Perceived Social Support and Family Meeting Attendance Preferences Among Family Medicine Outpatients

Frederic C. Craigie, Jr, PhD, and Daniel L. Meyer, PhD
Augusta, Maine

Although there is much social science literature about social support, relatively little is known about the extent and sources of support that family medicine patients perceive to be available to them. A questionnaire requesting ratings of perceived informational, instrumental, emotional, and crisis support in a variety of relationships was administered to 101 family practice center outpatients. Results indicated strong perceptions of available support overall, with highest levels perceived from partners and parents. Notably, however, strong support was also perceived from extrafamilial sources, surpassing that of other categories of biological relatives. Levels of perceived support from particular people also varied according to type of support being rated. Finally, patients expressed strong preferences for inviting both immediate family members and supportive extrafamilial persons to hospital meetings with physicians to discuss serious medical problems. Results are consistent with a multifactorial model of social support and suggest that physicians should take a broad social systems perspective in assessing patient resources and negotiating attendance at family meetings. **J Fam Pract 1990; 31:65-68.**

Social scientists have extensively studied the concept of social support—the provision of affirmation, encouragement, and assistance in interpersonal relationships—and have developed a number of instruments to measure it.[1-4] While the concept has intuitive appeal to family physicians who work with families in their daily practice, relatively little empirical study of social support has appeared in the clinical family medicine literature.

In particular, the question of which individuals or groups are perceived as being supportive by family practice patients remains largely unanswered. The small number of relevant family medicine studies have instead focused on the influence of global measures of social support (ie, lumping together perceived support from a variety of relationships)[5,6] or have focused on the complementary question of perceived social support from specific sources (primarily social agencies) from the physician's point of view.[7,8]

A single study has measured family practice patient perceptions of social support of different kinds in particular relationships. In a sample of family practice obstetric patients, Williamson and English[9] found fairly high levels of perceived emotional, technical, and financial support reported by husbands and wives across relationships with family, friends, physician and staff, childbirth classes, and churches.

Patient perceptions of social support are particularly important in view of the growing empirical literature on the potentially positive role of family conferences in family practice settings.[10-13] While the term *family conference* may imply that attendees at such meetings will most typically be immediate family members, it remains to be seen whether family practice patients would choose to invite the participation of other supportive people in some circumstances.

The present survey was designed to extend the Williamson and English[9] study by measuring social support as perceived by all family practice patients (ie, without diagnostic limitations) and by expanding and clarifying

Submitted October 19, 1989.

From the Maine-Dartmouth Family Practice Residency, Augusta, Maine. Requests for reprints may be addressed to Frederic C. Craigie, Jr, PhD Maine-Dartmouth Family Practice Residency, 12 E Chestnut St, Augusta, ME 04330.

TABLE 1. MEAN RATINGS AND RANKINGS OF EXTENT OF SUPPORT AVAILABLE FROM DIFFERENT CATEGORIES OF SOCIAL RELATIONSHIPS AS PERCEIVED BY PATIENTS

	Dimensions of Social Support							
	Advice and Information		Instrumental Assistance		Caring and Support		Crisis Support	
Relationship Category*	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
Grandparents (43)	2.41	8	2.06	6	3.22	7	3.23	8
Parents (79)	3.25	3	2.91	3	3.75	1	3.82	1
Spouse or partner (76)	3.40	1	3.28	1	3.63	2	3.76	2
Siblings (85)	2.63	6	2.15	5	3.24	6	3.55	4
Children (70)	2.52	7	1.57	7	3.55	3	3.63	3
Physician (85)	3.23	4	1.20	10	3.19	8	3.45	5
Friends (94)	2.99	5	2.48	4	3.33	5	3.39	6
Clergy (63)	2.19	9	1.32	8	2.33	9	2.73	9
Social service (46)	2.16	10	1.23	9	2.24	10	2.12	10
Other (12)	3.27	2	3.09	2	3.54	4	3.25	7

** Number in parentheses indicates the number of respondents reporting available support in each category.*

categories of support. It was also intended to determine patient preferences about people who should be invited to family meetings.

METHODS

A social support questionnaire was administered by two undergraduate research assistants to any available and willing adult outpatients during a 1-month period at the model family practice center of the Maine-Dartmouth Family Practice Residency. Three dimensions of support common to most studies were evaluated: information and advice, instrumental help and assistance (financial help, transportation, etc), and emotional support and caring. Patients were asked to rate on a four-point scale (not at all, a little, some, a lot) the extent to which they received support in each of these areas from 10 categories of potentially helpful other people: grandparents, parents, spouse or partner, siblings, children, friends, physicians, clergy, social service workers, and others. For each category, patients could optionally indicate whether there were "no such people" (eg, no grandparents, no clergy) in their lives. They were also asked to rate how much each would care about and support them in a serious illness or other crisis. In addition, patients used a three-point scale (not at all, maybe, definitely) to indicate whether each category of person should be invited to attend a meeting with the physician during hospitalization for a serious medical problem.

RESULTS

Of 108 patients approached, 101 agreed to participate. The principal reasons for refusal were lack of time and poor reading ability. Patients' mean age was 33 years, with a range of 16 to 75 years. Percentages of respondents in each decade of life were 16 to 20 years, 16%; 21 to 30 years, 39%; 31 to 40 years, 21%; 41 to 50 years, 10%; 51 to 60 years, 7%; 61 years and older, 8%. Thirty of the 101 patients were male. Participants reported an average household size of 3.2 people.

Mean ratings and rankings for each support dimension and category of person are presented in Table 1. Most respondents reported that they had parents (79%), partner or spouse (76%), siblings (85%), and friends (90%); fewer had clergy (63%), social service workers (46%), grandparents (43%), and other persons (12%) available to them. When available, spouses or partners and parents were perceived to provide the highest levels of support overall, with social service professionals providing the lowest levels. Interestingly, those respondents who identified "other" persons rated them very highly, with an average ranking in the top four categories for three of four dimensions of support. It should be noted, however, that individual patients reported a variety of patterns in levels of perceived support across different sources. In addition, each category of support person received high ratings from at least some patients.

Because all patients did not have all sources of support available to them, statistical analysis of the mean responses or their ranks is inappropriate. Nevertheless, rankings of support sources were found to change depending on the dimension of support under consideration (Table 1). In some individual cases, differences were large. Physicians, for instance, were rated fourth in terms of information and advice, but last in terms of tangible assistance.

The comparison of average ratings across dimensions indicates that patients perceived highest levels of available

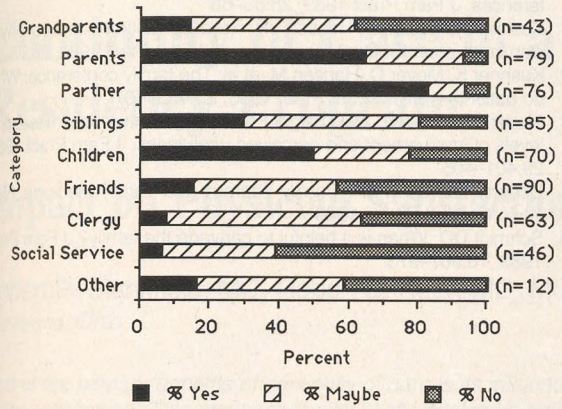

Figure 1. Patients' preferences for attendees at family conferences (n = number of patients responding in category).

support in crisis situations (mean = 3.29) and in the caring dimension of support (mean = 3.20). Lower average levels of available support were reported for information (mean = 2.80) and tangible assistance (mean = 2.13).

Data about categories of people whom patients would choose to invite to a hospital meeting with their physician to discuss a serious medical problem support the concept of family meetings as an important part of medical care in family practice. As may be seen in Figure 1, 83% of patients with a spouse or partner definitely wanted that person to attend, and appreciable numbers of patients expressed the same preference about parents (65%), children (50%), and siblings (29%). Moreover, patients expressed a fair amount of support for the inclusion of persons other than family members: friends (15% yes, 41% maybe), clergy (8% yes, 56% maybe), social service workers (7% yes, 33% maybe) and "other" (17% yes, 42% maybe).

DISCUSSION

Absolute levels of ratings suggest that the family practice outpatients in this study perceive considerable support available in a variety of relationships. Not surprisingly in this relatively young population, the strongest overall support is perceived to be available in relationships with partners and parents.

It is noteworthy, however, that considerable support is perceived in relationships outside the immediate family. Such support is clearly reflected in the strong showing of "other" in comparison to relationships with biological family members. A number of individuals singled out relationships with in-laws, co-workers, supervisors, fellow church members, co-participants in self-help groups, and a variety of professional people (public health nurses, Head Start teachers, etc) as providing appreciable support across all four support dimensions. Similarly, subsets of patients rated significant support from the three listed categories of professionals: physicians, clergy, and social service workers. This indication of the strength and breadth of extrafamilial support underscores the importance to family physicians of taking a broad systems perspective in thinking about patients and families and in recording information (eg, in the use of genograms) about significant relationships.

There were also some notable differences in patient ratings across the four dimensions of social support. Different categories of people varied considerably in patients' ratings of their support in terms of providing information and advice, tangible assistance, emotional support and caring, and overall support in crisis situations. These findings reinforce the idea of social support as a multifactorial concept, so that researchers and clinicians need to ask not only which persons are perceived as being supportive, but also which persons are supportive in which ways.

In parallel with data on the breadth of perceived overall support, data on hospital conferences with the physician suggest that patients may be inclined to invite participation from people outside their immediate families. Although these findings certainly should be viewed as preliminary, physicians may wish to encourage the involvement of such "other" people at family meetings and perhaps to address the issue of attendance with patients prior to meetings in an explicit and careful way.

The particular findings obtained in this study, of course, might be specific to this population of relatively healthy, young patients in an early-family life cycle. It remains to be seen whether these results would generalize to less healthy or older groups, who may tend to have smaller social networks and who may be facing situations of crisis or hospitalization in a more immediate way. In fact, a similar investigation of perceived social support and meeting attendance preferences may be appropriate with more narrowly defined and more seriously ill populations, perhaps using published frameworks for indications for family meetings[14,15] as a guide.

References

1. Schaefer C, Coyne JC, Lazarus RS: The health-related functions of social support. J Behav Med 1981; 4:381–404
2. Bruhn JG, Philips BU: Measuring social support: A synthesis of current approaches. J Behav Med 1984; 7:151–169
3. Campbell TL: Family's impact on health: A critical review. Fam Syst Med 1986; 4:135–328

4. Heitzmann CA, Kaplan RM: Assessment of methods for measuring social support. Health Psychol 1988; 7:75–109
5. McKay DA, Blake RL Jr, Colwill JM, et al: Social supports and stress as predictors of illness. J Fam Pract 1985; 20:575–581
6. Blake RL Jr, McKay DA: A single-item measure of social supports as a predictor of morbidity. J Fam Pract 1986; 22:82–84
7. Moore JT, Fillenbaum GG: Change in functional disability of geriatric patients in a family medicine program: Implications for patient care. J Fam Pract 1981; 12:59–66
8. Yeo G, McGann L: Utilization by family physicians of support services for elderly patients. J Fam Pract 1986; 22:431–434
9. Williamson P, English EC: Stress and coping in first pregnancy: Couple-family physician interaction. J Fam Pract 1981; 13:629–635
10. Kushner K, Meyer D: Family physicians' perceptions of family conferences. J Fam Pract 1989; 28:65–68
11. Kushner K, Meyer D, Hansen JP: Patients' attitudes toward physician involvement in family conferences. J Fam Pract 1989; 28:73–78
12. Kushner K, Meyer D, Hansen M, et al: The family conference: What do patients want? J Fam Pract 1986; 23:463–467
13. Meyer DL, Schneid JA, Craigie FC: Family conferences: Reasons, levels of involvement and perceived usefulness. J Fam Pract 1989; 29:401–405
14. Doherty WJ, Baird MA: Family Therapy and Family Medicine. New York, Guilford Press, 1983
15. Schmidt DD: When is it helpful to convene the family? J Fam Pract 1983; 16:967–973