. If they are better than I am, then I observe that I also can.

Themes for discussion represented educational (physical aspects such as diet, stoma care), speech rehabilitation (learning and practicing speech), social interaction (communication skills) and support counselling (to cope with daily situations and problem-solving) topics (Graham, 2004:131-133). All (20 or 100%) participants mentioned that all themes should be included in group discussions. Learning how to stop smoking and drinking was also included as a potential topic for group discussions. Eighteen (90%) participants agreed to include this as a possible topic for group discussions, while one (5%) participant was not sure and the other (1 or 5%)

participant disagreed, citing its sensitivity. Additional themes for discussion as suggested by participants included a discussion of family relationships and how to adapt to these relationships after surgery.

Additional remarks

The majority of participants described the quality of support currently being received from various sources as strongly beneficial. All (20 or 100%) participants evaluated their attendance of support groups also as strongly beneficial to themselves. These were representative of newly operated participants and those who had their operation a longer time ago, as the average time since surgery was three years and two months. It is important to note that all participants attended the support group as this was a condition for inclusion in the study. According to Salva and Kallail (1989:299), those involved in a support group had already demonstrated their positive post-operative adaptation, which could have had an effect on their positive responses.

DISCUSSION AND CONCLUSIONS

The role of the social worker as team member constitutes a valuable contribution towards the laryngectomy patient's rehabilitation needs, as the social worker serves the needs of the patient and family members, as noted by Casper and Colton (1998:50). An exploration of the laryngectomy patient's need for support in a hospital setting, showed that participants linked the various benefits of support groups in a positive manner with the various roles of the social worker, as described in the literature (Casper & Colton, 1998:50-51; Dhooper, 1985:225; Kaplan & Hurley, 1979:53; Kleinsasser, 1988:258; Ross, 1995:1371-1372). To fulfil these social work roles during social work intervention with the patient and his family, the social worker should ideally focus on the following aspects of service delivery:

First, with reference to the finding in the literature that an increasing number of younger people and females will be affected by a laryngectomy in future, social workers will then have to deal with a different type of demand for social support. More male persons of a younger age will in future be spouses of a laryngectomy patient and will therefore be one target group to benefit from social support.

Second, the unique context of the hospital setting offers an excellent opportunity to provide aftercare and support to laryngectomy patients attending the follow-up clinic on a regular basis, as it offers the laryngectomy patient the ideal chance to meet other laryngectomy patients. To this end, the social worker should be equipped with knowledge of the following aspects and use the following skills:

- Knowledge of the medical aspects of the etiological factors, diagnosis and treatment of cancer of the larynx;
- Use of this knowledge of the etiological factors of larynx cancer (substance abuse, especially smoking) to initiate community precaution programmes;
- Engage in multidisciplinary teamwork in order to meet laryngectomy patients' medical and rehabilitation requirements and their need for support;
- Focus on support services to laryngectomy patients and their families when attending the follow-up clinic at the hospital.

Third, laryngectomy patients and their relatives are in need of social work intervention on the following levels: provision of information, problem solving, contact with community resources, support to patients and families, and promotion of rehabilitation opportunities. Participants indicated that these services should either be offered on an individual level, family counselling

and/or the use of support groups. During social work intervention the social worker should rely on the following capacities inherent in the social work profession:

- Comfortable with and sensitive to personal feelings and experiences in dealing with cancer patients in general, and laryngectomy patients in particular;
- Knowledge of the patient's rehabilitation process in order to provide appropriate information – the use of pamphlets, and audio-visual aids are suggested;
- Capacity to assess and solve problems (practical or emotional);
- Knowledge of the ecological perspective and skills in the implementation of this perspective when rendering services to patients and families as they function within various ecological systems and interact with one another in order to cope or survive;
- Knowledge of and experience in the availability and mobilisation of community resources;
- Ability to offer support to patients, taking into account their physical, social and psychological needs;
- Potential to offer support to families of patients as the family is the closest system in which patients function; change in one of these systems will also affect the others;
- Expertise to participate actively in the patient's post-operative rehabilitation process.

Fourth, various sources of support contribute to best meet the different needs of laryngectomy patients. A laryngectomy can be regarded as a lonely experience as patients seldom know other patients in similar circumstances and most often have no one with whom to compare their situations. Support groups are indispensable in rendering support services to laryngectomy patients and their families, to which end the various roles of the social worker will be assumed in a creative way. The social worker should focus on the following areas of service delivery in order to meet these patients' need for support:

- Awareness of the various potential sources of support and professional skills to mobilise them;
- Knowledge of the theoretical departure points of the ecological perspective which describes the functioning of a person in relation to his environment;
- An innovative approach in using support offered by team members and other laryngectomy patients in a hospital setting when offering social support to laryngectomy patients and their families;
- The use of support groups as part of a holistic treatment approach to serve patients' and their relatives' need for support.

RECOMMENDATION

In view of the results of this exploratory and descriptive investigation, it is suggested that further research should focus on the development of social work programmes for healthcare professionals. This may contribute towards professionals' knowledge of, and insight into, offering appropriate support services to best meet these patients' need for support, because the person who has undergone a laryngectomy usually feels isolated as the community is not always sufficiently prepared to adequately address their needs.

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