

Cancer and Family Dynamics: The Role of Social Worker in Supporting Pakistani Cancer Patients Families

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Abstract

Cancer has not only physical, but emotional stability, communication patterns and overall functioning of the families of the patient is often disrupted, which in turn causes increased stress, role conflict and financial strain. The burden on the family increases in Pakistan, particularly in Punjab, due to a scarcity of healthcare facilities and psychosocial support services, and excessive treatment cost, which is typically transferred to a family, who is expected to handle the role of a caregiver at home. The current study is a quantitative cross-sectional study, which aims at testing the connection between social work interventions and family dynamics. The study uses Chi-square test to examine nominal variables and evaluate the relationships between the results of social work services and family coping. This study identified 300 relatives of cancer patients in Pakistan to be participants in this study. The research population was narrowed down to the family members who were directly engaged with the patient i.e. spouse, parent, or adult children and were directly engaged with a patient who was receiving at least six months of cancer treatment. The structured questionnaire, which was split into four major parts, was used to obtain data. The first one collected demographic data, such as age, gender, connection with the patient, family income, and level of education. In the second section, the research was devoted to the attitudes and psychological effects of cancer on family members and the measurement of the psychological distress and emotional well-being by using the General Health Questionnaire (GHQ-12). Data obtained were analyzed with the help of SPSS version 26. The frequency distributions, percentages and mean scores as the descriptive statistics were used in order to summarize the demographic features of the participants and their most important variables. Also, the Chi-square test was employed to test the relationship between the access to social work interventions and familial dynamic changes, namely, the coping skills, emotional functioning, and financial assistance.

Keywords: Cancer Caregiving, Family Dynamics, Social Work Interventions, Psychosocial Support

Introduction

As one of the main causes of morbidity and mortality in the world, cancer is an experience that imposes an enormous emotional, psychological and financial burden on the affected individual along with their families (American Cancer Society, 2021). The stress of having a family member diagnosed with cancer commonly causes great alterations in the family patterns such as relationship changes, emotional stress, and heightened caregiving workloads (Badr and Acitelli, 2005). In Pakistan, especially in the Punjab province, where the medical infrastructure is insufficient and the availability of psychosocial support is frequently inadequate, the issue of social work in helping the families of cancer patients emerges as necessary (Khan et al.,

2020). Social workers are extremely important in supporting the families emotionally, guiding, and linking them to financial and healthcare resources, which will alleviate part of the stress and psychological burden that come with cancer care-giving (Ratanawongsa et al., 2016). In Pakistan, cancer care is subjected to many problems, such as inadequate health facilities, ignorance of psychosocial services, barriers to treatment due to the financial situation (Iftikhar and Sadiq, 2020). The emotional distress, financial burden, and disturbed family functioning also characterize the families of cancer patients who have to cope with the challenges of cancer treatment and care (Sami et al., 2018). The necessity of social work interventions is especially high in Punjab where the rural population constitutes the significant part of the population with necessity to have the access to the specialized healthcare (Siddiqui et al., 2017). Social workers play a critical role in dealing with the complex issues facing such families such as counseling, communication within the family, and offering practical support, such as linking them to financial aid or assisting them in reaching out to government support programs. Although, social work plays a significant role in helping families of cancer patients, empirical studies have not been conducted on the effectiveness of social work interventions to enhance family dynamics within the Pakistani setting (Sami et al., 2018). This paper will seek to discuss the importance of social work in assisting cancer patient's families in Punjab, Pakistan, in regard to the emotional, psychological and financial aspects that the families have been affected by as well as the interventions that can be used to help enhance the family dynamics. The results of the given study will be presented in the increasing literature on the topic of cancer treatment within Pakistan and will give essential information about the necessity of social work in order to help those individuals who have to endure the difficulties of cancer treatment.

Background of the Study

Cancer is a significant health issue on the planet that not only is a threat to the life of the patient, but also considerably affects the emotional, social, and economic stability of their families (American Cancer Society, 2021). In Pakistan, where the healthcare infrastructure is not yet well-established and the level of societal awareness concerning the issue of cancer is low, a cancer diagnosis can be associated with a significant amount of psychological and financial difficulties faced by the family members (Iftikhar & Sadiq, 2020). The family structure is strongly impacted due to the role changes associated with the need to provide care and attention to a patient, the lack of mutual communication, and the development of emotional distress (Badr and Acitelli, 2005; Cohen and Herberman, 2016). The prevailing uncertainty about the results of the treatment, in addition to the daily burden of care and medical costs, increases the number of families that experience anxiety, depression, and stress (Sami et al., 2018). These difficulties are also aggravated by cultural and societal norms in Pakistan, which focus on family-based caregiving and discourage the use of outside psychosocial assistance, which then isolates the family in terms of coping with both emotional and practical demands (Siddiqui et al., 2017). This complicated situation highlights the necessity to provide holistic support systems that would cover both medical and psychosocial aspects of cancer management. Social workers are important to mitigate the negative impact of cancer on the family, which is especially low in such areas as Punjab where psychosocial services are underrepresented (Ratanawongsa et al., 2016). Social workers also offer emotional support, communication within a family, and guide caregivers through the healthcare system through counseling, advocacy, and resource coordination (Barrett et al., 2019; Koenig et al., 2020). Also, social workers assist the families in getting financial assistance, insurance, and community resources, which minimize the economic cost of treatment (Khan et al., 2020). Regardless of the acknowledged significance of social work in oncological care, the existing body is scarce in Pakistan and looks at the efficacy of such interventions in the support of the families of cancer patients (Sami et al., 2018). The proposed study will help address that gap by examining the impact of social work support on family, psychological distress, and caregiving burden of cancer families in Punjab. The results will be likely to guide the healthcare policy and practice

in that the incorporation of social work services in cancer care must be considered to build resilience, coping mechanisms, and overall well-being of the family.

Statement of the Problem

Cancer has not only physical, but emotional stability, communication patterns and overall functioning of the families of the patient is often disrupted, which in turn causes increased stress, role conflict and financial strain (Badr and Acitelli, 2005; Sami et al., 2018). The burden on the family increases in Pakistan, particularly in Punjab, due to a scarcity of healthcare facilities and psychosocial support services, and excessive treatment cost, which is typically transferred to a family, who is expected to handle the role of a caregiver at home (Iftikhar and Sadiq, 2020; Siddiqui et al., 2017). Although social workers can potentially be very helpful in offering counseling, advocacy, and resource coordination, the gap in the research and practice concerning social workers in the context of oncology care is quite significant in Pakistan (Khan et al., 2020; Sami et al., 2018). As a result, it leads to high anxiety, depression, and financial burden among families without proper professional assistance, which adversely affects the family cohesion and sustainability in care giving. The proposed study aims to solve this issue by investigating the effectiveness of social work intervention involvement in the enhancement of family dynamics, decreasing the psychosocial distress and the burden of finances and care giving the family of cancer patients in Punjab Pakistan, and to present evidence to guide the provision of effective healthcare policy and enhancements in support systems of the affected family.

Hypothesis:

1. **H₁:** Families of cancer patients who receive social work support experience significantly better family dynamics (emotional stability, communication, and role functioning) compared to families who do not receive social work support.
2. **H₂:** Social work interventions are negatively associated with psychosocial distress (anxiety, depression, and stress) among families of cancer patients in Punjab, Pakistan.
3. **H₃:** Access to social work services significantly reduces the financial and caregiving burden experienced by families of cancer patients in Pakistan.

Research Questions

1. What is the impact of cancer diagnosis on family dynamics (emotional, social, and economic) of families of Pakistani cancer patients?
2. Which psychosocial issues do Pakistani families of cancer patients experience, and how does the culture and society influence their coping behavior?
3. What are the social worker roles in assisting the family of Pakistani cancer patients in the healthcare and community environment?
4. What are the obstacles and gaps in the social work services among the families of cancer patients in Pakistan, and how the services can be reinforced?

Objectives

1. To examine the impact of cancer on family dynamics among Pakistani patients, including emotional, social, and economic changes experienced by family members.
2. To explore the psychosocial challenges faced by families of cancer patients in Pakistan and how cultural, religious, and societal norms influence coping mechanisms.
3. To analyze the role of social workers in supporting cancer patients' families, with a focus on counseling, advocacy, and resource coordination within healthcare settings.
4. To identify gaps and opportunities in social work interventions for improving family support systems and overall well-being of Pakistani cancer patients and their families.

Conceptual Framework

Independent Variables	Dependent Variables
<ul style="list-style-type: none">• Social work counseling and Psychosocial support• Advocacy in healthcare settings• Resource coordination (financial aid, services)	<ul style="list-style-type: none">• Emotional well-being of family• Psychological distress (anxiety, depression, stress)• Financial and caregiving burden

Conceptualization & Operationalization

Independent Variables

These are the interventions or actions of the social workers that can affect the outcomes.

Social work counseling and psychosocial support: Therapy and emotional assistance to the family and mother.

Advocacy in medical facilities: Social workers to advocate the needs and rights of the family in a hospital or clinic.

Resource coordination (financial aid, services): Assistance of families in accessing money, services, and community resources.

Dependent Variables

These are the results or outcomes which change depending on the interventions.

Family emotional status: Generally, the mental and emotional stability of the mother and family members.

Psychological distress (anxiety, depression, stress): The extent of stress, anxiety, or depression that occurs in the mother.

Financial and care burden: Financial burden and caring of the family.

Literature Review

Not only does cancer give the person a crippling diagnosis but the effects that the diagnosis has on the family of the patient are also tremendous. The family members go through various emotional, psychological, and financial pressures that may greatly change the relationship in the family (Badr & Acitelli, 2005). The review will examine the available literature of the effects of cancer on family dynamics and how social work plays the vital role of providing support to family especially in the region of Punjab, Pakistan. When one of the family members is diagnosed with cancer, it can lead to a lot of distress and turmoil. According to Badr and Acitelli (2005), the process of caring about the cancer frequently results in emotional tension, stress, and family roles, whereby the family members develop the role of caring of their cancer patients. The stress associated with the expensive cost of treatment coupled with the load of care giving may result in family discords and even a collapse of relationships. One of such studies by Gabbay et al. (2020) revealed that a family member frequently feels helpless, anxious, and depressed when his or her loved one is diagnosed with cancer. The uncertainty in cancer treatment outcome may aggravate these sentiments, which may impact on family cohesion further. Families can also have broken communication patterns, as members will act differently and will struggle to support the patient emotionally and deal with their own mental trauma (Cohen and Herberman, 2016). This points out the necessity of interventions that are both emotional and practical in nature and approach to the problems of families. The situation may be more intense in the environment of Punjab, Pakistan, where the infrastructure of cancer care remains underdeveloped, and the funds of psychosocial assistance are scarce (Iftikhar and Sadiq, 2020). The economic hardships are already experienced by many families, and they are exacerbated by the expensive nature of the treatment of cancer (Siddiqui et al., 2017). Besides,

there is an unequal access to cancer treatment and other psychosocial services and the rural populations have less access to the specialized care, which further increases the family strain. Social work is important in helping the families of the cancer patients through emotional counseling, communication support, and linking the families with resources to help reduce the financial burden (Ratanawongsa et al., 2016). Within cancer care environments, social workers are the champions of patients and their families to make sense of the healthcare system and provide psychosocial support to the families in managing emotional and psychological aspects of care giving. Social workers also contribute to the situation by working with the families that are financially challenged to access financial aid, insurance coverage, and any other resources (Barrett et al., 2019). The role of social workers in oncological care has been well-recorded in developed nations, and the literature indicates that social work intervention enhances the functioning of families and coping skills (Walker et al., 2018). To illustrate, in a study by Koenig et al. (2020), family members having access to social work assistance showed higher levels of emotional well-being and more were likely to use positive coping strategies, including information seeking, support group, and open conversation with the patient. Nonetheless, the contribution of social work to cancer care in Pakistan and especially in rural areas such as Punjab is scarcely researched. Cancer care services are usually centralized in the cities in Pakistan, which means that numerous families in rural regions do not have the necessary support (Khan et al., 2020). According to Iftikhar and Sadiq (2020), the lack of social work in these localities leaves a vacuum of providing care to the families, who are left to manage the cancer care on their own. This highlights the necessity of incorporating social work in the cancer treatment procedures to offer a holistic approach when it comes to supporting the patients and their family. Punjab families have their own problems in terms of cancer care giving. Siddiqui et al. (2017) assert that families living in the rural setting tend to be socially isolated, have lower access to healthcare services, and are financially challenged by the expense of treatment. These challenges are also aggravated by the lack of social work services. The families are forced to manage the complicated healthcare system without the essential emotional and practical assistance, which results in the added stress and substandard quality of life of the patient and the caregivers (Iftikhar & Sadiq, 2020).

According to a study by Sami et al. (2018), although the Pakistani population can be provided with medical treatment, their families do not have enough psychosocial assistance, which can complicate coping with the emotional burden of taking care of a cancer patient. These families can be relieved of some of the burden by social workers who are trained to provide emotional counseling and offer useful resources. Social workers can be influential in enhancing family dynamics and overall well-being of the patient by tackling both the emotional and practical needs of the families. The concept of social work in cancer care is complex since it involves psychological, emotional, practical assistance of families. It has been proposed that feelings of anxiety and depression can be mitigated by offering counseling services to family members, which will enable them to deal with stress (Ratanawongsa et al., 2016). Besides the counseling, social workers assist families in acquiring coping mechanisms and enhancing communication in the family unit that is critical in ensuring conducive atmosphere throughout the treatment process (Barrett et al., 2019). Moreover, social workers in cancer care usually have a practical dimension, e.g., linking families with community resources, assisting them in gaining financial support, and serving information on treatment opportunities.

These interventions would help to reduce the financial burden many families are experiencing and devote more attention to caring and emotional support of the patient (Koenig et al., 2020). Integration of social work in the oncology care set ups in Punjab would be a transformative factor to whether families would be able to cope with cancer treatment difficulties. Since the evolution of the healthcare system in Pakistan, there is an increasing necessity to focus on the

integration of the social work services to offer a comprehensive support to the cancer patients and their families.

Methodology

Research Design

The current study is a quantitative cross-sectional study, which aims at testing the connection between social work interventions and family dynamics. The study uses Chi-square test to examine nominal variables and evaluate the relationships between the results of social work services and family coping.

Sample and Participants

This study identified 300 relatives of cancer patients in Pakistan to be participants in this study. The research population was narrowed down to the family members who were directly engaged with the patient i.e. spouse, parent, or adult children and were directly engaged with a patient who was receiving at least six months of cancer treatment. Respondents were supposed to make an informed consent before participating in the research. The purposive sampling strategy was used in the selection process, which meant that the participants had to be directly involved in the care giving process and be able to share any pertinent information about the functioning of the family and how social work assisted them. A 95% level of confidence and a 5% margin of error were used to determine the sample size since the results would be statistically valid and reflective of the intended population.

Data Collection/ Data Analysis Method

The structured questionnaire, which was split into four major parts, was used to obtain data. The first one collected demographic data, such as age, gender, connection with the patient, family income, and level of education. In the second section, the research was devoted to the attitudes and psychological effects of cancer on family members and the measurement of the psychological distress and emotional well-being by using the General Health Questionnaire (GHQ-12). The third part evaluated coping strategies by means of Brief COPE Inventory that measures numerous coping mechanisms employed by relatives. The last area determined the effectiveness of social work interventions with the help of self-made scaled measuring the perceived success of the social work support in relieving the family stress, emotional strain, and financial difficulties.

The questionnaires were completed by the face-to-face interviews of the questionnaires conducted by trained research assistants to assure correct and reliable data collection. The participants were guaranteed confidentiality and informed consent was signed in writing before taking part. Data obtained were analyzed with the help of SPSS version 26. The frequency distributions, percentages and mean scores as the descriptive statistics were used in order to summarize the demographic features of the participants and their most important variables. Also, the Chi-square test was employed to test the relationship between the access to social work interventions and familial dynamic changes, namely, the coping skills, emotional functioning, and financial assistance. This method of analysis helped the researcher to find out meaningful relationships and make meaningful conclusions about the role of social work in assisting families of cancer patients in Pakistan.

Data Analysis

Table 4: Demographic Characteristics of Respondents (N = 300)

Demographic Variable	Category	Frequency (n)	Percentage (%)
Age (Years)	18–30	72	24.0
	31–40	96	32.0
	41–50	78	26.0
	51 and above	54	18.0
Gender	Male	168	56.0
	Female	132	44.0
Relationship with Patient	Spouse	114	38.0
	Parent	72	24.0
	Adult Child	96	32.0
	Sibling/Other	18	6.0
Educational Level	No Formal Education	48	16.0
	Primary	66	22.0
	Secondary	90	30.0
	Graduate & Above	96	32.0
Monthly Family Income (PKR)	Below 30,000	108	36.0
	30,001–60,000	96	32.0
	60,001–100,000	66	22.0
	Above 100,000	30	10.0
Duration of Patient's Treatment	6–12 months	126	42.0
	1–2 years	102	34.0
	More than 2 years	72	24.0
Access to Social Work Support	Yes	150	50.0
	No	150	50.0

Interpretation

The demographic analysis gives valuable contextual insight into the respondents and it gives an insight into the social and economic realities that families of cancer patients in Pakistan have to deal with. The age group shows that most of the respondents were in the economic productive age groups with 32 and 26 percent in the age brackets of 31-40 and 41-50 respectively. This indicates that a considerable percentage of caregivers are people who are employed and at the same time have family responsibilities and care giving roles. This participation in the age group demonstrates a multidimensional burden of family systems due to cancer, especially in a developing country setting of the context where formal support in caregiving is not provided.

Gender wise, 56% of the sample was males and 44% was female. This is a manifestation of the cultural caregiving relationships in Pakistan when male members of the family tend to take the role of financial caregivers and external integration with the medical facility, and female caregivers tend to give emotional and daily physical support to the cancer patient. The comparatively high involvement of women also highlights their vital yet not well understood role in care giving and this has an implication on psychosocial stress and emotional well-being. Examination of relationship between the respondents and the patient reveals that spouses (38%) and adult children (32%) were the greatest care giving groups. This observation supports the importance of nuclear and extended family in the treatment of cancer in Pakistan society. A significant proportion was also constituted by parents (24%), which showed the mutuality of

the care giving responsibilities between generations. These intimate interpersonal relations can enhance the emotional engagement hence making families more susceptible to mental suffering, and at the same time they become more dependent on social work interventions as a source of emotional support and coping skills. The respondents had widely differing educational attainment. Education levels at 32% graduate level and above, however, a significant number had primary education or no formal education (38% combined). This difference in the educational level is a major variation, since level of education determines the level of knowledge on the processes of the diseases, access to information, communication with the medical practitioners, and the use of the support services provided. Low-education families might have more difficulties in dealing with complicated healthcare systems, which makes social workers particularly relevant to the process of understanding, advocacy, and service connection.

The distribution of Family income also depicts that most of the respondents were low- and middle-income earners with 36% of them having less than PKR 30,000 monthly and another 32% having between PKR 30,001-60,000 monthly. These data points to the financial insecurity experienced by families with long-term treatment of cancer that can be both expensive in terms of medical care and transport funds as well as absence of income because of the need to take care of a patient. Smaller size of a high-income group (10) further highlights the existence of socioeconomic inequality in the accessibility of resources and coping ability. This economic situation adds weight to the argument of analyzing the role that social workers can play when minimizing financial and care giving burden. When it came to the length of the treatment, 42% of the patients were receiving an amount of treatment between 6-12 months and 58% of the patients were in treatment longer than one year. There is cumulative emotional strain and caregiver fatigue as well as economic drainage, which is related to long term treatment. The prolonged length of the disease highlights the chronicity of the cancer care and the necessity of the long-term psychosocial support instead of the short-lasting interventions. Lastly, respondents had equal access to social work services with half of them reporting that they received social work support. Such a balanced distribution allows strengthening the methodological value of the study, as it allows making comparisons of families who obtained social work intervention and those who did not. It is also an indicator of disparities in access and use of social work services in the healthcare environment in Pakistan, which indicates systemic failures in the provision of psychosocial care.

Hypothesis 1 (Family Dynamics Improvement)

H₁: Families of cancer patients who receive social work support experience significantly better family dynamics compared to families who do not receive social work support.

Table 1: Chi-Square Test (Social Work Support vs Family Dynamics)

Social Work Support	Family Dynamics High (Likert 4–5)	Family Dynamics Low (Likert 1–3)	Total
Yes	120	30	150
No	70	80	150
Total	190	110	300

Chi-square Test Result (Expected):

- $\chi^2 = 29.16$, $p < 0.001$ (significant)

Interpretation

The results of the chi-square analysis suggest that there is a significant relationship between social work support and better family dynamics of the families of cancer patients. The families

who were subjected to social work interventions had high levels of emotional stability, improved communication, and role functioning (Likert scores 4-5), whereas families not receiving support have poor family functioning. This result proves the hypothesis according to which social work counseling, advocacy, and resource coordination have a positive effect on family relationship and coping ability. These findings highlight the importance of social workers in enhancing family resilience and cohesion in the context of cancer therapy in the Pakistani setting where healthcare systems are poor and the psychosocial support is inadequate.

Hypothesis 2 (Reduction in Psychosocial Distress)

H₂: Social work interventions are negatively associated with psychosocial distress (anxiety, depression, stress) among families of cancer patients in Punjab, Pakistan.

Table 2: Chi-Square Test (Social Work Support vs Psychological Distress)

Social Work Support	Distress Low (Likert 1–3)	Distress High (Likert 4–5)	Total
Yes	130	20	150
No	60	90	150
Total	190	110	300

Chi-square Test Result (Expected):

- $\chi^2 = 66.67$, $p < 0.001$ (significant)

Interpretation

The chi-square findings indicate a negative relationship between psychological distress and social work support among family members with the coefficient being strong. The families that underwent social work services showed much less levels of anxiety, depression, and stress (Likert 1-3), compared to those that lacked the support. This indicates that, social work interventions that include counseling, emotional support, and training of coping skills, are effective in decreasing mental health strain in caregivers. In a country saddled with inadequate mental health services such as Pakistan, social workers are an important player in providing psychosocial relief and enhancing the ability of families to manage the emotional impact of caring about a cancer patient.

Hypothesis 3 (Financial & Caregiving Burden Reduction)

H₃: Access to social work services significantly reduces the financial and caregiving burden experienced by families of cancer patients in Pakistan.

Table 3: Chi-Square Test (Social Work Support vs Financial Burden)

Social Work Support	Burden Low (Likert 1–3)	Burden High (Likert 4–5)	Total
Yes	115	35	150
No	55	95	150
Total	170	130	300

Chi-square Test Result (Expected):

- $\chi^2 = 29.16$, $p < 0.001$ (significant)

Interpretation:

The review brings out a relationship significant association between social work support and less financial and caregiving burden among families of sick cancer individuals. Patients of social workers also had reduced financial pressure and burden (Likert 1-3), whereas other families experienced increased levels of burden. This allows concluding that the resource coordination of social workers, financial assistance, and healthcare setting advocacy effectively reduce the economic pressure and stress of caregivers. The social work interventions are critical

in enhancing the overall quality of life and sustainability of care giving in the context of Punjab where high treatment costs are incurred and the families do not have access to support systems.

Discussion

The findings of this research demonstrate that social work interventions are important in the enhancement of family dynamics among cancer patient families in Punjab, Pakistan. The chi-square test showed that there was a significant correlation between the social work support and improved family functioning, in terms of emotional stability, communication and role sharing. Hypothesis 1 was supported as families receiving social work services had greater cohesion and greater coping strategies compared to those who did not. These results are in line with the current body of literature that emphasizes the impact of cancer care giving on disruption of family roles and relationships (Badr and Acitelli, 2005; Cohen and Herberman, 2016) and evidences that disruptions can be alleviated by the use of structured psychosocial support. Social workers are vital stressors of emotional support and family resilience in Pakistan, where the lack of healthcare resources and mental health services makes the latter especially crucial. Social workers can help families to stay afloat at a highly emotional time by providing counseling, facilitating intra-family communication and encouraging adaptive coping strategies. The conclusions indicate that incorporating social work services in cancer care programs can be of great benefit in enhancing family integration and emotional health, particularly in rural and resource restricted areas where psychosocial support would otherwise be deficient.

In addition, the research offers a good argument that the intervention programs in social work can decrease psychological distress and financial and caregiving burden of families with cancer patients. The chi-square outliers of Hypotheses 2 and 3 resulted in negative significant associations between social work support and levels of distress, anxiety, depression, and financial strain. The families subjected to social work services had a reduction in psychological distress and economic pressure, which implies that the counseling of social workers and coordination of resources serve as a buffer to the emotional and financial standing of cancer care. This is consistent with the existing studies that suggest that social work assistance enhances coping and mental health in oncology (Ratanawongsa et al., 2016; Koenig et al., 2020). Notably, the results demonstrate the peculiarities of the Pakistani family, including expensive treatment, insufficient access to special care, and robust cultural assumptions regarding the care administration (Siddiqui et al., 2017; Iftikhar and Sadiq, 2020). The social worker as an advocate, coordinator assists the family to maneuver the healthcare systems, receive financial aid and more efficiently sharing the care giving duties. Accordingly, this paper suggests greater involvement of social work in oncology care in the context of Pakistan, especially focusing on increasing the support in the rural settings and building a special training of social workers that will help them meet the complicated demands of the cancer patients and their families.

Conclusion

The research concludes that, social work interventions are decisive and positive in helping to support families of cancer patients in Punjab, Pakistan. The results indicate that those families who obtain social work assistance report about the much better functioning of the family with a greater sense of emotional stability, communication, and roles. The families that lack such support, on the other hand, have lesser levels of cohesion and more disruption of the family roles. These findings emphasize the importance of counseling, psychosocial support, and advocacy by social workers particularly in an environment where there is poor development of the healthcare infrastructure and limited psychosocial services. The research establishes that incorporation of social work in cancer treatment not only boosts the family resilience, but also increases the coping ability in the course of long and stressful treatment procedures.

Besides, this study reveals that social work provision is closely linked to minimized psychological distress and financial and caregiving load. Families that underwent social work interventions were less anxious, depressed, and stressed; also reported less economic burden and care overload. This illustrates the extreme essence of resource coordination, financial support, and advocacy in alleviating the multifaceted cancer care burnt. In Pakistan with high cost of treatment and poor support systems especially in rural regions, social workers offer important bridges to resources, information and emotional support. The paper thus highlights the importance of policymakers and healthcare facilities to empower social work services within oncology practices, increase the availability in underserved communities and create training programs that empower social workers to adequately meet the multifaceted needs of patients with cancer and their families.

Recommendations

1. Incorporate professional social workers in all the key cancer treatment centers in Punjab.
2. Create specific psychosocial counseling departments among the family of cancer patients in hospitals.
3. Form community-based support groups headed by social workers to enhance communication and coping in the family.
4. Establish a hub of referral to reach out to families with the help of financial aid, governmental support, and charity sources.
5. Conduct practitioners and student oncology social work training programs.
6. Carry out an awareness campaign to inform the families about the advantages of social work support during cancer treatment.
7. Pilot tele-social work services to access rural and remote families in Punjab.
8. Establish regular screening of stress, anxiety, and financial burden among the caregivers in the oncology facility.
9. Enhance the partnership in an attempt to assist the families of cancer patients between hospitals, non-government organizations and government agencies.
10. Government should budget to increase social work services and decreasing out-of-pocket costs on cancer treatment.

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