

Social support perceived by the patient in home recovery

Apoio social percebido pelo paciente em recuperação domiciliar

Apoyo social percibido por el paciente en recuperación domiciliaria

Karen Dayana Chasi Morocho

<https://orcid.org/0000-0001-9310-9862>

Graduate Researcher, Faculty of Health Sciences. Technical University of Ambato, Ecuador
mchasi9559@uta.edu.ec (correspondence)

Fabiola Beatriz Chasillacta Amores

<https://orcid.org/0000-0002-5089-0107>

University Professor, Faculty of Health Sciences. Technical University of Ambato, Ecuador
fb.chasillacta@uta.edu.ec

ABSTRACT

Background: Family and extrafamilial participation is the support provided to people in a state of vulnerability, therefore, recovery after hospital discharge tends to be the responsibility of individuals close to the environment, facilitating the recovery stage, allowing the commitment of family and close friends, and preventing hospital readmission; **Methods:** A quantitative, non-experimental design, cross-sectional and descriptive research was developed, which consisted of patients discharged from the Hospital Municipal Nuestra Señora de La Merced in the quarter August - October 2023, to whom the MOS questionnaire of social support was applied; **Results:** Female gender predominated in the study by 51%, with ages ranging from 18 to 30 years in 36%; in the whole sample predominates the MEDIUM range with 63% in social support index, 65% in emotional support, 63% in material support, 60% in positive social interaction and 42% in affective support; **Conclusions:** The support given to people during their recovery at home influences the progress of recovery, therefore, consideration and understanding in them is important; a large percentage of respondents receive good support from their family and friends in their recovery process at home.

Keywords: social support; patient; home recovery; MOS questionnaire.

RESUMO

Contexto: A participação familiar e extrafamiliar é o suporte fornecido às pessoas em estado de vulnerabilidade, portanto, a recuperação após a alta hospitalar tende a ser de responsabilidade de indivíduos próximos ao ambiente, facilitando a etapa de recuperação, permitindo o comprometimento de familiares e amigos próximos e evitando a reinternação hospitalar; **Métodos:** Foi desenvolvida uma pesquisa quantitativa, de desenho não experimental, transversal e descritiva, que consistiu em pacientes que receberam alta do Hospital Municipal Nuestra Señora de La Merced no trimestre de agosto a outubro de 2023, aos quais foi aplicado o questionário MOS de apoio social; **Resultados:** O gênero feminino predominou no estudo em 51%, com idades entre 18 e 30 anos em 36%; em toda a amostra predomina a faixa MÉDIA com 63% no índice de suporte social, 65% no suporte emocional, 63% no suporte material, 60% na interação social positiva e 42% no suporte afetivo; **Conclusões:** O apoio dado às pessoas durante sua recuperação em casa influencia o progresso da recuperação, portanto, a consideração e a compreensão delas é importante; uma grande porcentagem dos entrevistados recebe um bom apoio de sua família e amigos em seu processo de recuperação em casa.

Palavras-chave: apoio social; paciente; recuperação domiciliar; questionário MOS.

RESUMEN

Antecedentes: La participación familiar y extrafamiliar es el apoyo brindado a personas en estado de vulnerabilidad, por ende, la recuperación tras el alta hospitalaria tiende a ser responsabilidad de los individuos cercanos al entorno, facilitando la etapa de recuperación, permitiendo el compromiso de familiares y amigos cercanos, y previniendo el reingreso hospitalario; **Métodos:** Se desarrolló una investigación cuantitativa, de diseño no experimental, transversal y con alcance descriptivo, la misma que estuvo conformada por pacientes dados de alta del Hospital Municipal Nuestra Señora de La Merced en el trimestre agosto - octubre del 2023, a los cuales se les aplicó el cuestionario MOS de apoyo social; **Resultados:** El género femenino predominó en el estudio en un 51%, con edades comprendidas entre los 18 a 30 años en un 36%; en toda la muestra predomina el rango MEDIO con un 63% en índice de apoyo social, el 65% en apoyo emocional, el 63% en apoyo material, el 60% en interacción social positiva y un 42% en apoyo afectivo; **Conclusiones:** El apoyo brindado a las personas durante su recuperación domiciliaria influye en el progreso de la recuperación, por lo tanto, es importante la consideración y comprensión en ellos; un gran porcentaje de encuestados reciben un buen apoyo de sus familiares y amigos en su proceso de recuperación en el domicilio.

Palabras clave: apoyo social; paciente; recuperación domiciliar; cuestionario MOS.

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This study offers valuable discussion on the underexplored dynamics of social support in home recovery, offering insights for improving patient outcomes and optimizing healthcare resources. These findings can serve to assist decision makers in the formulation of future public policies aimed at the health system.

Originality/value:

This study present original empirical evidence understanding the social support dynamics post-hospital discharge, providing relevant insights for optimizing patient care strategies and healthcare resource allocation.

INTRODUCTION

Family and extra-family participation is the support provided to people in a state of vulnerability, therefore, recovery after hospital discharge tends to be the responsibility of those closest to the environment, facilitating the recovery stage, allowing the commitment of family and close friends, and preventing hospital readmission (Barragán et al., 2018). According to the National Institute of Statistics and Censuses (2023), for the year 2022, around 1,130,603 hospital discharges were registered in Ecuador, with 37.4% discharges being men and 62.6% being women; The provinces with the most discharge records are Guayas with 23.9% and Pichincha with 21.0%; Among the health entities divided into sectors, the public sector had 64.5%, private for-profit entities with 27.8% and private non-profit entities with 7.8% of expenditures respectively.

It should be noted that patient recovery is a stage of change, since people improve their health and well-being compared to how they were before or during their hospital stay; Most can lead an autonomous life so as not to depend on a caregiver and reach their full potential, although others can become totally dependent on family and friends close to them (Agrest & Druetta, 2020).

The family, in addition to being the main cell of society, is classified as a space of belonging, acceptance, conflict, tension, memories, learning and construction of who we are in our personal and interpersonal space (Scorsolini, 2022). According to the WHO (2019), the family is defined as all those members who have some type of relationship, whether by blood, adoption or marriage; It contains aspects very attached to the quality of life by fulfilling roles for the care of its members, provoking patterns and habits that can protect health or cause illness.

Likewise, the family and the environment constitute a fundamental part so that the care that has been carried out on the patient while he was in the hospital continues effectively to improve his recovery since, being close people, they have the opportunity to have the patient's trust for their care at home (Budnich & Sastre, 2020); Such participation must be in accordance with the patient's autonomy to decide who will be responsible for his or her care, or in turn, apply strategies that allow a prompt recovery (Buedo & Salas, 2019).

There are cases in which some discharged patients may suffer from post-hospitalization syndrome, since in subsequent days they may be at general risk of suffering adverse health events caused by the physical and mental stress that comes with staying in a hospital, for the same reason. , care must begin strictly from the patient's stay in the health facility until later at home (Caraballo et al., 2019). Discharge education entails the teaching-learning binomial in accordance with the needs of the discharged patient and his family. Thus, these guidelines must be applied long before the patient is in the process of being discharged from the hospital, as it seeks to strengthen the aptitude in self-care, both of their family members or close friends who will act as caregivers at home (Silva et al., 2018).

Based on the research carried out in Mexico on people with cardiovascular pathologies about social support assessed through the MOS questionnaire, it was shown that it contains great validity by demonstrating the great need to receive support from those closest to the environment to cope with the situation. disease (Herrera et al., 2021). In Peru, a research carried out on caregivers of patients with peritoneal dialysis stated that their participation in said procedures contributed to creating a special patient-family connection, especially if the caregiver was their mother; Furthermore, the patients felt strengthened by seeing that their other family members participated in their care (Ulco et al., 2022).

Likewise, family participation in improving health in people with high blood pressure investigated in the Quero Canton, Ambato city located in Ecuador, it was shown that 4 out of every 10 people interviewed have a normal life functionality, while 5 out of 10 people showed a high improvement in health; These results are a consequence of the participation that their families had and the support to cope with the disease (Bayas & Guachambala, 2020).

The omission of care and little training in health education create consequences for the patient such as errors in medication administration, falls, infections, readmissions to the hospital or even death (Lima et al., 2020). Often, family members and friends share or divide care responsibilities when a loved one is too vulnerable to manage their life and daily activities on their own. Therefore, teaching the patient and family about the health condition and their respective care after hospital discharge has shown greater adherence to treatment, commitment to care, and prevention of adverse events or possible complications (Dimas et al., 2022).

Over time, it has been proven that the family plays a fundamental role in the care of their sick relatives, whether at the time of making decisions or applying specific care, adding the great emotional and social need that is felt by having remained hospitalized. Support and comfort to the patient and their families should be considered a fundamental goal in Nursing, where confidence is promoted to face the disease and the relief of suffering, the sole purpose being to achieve a more comfortable and humanized health system; For these reasons, this study aims to analyze the social support perceived by the patient in home recovery.

METHODOLOGY

A quantitative research was carried out, with a non-experimental, transversal design and with a descriptive scope (Castañeda, 2022); which was made up of patients discharged from the Nuestra Señora de La Merced Municipal Hospital, located in Ambato, province of Tungurahua, Ecuador taking into account participants corresponding to the August-October 2023 quarter. As selection criteria, those who decided not to participate, those with cognitive disorders and people who do not know how to read or write were excluded.

The technique used was to use surveys using the Medical Outcomes Study (MOS) questionnaire developed by Sherbourne and Stewart, which allows knowing the dimensions of emotional, instrumental, affective support and positive social interaction (de la Revilla, 2014). The questionnaire consists of 20 questions, the first assesses quantitative social support based on two dimensions of the social network: composition and size, taking into account relationship, and the number of people respectively; while the following 19 questions are measured with a Likert scale, scoring from 1 to 5 (never to always), which yield values of maximum, minimum or medium, therefore, to assess the dimension of global social support, Taking all questions into account, for emotional support items 3, 4, 8, 9, 13, 16, 17 and 19 are considered; for material support on the 2nd, 5th, 12th and 15th; for positive social interaction items 7, 11, 14 and 18, and for emotional support items 6, 10 and 20; Furthermore, it is important to emphasize that this questionnaire has a Cronbach's alpha of 0.9, which demonstrates its great reliability (Zanini et al., 2018). Data analysis and processing was done using the Excel program, which allowed the preparation of tables with descriptive statistics based on the results.

In addition, ethical aspects were taken into consideration based on the Declaration of Helsinki, which promotes the use of ethical principles for medical research on human beings, including the magnitude of protecting the autonomy, dignity, privacy and confidentiality of people, prior to informed consent for the subsequent use of the results obtained.

RESULTS AND DISCUSSION

A total of 105 people in home recovery were surveyed, of which it was evident that 49% are male, while 51% are female. There is a predominance of people aged 18 to 30 years with a percentage of 36%, followed by 25% of respondents aged 41 to 50 years. Regarding marital status, single people predominated with 48%, followed by 35% of married people, 12% of people in a common law union and 5% divorced. Likewise, it is evident that 100% of the respondents are of Ecuadorian nationality.

Table 1. Sociodemographic data

Sex	N	Percentage
Male	51	49%
Female	54	51%
	Total	105
		100%
Age	Count	Percentage
18 a 30 years	38	36%
31 a 40 years	21	20%
41 a 50 years	26	25%
51 a 60 years	13	12%
61 years onwards	7	7%
	Total	105
		100%
Civil status	Count	Percentage
Single	50	48%
Married	37	35%
Divorced	5	5%
Widower	0	0%
Common-law	13	12%
	Total	105
		100%
Nationality	Count	Percentage
Ecuadorian	105	100%
Other	0	0%
	Total	105
		100%

Source: Sociodemographic questions of the questionnaire applied

Table 2 shows that the social support index in the entire sample predominates with 63% corresponding to the MEDIUM range, followed by 32% corresponding to MAXIMUM and 5% in the MINIMUM range. For its part, in the subcategory of emotional support, 65% corresponding to the MEDIUM range predominate, including material support, positive social interaction and emotional support with 63%, 60% and 50% in the same range respectively.

Table 2. Perceptions of Manufacturing SMEs in Canton Guaranda: Competitiveness, Economic Impact, and Communication

Parameter	Range	Count	Percentage
Social support index	Maximum	34	32%
	Medium	66	63%
	Minimum	5	5%
	Total	105	100%
Emotional Support	Maximum	31	30%
	Medium	68	65%
	Minimum	6	6%
	Total	105	100%
Material Support	Maximum	24	23%
	Medium	66	63%
	Minimum	15	14%
	Total	105	100%
Positive social interaction	Maximum	33	31%
	Medium	63	60%
	Minimum	9	9%
	Total	105	100%
Affective Support	Maximum	44	42%
	Medium	53	50%
	Minimum	8	8%
	Total	105	100%

Source: Medical Outcomes Study (MOS) Questionnaire

In this study, the female gender predominated by 51%, with ages ranging from 18 to 30 years in 36%, being the youngest age group in this investigative work. Furthermore, 48% of the sample are single, and it is appropriate to emphasize that the majority of the population studied does not have a partner as social support per se. In accordance with Hernández et al. (2019), Having a romantic partner has shown better accompaniment and support, constituting an emotional strength for the person; Therefore, it is shown that the support provided by the romantic partner in the daily environment is essential, especially when listening to day-to-day problems since there is a decrease in negative emotions such as nervousness and stress, improving feelings of self-confidence and self-efficacy to cope with the current health condition; However, based on the results of the study, this is shown to be optional and not totally necessary for all respondents. A similar result was found in a study, in which marital status is not considered an influential factor in the perception of support that the participants of said research had, since it can be stated that the person may have more time to carry out carry out his rehabilitation and not have any type of family or sentimental responsibility (Olmedo et al., 2020).

For their part, the majority of those surveyed in this research perceive social support at a medium level, that is, they consider that the care and support received from both their family and friends is acceptable, it is not maximum support but they perceive emotional support and emotional through demonstrations of understanding and love, the existence of a support network and feeling loved; The same happens with material support during collaboration in certain activities that cannot be carried out autonomously, such as preparing their own food; and positive social interaction by having people with whom they can meet, entertain themselves and share good times.

Similar results were found in the investigation of Flores (2022), in which the percentages obtained demonstrate that people perceive an average level of global social support and the subcategories that make up the MOS questionnaire in terms of affective, emotional, material and interactive support. It is necessary to highlight the type of influence that family participation causes in the recovery stage, as in the results of Velázquez & Cevallos (2020), in which 100% of those investigated expressed that the participation of the people closest to them It helps them feel supported and maintain good communication, as it allows them to transmit ideas and information appropriate for recovery. The same way, Cedeño et al.

(2019) It shows that the family intervenes in an active and transcendental way for patients to adhere to treatment, including pharmacology and lifestyle habits, which is why family support is the fundamental axis to motivate the person in their treatment. For their part, Pino et al., suggests that the intervention of the family, the social circle, among others, are closely related to the acceptance phase, consequently, strategies that improve the living condition are promoted and strengthened, addressing the care and demands of these vulnerable people (2019).

CONCLUSIONS

The care of patients in hospital services does not end at the time of their discharge from the hospital. It is also important to take into account the type of care and attention they receive from family and friends during their home recovery, therefore, knowing their perspective on The support they receive from those closest to them should be an important issue in the area of health, where family and extra-family participation is promoted; Consequently, the population should be encouraged to have consideration and understanding of those people who need support and care in their recovery.

This study shows that a large percentage of those surveyed receive important support from their family and friends in their recovery process at home; It is important to emphasize that this promotes a prompt and effective recovery, coinciding with similar studies on the advantages provided by family and extra-familial participation during this stage.

Although the knowledge provided by this research is valuable, it is important to emphasize the limitations that appeared along the way; One of them was the little or no information to contact several of the participants, since the exact address of where they were located was only by the name of the city, likewise the telephone number of some was wrong and it was not possible to locate them. Another limitation depended on the honesty and accuracy of the answers that the participants provided, as they may respond in a way that is socially acceptable instead of exposing their true perspective about the support they have received in that state of vulnerability.

The occupations and responsibilities that those who participate as caregivers of their sick family members in home recovery have, including the limitation of time or inadequate distribution of their activities, can trigger external problems that affect the lifestyle of these people, so it would be part of a future study on the consequences that this caused on physical, psychological and mental health when applying their role as caregivers.

Main limitations of the study and future research

Despite the valuable insights from this research, some limitations were encountered. Firstly, there were challenges in contacting and locating participants, as some provided insufficient or incorrect contact information. This limitation delayed the purpose of obtain data from all intended participants, affecting overall the representation of the complete population under study. Additionally, reliance on self-reported data introduces the possibility of response bias, where participants may provide socially desirable answers rather than their true perspectives. Moreover, the study primarily focused on the perspectives of discharged patients, overlooking the viewpoints of caregivers and other family members who play crucial roles in the home recovery process. Future research should prioritize investigating the multifaceted experiences of caregivers in the home recovery setting, particularly focusing on the burden they may experience and the factors influencing their resilience. The Table 3 presents a proposal of research agenda for future studies with relevant variables and suggested methodological approaches.

Table 3 Future research agenda proposal

Variable	Context	Methods	Approach
Caregiver burden	Home care settings	Qualitative interviews or surveys	Phenomenological approach
Resilience	Chronic illness	Longitudinal observational study	Mixed methods approach
Social support	Cultural context	Cross-cultural comparative analysis	Quantitative approach

Note. Own author elaboration

The causal relationships between variables are not completely clear, but different contexts such as home care, hospital care, and even cultural particularities can undoubtedly be highly relevant elements to new research. Furthermore, combining different methodological approaches can also enrich the results, since not only the quantitative can offer details but rather generalities or macro-trends. By addressing these research agendas, future studies can contribute to enhancing support systems and interventions aimed at promoting the well-being of patients and their caregivers in the home recovery process.

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