



The Relationship Between Life Satisfaction and Spouse Support in Women with Multiple Sclerosis

Multiple Skleroz'lu Kadınlarda Yaşam Doyumu ve Eş Desteği İlişkisi

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ABSTRACT

Objective: This research aims to define the correlation between life satisfaction and spouse support of women receiving multiple sclerosis (MS) treatment.

Methods: The sample of the descriptive study consisted of 185 patients who applied to the neurology service and outpatient clinics of a university hospital between November 2018 and May 2019. Data was pooled with definitive data sheets for life satisfaction scale and spouse support scale. Correlation and regression analyses has been used for data analysis and percentile calculations.

Results: Data show that 35.7% of the participants were diagnosed with MS for 1-5 years and 50.3% receive care support and 13.5% use ancillary device. Average life satisfaction scale score is found as 16.40±5.13 and spouse support scale score average as 66.37±15.10. There is high correlation in positive direction between average life satisfaction scale and spouse support scale scores ($p<0.01$).

Conclusion: Women diagnosed with MS need huge support to fulfill their daily tasks. The physical and social support coming from their environment positively affects their treatment process. In this process, the importance of spousal support in coping with the disease should be explained to the spouses of the patients, and the life satisfaction of the patients should be tried to be increased with the trainings to be given.

Keywords: Multiple sclerosis, life satisfaction, spouse support

ÖZ

Amaç: Bu araştırma, multiple skleroz (MS) hastalığı nedeniyle tedavi gören kadınların yaşam doyumu ve eş desteğini arasındaki ilişkiyi belirlemek amacıyla gerçekleştirilmiştir.

Yöntem: Tanımlayıcı tipteki çalışmanın örneklemini, Kasım 2018-Mayıs 2019 tarihleri arasında, bir üniversite hastanesinin nöroloji servisi ve polikliniklerine başvuran 185 hasta oluşturmuştur. Veriler, tanımlayıcı veri formu, yaşam doyum ölçeği ve eş desteği ölçeği ile elde edilmiştir. Verilerin değerlendirilmesinde, sayı yüzdeler hesaplamaları, pearson korelasyon ve lineer regresyon analizi kullanılmıştır.

Bulgular: Kadınların %35,7'sinin 1-5 yıldır MS hastası olduğu ve %50,3'ünün bakım desteği aldığı saptanmıştır. Katılımcıların yaşam doyum ölçeği puan ortalaması 16,40±5,13 ve eş desteği ölçeği puan ortalaması 66,37±15,10 olarak bulunmuştur. Katılımcıların yaşam doyum ölçeği ile eş desteği ölçeği puan ortalaması arasında pozitif yönde yüksek düzeyde ilişki saptanmıştır ($p<0,01$).

Sonuç: MS hastası olan kadınların günlük işlerini yerine getirmekte desteğe ihtiyaçları vardır. Çevrelerinden aldıkları fiziksel ve sosyal destek tedavi süreçlerini olumlu yönde etkilemektedir. Bu süreçte, hastaların eşlerine hastalıkla baş etmede eş desteğinin önemi anlatılmalı ve verilecek eğitimler ile hastalarının yaşam doyumu artırılmaya çalışılmalıdır.

Anahtar Sözcükler: Multiple skleroz, yaşam doyumu, eş desteği

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Introduction

Multiple sclerosis (MS) is an immune-derived, chronic, inflammatory and demyelinating disease, mostly seen in young adults, characterized by myelin sheath damage in the central nervous system, which can progress with periods of attack and remission, and can be progressive. MS is usually detected between the ages of 20 and 40, but less than 1% occurs in childhood and about 2% to 10% after the age of 50. This pathological condition affects women more than men (gender ratio 2.5: 1) and although the prevalence of the disease varies according to the geographical region, it is given as 120 per 100,000 people. Although the etiology of MS is not clear, it can be considered as a multifactorial disease and includes a genetic predisposition together with environmental effects (1,2).

MS, which was diagnosed in 2.1 million people in the world in 2008, was estimated to reach 2.3 million in 2013. Although MS was seen in all countries in the world, it was found to be higher with a prevalence of 140-108/100,000 in North-American and European countries, and lower with a rate of 2.1-2.2/100,000 in African and East Asian countries. Although there is no national epidemiology study conducted in Turkey, the prevalence of MS was reported as 30/100,000 and 100/100,000 in studies conducted in Edirne and İstanbul (3). According to these data, Turkey is among the medium risk regions.

Due to demyelination, multiple neurological symptoms such as diplopia, blurred vision, optic neuritis, vertigo, weakness, paresthesias, imbalance and cerebellar findings may occur in MS, resulting in deterioration in the quality of life of the patients and their daily living activities. Of patients with MS, 32-41% have weakness, mostly in the lower extremities, due to motor involvement. It is stated that the frequency of depression in patients is 2-3 times higher. Treating the symptoms that can cause serious problems in the patient will allow the patient to improve in daily life activities, to be less dependent, to feel less need for support, and to continue his/her work and education life (4).

MS affects the quality of life because it starts at a young age, is a chronic disease, and has a high disability potential. How to overcome the limitations that will occur and how to strengthen the existing functions of the person can bring important life changes. Things that are seen as simple and ordinary in daily life create insurmountable obstacles in these patients, and this causes the patient to lose his/her life with depressive mood, seeing himself/herself as inadequate in every field, gradually decreasing his/her quality of life and becoming dependent on others. The change in quality of life also affects satisfaction (5).

Life satisfaction is a psychological and sociological concept that expresses the positive or negative judgments that a person has reached as a result of his/her evaluation of his/her whole life and his/her general view of life. The World Health Organization defined life satisfaction as how an individual perceives his/her own life within the culture and value system in which he/she lives. Accordingly, life satisfaction is related to the goals, hopes,

concerns, and standards of the individual and is affected by the individual's physical and psychological health, independence status, social relations, and important features of the environment (6).

Marriage is a legal union in which a man and woman share their lives and contain biological, psychological and social functions. In the marital relationship, spouses gain a different priority and importance compared to other support providers in social support resources. Many adults perceive their spouses as the main source of social support. Especially in times of crisis, the most common and most important source of social support in all societies is marriage and the family institution. In other words, with marriage, spouses become one of the most important sources of support in each other's life. The young adult, who has left family life, starts to care primarily about the quality of the support he/she will receive from his/her wife in line with the step he/she has taken to establish his/her own family (7,8).

In cases where people are inadequate or exhausted, social support meets their needs such as love, respect, compassion and belonging, positively affects physical or mental health (9), contributes to positive thinking (10,11) and increases their quality of life. As a matter of fact, studies conducted with patients with MS revealed a positive effect of perceived social support on quality of life (12-19). Studies show that the patient's self-care and mental processes are affected in MS, and the patient needs family and spouse support to cope with his/her problems (20,21).

Considering that MS is a chronic disease that affects the entire family system, determining the life satisfaction of individuals during the disease process and revealing the support of their spouses in this process will contribute to the solution of the problems that the patients and their spouses will encounter during the disease process. This research was carried out to reveal the relationship between life satisfaction and spousal support of women treated for MS.

In the research, answers to the following questions were sought:

- What is the level of life satisfaction and spousal support of women?
- Is there a relationship between women's spousal support and life satisfaction?
- What are the factors that predict women's life satisfaction?
- What are the factors that predict the spousal support of women?

Methods

Type of Research: The research is descriptive, cross-sectional and relationship-seeking.

Population/Sample of the Research: The population of the research consisted of 600 women with MS who were admitted to the hospital where the study was conducted in the last 6 months, and the sample number was determined according to the sample calculation formula when the population was determined. The

sample included 185 female patients with MS who were 18 years of age or older, married and living with their spouses, could speak and understand Turkish, had a diagnosis of MS for at least 6 months, and agreed to participate in the study.

Data Collection Tools: Data in the study were collected using the descriptive data form, the life satisfaction scale and the spouse support scale.

Life Satisfaction Scale (LSS): It consists of a total of 5 items under a single factor structure developed by Diener et al. (22) and a Turkish validity and reliability study conducted by Dağlı and Baysal (6). The scale is in a 5-point Likert structure and is scored as 1-I totally disagree, 5-I totally agree. A minimum of 5 points and a maximum of 25 points can be obtained from the scale. The Cronbach alpha internal consistency coefficient of the scale was found to be 0.88. Higher scores indicate higher life satisfaction (6). In this study, the cronbach alpha value of the scale was found to be 0.75.

Spouse Support Scale (SSS): It was developed by Yıldırım (23) to determine the perceived spousal support level. There are 27 questions in the Spouse Support Scale and the answer is a Likert-type scale ranging from 1-3. The highest score is 81 and the lowest score is 27 points that can be obtained from the scale. Items 10, 20 and 24 in the scale contain negativity. High scores indicate that the level of spousal support is perceived as high. The cronbach alpha coefficient of the SSS was found to be 0.95 (22). In this study, the cronbach alpha value of the scale was found to be 0.93.

Data Collection: The research data were obtained from married women with MS who were hospitalized in the neurology inpatient service of a university hospital between November 2018 and May 2019 and were admitted to the MS Outpatient Clinic for examination. Questionnaires were given to the patients who accepted to participate in the study and they were asked to answer the questions individually. Data collection took approximately 10 minutes. Data collection forms were applied in a way that would not disrupt the care and treatment processes of the patients and pay attention to their privacy.

Evaluation of Data: The data obtained in the study were analyzed using SPSS (Statistical Package_for_Social_Sciences) for Windows 22.0 program. In the descriptive statistics of the data, mean, standard deviation, median minimum, maximum, frequency and ratio values were used. Scale score averages were subjected to correlation and regression analysis. The findings were evaluated at 95% confidence interval and 5% significance level.

Ethical Aspect of the Study: Prior to data collection, approval was obtained from the ethics committee of the university (297 issue/17.10.2018) where the study was conducted. After obtaining the approval of the ethics committee, permission was obtained from the institution where the study would be conducted on 31.10.2018, the women were informed about the research and their written consents were obtained.

Results

The mean age of the participants was 40.34 ± 10.02 [minimum (min): 22, maximum (max): 72], 37.8% were in the 33-43 age group, 47% were primary school graduates and 74.1% were not working. Of the participants 88.6% had children and 50.5% of them had a medium income (Table 1).

It was determined that 35.7% of the participants had MS for 1-5 years, 26.5% stated that their disease did not interfere with their daily work, 50.3% received care support and 13.5% used an assistive device (Table 2).

Table 1. Distribution of demographic characteristics of the participants (n=185)

Variables	n	%	
Mean age 40.34±10.02 (min: 22, max: 72)			
Age group	22-32 years	50	27.0
	33-43 years	70	37.8
	44 years or above	65	35.1
Education status	Primary school	82	47.0
	High school	52	28.1
	University or above	46	24.9
Working status	Working	48	25.9
	Not working	137	74.1
Status of having a child	Yes	164	88.6
	No	21	11.4
Income status	Low	21	11.4
	Moderate	149	50.5
	High	15	8.1
	Total	185	100.0

min: Minimum, max: Maximum

Table 2. Distribution of the characteristics of the participants regarding the disease and treatment processes (n=185)

Variables	n	%	
Duration of MS	6 months- 1 year	22	11.9
	1-5 years	66	35.7
	6-10 years	52	28.1
	11 years or above	45	24.3
MS interfering with daily activities	Interfering	44	23.8
	Partially interfering	92	49.7
	Not interfering	49	26.5
Status of receiving care support	Receiving	93	50.3
	Not receiving	92	49.7
Assistive device usage status	Using	25	13.5
	Not using	160	86.5
Total	185	100.0	

MS: Multiple sclerosis

The mean age of the spouses of the participants was 44.25±10.1 (min: 22, max: 73). It was determined that 50.8% of the women were married for 16 years or more, 63.2% of them had good relations with their spouses, and spouses of 58.9% always helped them (Table 3).

The mean score of LSS of women with MS was 16.40±5.13 and the mean score of SSS was 66.37 ± 15.10 (Table 4)

A high level of positive correlation was found between the participants' LSS and SSS mean scores (p<0.01) (Table 5).

By applying linear regression, it was determined to what extent the independent variables of "income status", "how the relationship was with the spouse", and "the status of helping the spouse in daily chores" predicted the LSS score. As a result of this procedure, it was found that "F=15.415, p<0.05, R2=.442", and 44% of the total variance of the LSS was explained by these variables, and these variables were found to be significant predictors of the LSS score (Table 6).

By applying linear regression, it was determined to what extent the independent variables of "income status", "the disability of the disease", "the relationship with the spouse" and "the spouse's help in daily tasks" predicted the SSS score. As a result of this procedure, it was found that "F=47.095, p<0.05, R2=.708", and 70% of the total variance of the SSS was explained by these variables, and these variables were significant predictors of the SSS score (Table 7).

Table 3. Distribution of participants' characteristics regarding spouses and spousal relationships (n=185)

Variables	n	%	
Mean age of spouses 44.25±10.41 (min: 22, max: 73)			
Duration of marriage	0-5 years	38	20.5
	6-10 years	29	15.7
	11-15 years	24	13.0
	16 years or above	94	50.8
Relationship with spouse	Good	117	63.2
	Moderate	56	30.3
	Bad	12	6.5
Spouse's assistance in daily activities	Always helps	109	58.9
	Sometimes helps	54	29.2
	Never helps	22	11.9
	Total	185	100.0

min: Minimum, max: Maximum

Discussion

The findings obtained from the study, which was conducted to reveal the relationship between life satisfaction and spousal support of women treated for MS, were discussed in the form of answers to the research questions.

One of the research questions was "What is the level of life satisfaction and spousal support of women?". As an answer to the question, it was determined that women's perceptions of life satisfaction were positive and their spouse support levels were high. There are studies in the literature that support the study finding. In a study conducted by Aşiret et al. (16) on individuals with MS, patients' life satisfaction was moderate. In the studies of Purutçuoğlu and Aksel (24) in disabled women and Yıldız and Baytemir (25) in married individuals, it was determined that life satisfaction was high. Similarly, there are studies in the literature showing that women's perceived support from their spouses is high (26-29). Ghodusi et al. (30) determined that the social support level of the patients was moderate and stated that the majority of the patients perceived support from their spouses and that the perceived support was satisfactory.

Another question of the research was "Is there a relationship between women's spousal support and life satisfaction?". As an answer to the question; it was determined that as the spouse support levels of the women within the scope of the study increased, their life satisfaction also increased. The support provided by the spouse indicates that the spouse is valued, loved and respected (8). In this context, it can be said that the married individual's feeling of value in her relationship with her spouse, together with the support provided by the spouse, affects life satisfaction. Although there are no studies in the literature examining spousal support and life satisfaction, there are studies that examine the relationship between marital satisfaction and spousal support. It is thought that the satisfaction people get from their marriage may affect the satisfaction they get from life. In this context, in the study conducted by Kabasakal and Soylu (31) on married individuals, it was found that as the support received from the spouse increased, the satisfaction obtained from marriage also increased. Similarly, it is stated in the literature that the psychological and physical well-being of individuals who are satisfied with their marriage by getting support from their spouses are also positively affected, and this situation causes individuals to get more satisfaction from life (13,25,30). In the study of Yuca and Beydağ (29), in women with heart disease, it was found that increased support from spouses increased marital satisfaction. In the studies of Çelik and Tümkaya (33) and Kublay and Oktan (34), it was determined that as marital adjustment increased, life satisfaction also increased. Yıldırım and Işık (35) found that

Table 4. Distribution of the mean scores of the scales

Scales	Mean	Sd	Min	Max	α
Life satisfaction scale (LSS)	16.40	5.13	5	25	0.75
Spouse support scale (SSS)	66.37	15.10	27	81	0.95

Sd: Standard deviation, Min: Minimum, Max: Maximum, α: Cronbach alpha

as social support increased, life satisfaction also increased in unemployed married women.

One of the research questions was “What are the factors that predict women’s life satisfaction?”. As an answer to the question; it was found that the increase in the income level of women, the positive relationship with their husbands and the fact that their husbands always helped them increased their life satisfaction. In a study conducted by Özen et al. (36), in patients with MS, it was determined that patients who had a positive relationship with their spouses had easier psychosocial adjustment to the disease, and this situation positively affected life satisfaction. In the study of Samios et al. (37), it was determined that the harmony between spouses was an important determinant of life satisfaction. In the study of Herbert et al. (38), it was determined that individuals with MS who received adequate support from their spouses had higher life satisfaction despite the increasing disability due to the disease. In the study of Neate et al. (39), it was stated that patients with MS and their spouses made joint decisions and acted together, making it easier to cope with the difficulties brought by the disease and positively affecting the quality of life of the spouses. This result shows that both financial and social support is important in coping with the financial and moral problems brought about by the chronic disease.

The last question of the research questions was “What are the factors that predict the spousal support of women?”. As an answer to the question, it was found that the level of spousal support was higher among women who had a high income level, whose illness prevented them from carrying out their daily work,

who had a good relationship with their spouses, and whose spouses helped them in daily chores. Ghafari et al. (40) stated in their study that the spouses of individuals with MS did not always have a supportive approach, that the reactions given to the disease might change due to the addictions of the individuals, that the emotional distress of the spouses might affect the process negatively, and that the relationship between the spouses affected the level of spousal support. In the study of Ebrahimi et al. (41), it was stated that the financial support resources of the family and the level of the relationship between the spouses were important in meeting the emotional and physical care needs. In the study conducted by Yuca and Beydağ (27) in women with heart disease, it was determined that how the relationship between spouses was also effective on the level of spousal support (27). The income level of individuals with chronic diseases can be important in terms of financial issues such as receiving care support during the disease process and providing the necessary equipment support. The high income level of the spouses will eliminate the problems arising from financial difficulties and will cause economically troublesome processes to be experienced between the spouses. In addition, the negative situation experienced by one of the spouses can also affect the other spouse and cause mutual exhaustion between the spouses. For this reason, the relationships of spouses who communicate well with each other and support each other become stronger during the illness and can cope with the psychological burden of the illness more easily.

Conclusion and Recommendations

As a result of the research, the life satisfaction scores of the participants with high spousal support were also found to be high. It was determined that the income status of the women, the level of their relationship with their spouse and the state of helping their spouses were the factors affecting life satisfaction and spousal support.

As a result of the study, it is recommended to conduct experimental studies in which psycho-education or

Table 5. Correlation between scales

Scales	Life Satisfaction scale	
Spouse support scale	<i>r_s</i>	.683
	<i>p</i>	.000

r_s ; Sperman’s correlation; *p*<0.05

Table 6. Results of linear regression analysis of factors predicting life satisfaction scale score

Variables	B	t	p	F	Model (p)	R ² (95% CI)*
Income status	.145	2.241	.026	15.415	.000	.442
Relationship with spouse	-.155	-2.073	.040			
Spouse’s assistance in daily activities	-.289	-3.700	.000			

B: Regression coefficient; t: degrees of freedom; p: Significance value; R²: Coefficient of determination, CI: Confidence interval

Table 7. Linear regression analysis results of factors predicting spouse support scale score

Variables	B	t	p	F	Model (p)	R ² (95% CI)*
Income status	.097	2.031	.044	47,095	.000	.708
MS interfering with daily activities	.096	2.043	.043			
Relationship with spouse	-.402	-7.463	.000			
Spouse’s assistance in daily activities	-.419	-7.409	.000			

B: Regression coefficient, t: Degrees of freedom, p: Significance value, R²: Coefficient of determination, CI: Confidence interval

psychotherapy is provided with the joint participation of the spouses, and qualitative studies in which the contribution of the spouses' support to the disease and treatment process is evaluated more comprehensively.

Study Limitations

The fact that the study was conducted in a single center was one of the limitations of the study. The results obtained were limited to the answers given by the patients who were admitted to the hospital where the study was conducted and at the time of data collection.

Conclusion

In line with the findings; the support that women receive from their husbands during the disease process is extremely important and affects life satisfaction. How the patients' relationship with their spouse is, the spouse's ability to help in daily chores, their own and their spouses' character traits, whether the disease interferes with their daily work, and their thinking that they need psychological support affect spouse support and life satisfaction. As seen in the results, spousal support has been interpreted as one of the reasons for getting satisfaction from life. Considering that nurses working in this field interact with patients at all stages of treatment and care; evaluating married female patients with MS in terms of compatibility between spouses, determining their needs, and planning nursing interventions that provide emotional support will be beneficial in terms of patients' compliance with their treatment.

Ethics

Ethics Committee Approval: Prior to data collection, approval was obtained from the ethics committee of the university (297 issue/17.10.2018) where the study was conducted. After obtaining the approval of the ethics committee, permission was obtained from the institution where the study would be conducted on 31.10.2018.

Informed Consent: The women were informed about the research and their written consents were obtained.

Peer-review: Externally peer reviewed.

Authorship Contributions

Concept: H.M., K.D.B., Design: K.D.B., Data Collection or Processing: H.M., Analysis or Interpretation: H.M., K.D.B., Literature Search: H.M., Writing: H.M., K.D.B.

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