

## **THE IMPORTANT OF SOCIAL SUPPORT FOR QUALITY OF LIFE PEOPLE WITH SPINAL CORD INJURY: A PERSPECTIVE**

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Spinal Cord Injury (SCI) is one of the most overwhelming events for the sufferer and their family. It is a medically complicated and life-disrupting condition. In the past, SCI related to very high mortality rates. Nowadays, the evolution of the medical technology and advance care are transforming the situation. Better medical services give the people that suffer SCI more ability to survive, live and flourish after the devastating injury (Maholtra, Bhatoe, & Sudambekar, 2010; WHO, 2013). However, it is not a simple situation for restoring their condition after the life-changing incident.

SCI incident are relatively rare; however, it is lives changing and require large costs. International incident data estimates that every year between 250,000 and 500,000 people experience SCI. The majority of these cases are caused by trauma. Recent data show that SCI is associated with an increased risk of death. The results of the study indicate that people with SCI die two to five times earlier than the general population. Furthermore, SCI

requires high costs in post SCI care and rehabilitation (WHO, 2013). According to Singh, Tetreault, Kalsi-Ryan, Nouri, & Fehlings (2014) the highest prevalence of SCI was in the United States with 906 per million population while the lowest prevalence was in France with 250 per million population.

Spinal cord is a very vital part of the central nervous system, so that SCI can cause disability (Selzer, Dobkin, & Shulman, 2008). SCI patients will live with limited functions based on the level and type of injury. Good handling and rehabilitation help patients to improve their functional abilities (Crepeau, Cohn, & Schell, 2009). SCI causes patients to face major changes in life where patients must be able to adapt to disability. However, with the development of SCI rehabilitation now the life expectancy of SCI patients is longer. Changes faced by patients and longer life expectancy will affect the lives of patients and families. This condition ultimately affects the quality of life of SCI patients (Sisto, Druin, & Sliwinski, 2009).

Quality of life encompasses how individual adjust the goodness of multiple facet on their life (Theofilou, 2013). WHO defines quality of life as the individual's perception of the position of his life in the context of the culture and value system in which he lives and in relation to the individual's goals, hopes, standards and concerns? This concept was developed from a healthy concept. WHO defines health as a perfect condition both physically, mentally and socially and not only free from disease? Quality of life emphasizes the components of happiness and satisfaction in life (Fayers & Machin, 2017; Oksuz & Malhan, 2006).

Ferrans, Zerwic, Wilbur, and Larson (2005) compiled a concept of quality of life which is a revision of the concept of quality of life from the model proposed by (Wilson & Cleary, 1995). In the conceptual model quality of life is described as subjective well-being that is related to how happy or satisfied someone is with his life as a whole. Subjective well-being is not a single conception, but includes a feeling of comfort and discomfort, a general assessment of the satisfaction of life and satisfaction of the individual's domain of life. The concept has several components, namely biological functions, symptoms, functional status, general health perceptions, individual characteristics, environmental characteristics (Ferrans et al., 2005).

Environmental characteristics are categorized as social and physical. The characteristics of the social environment are interpersonal or social influences on health, including the influence of family, friends and health care providers. The effects of the social environment are significantly influenced by inherited culture, which will influence participation in preventive care as well as participation in treatment. While the characteristics of the

physical environment are the conditions of the house, the surrounding environment and workplaces that affect health both positively and negatively (Ferrans et al., 2005). Quality of life is also related to healthy families and healthy environments (Berman, Snyder, & Frandsen, 2016).

Social support is the exchange of resources between individuals who are expected to improve the welfare of the recipient of the support. Social support shows that someone is loved, cared for, valued, valued and given a sense of belonging. The results of a systematic review show that there is a consistent relationship between social support for life satisfaction, quality of life and well-being. This is indicated by similar results in 12 studies, which proved that social support was related to subjective well-being and quality of life. Availability of support from the environment is positively related to satisfaction in life (Müller, Peter, Cieza, & Geyh, 2012). A multicenter study to persons with recently acquired SCI show the compelling interaction effect between social support and distress on life satisfaction. The result of the study to 190 individuals with SCI show that everyday social support and support in problem situations were directly associated with life satisfaction over time (Van Leeuwen et al., 2010).

In conclusion, individuals with SCI experience a decrease in quality of life and require efforts to increase or restore it to be better. Good quality of life determine that individuals are able to adapt to changes in post-SCI conditions. Social support is an important part in an effort to improve the quality of life of individuals with SCI. Social support proved to have a positive relationship to quality of life and individual satisfaction with SCI. Moreover, further research is needed to develop and optimize social support in order to improve or

increase the quality of life of individuals with SCI.

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