

CHRONIC ILLNESS MANAGEMENT: THE ROLE OF FAMILY SUPPORT AND SOCIAL SERVICES

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Received: 20 March, 2024

Revised: 20 April, 2024

Accepted: 01 May, 2024

Published: 18 May, 2024

ABSTRACT

The purpose of the research paper is to explore the complex inter-related processes and factors relating to the management of chronic illnesses within family care and social work services. This is why chronic illnesses are difficult for individuals as well as their families and the society at large to manage and how supportive and social services network can help in this struggle. Using both qualitative and quantitative approaches, this work aims to explore the key challenges and opportunities as well as the best practices in providing family support and social services effective for the quality of life in chronic illnesses. Through exploring the mechanisms and outcomes of family support and social services for people with chronic illnesses, this study can help healthcare providers and policy makers as well as program practitioners for developing ideal models of practice.

Keywords: Chronic Illness, Family Support, Social Services, Management

INTRODUCTION

Chronic diseases have a massive impact on millions of people, their families, and healthcare systems in many countries. These conditions entail variable and protracted treatment regimes beyond medical means hence warranting the need for more holistic management. In the light of this discussion the role of the family support and the services offered through the social system is of paramount importance in the improvement of the quality of life of the people living with chronic illness.

Family assistance is very important in the management of chronic diseases since primarily it is a channel of emotional and instrumental and actual support for patients. Family members often feel a sense of support for the patient that helps fosters a sense of comfort and companionship, which relieves the psychological distress and social isolation often felt by patients with chronic conditions. The other very essential but at times overlooked factor is the

family's role in helping with treatment adherence, medication management, and lifestyle choices that are particularly vital for better health and disease management.

Social services are therefore another significant contributor to individuals with chronic illnesses as they help deal with various issues related to their conditions. Social services are the resources and programs aimed at improving social, economic, and health conditions of a person with chronic illness and their families. They may include health care navigation, case management, counseling, financial assistance, transportation/referral, community resource such as support group or educational program. Social services have a crucial role in supporting individuals with chronic illnesses as social determinants of health both directly and indirectly contribute to the well-being and quality of life of individuals with chronic illnesses.

Nonetheless other relevant literature acknowledged the significance of the family and social service support while providing several difficulties and barriers in their access and utilization. Differences in structural conditions such as healthcare availability, economic issues, and geographical barriers also define restriction on individuals accessing necessary support services. Finally, a cultural dimension, stigma, and lack of awareness may further influence individuals' willingness to utilize available resources.

To overcome these challenges and make the management of chronic illnesses more optimal needs to be approaches that are integrated, and that are centred on patients and which take advantage of family support and social services for the patients. This calls for partnership between the healthcare professionals, the policy-makers, community and individual/families who are involved in the management of chronic illnesses. Companies, policymakers, and other stakeholders can thus support the provision of comprehensive and holistic care for people living with chronic illnesses by fostering transdisciplinary care, prioritizing cultural competence and inclusion, and addressing structural barriers to care.

Summing up, it is possible to state that not only family support but also social services are the essential tools for chronic illness management. Only by acknowledging and meeting the complex personal and social needs of people with chronic diseases will it be possible to move towards a fairer, more supportive healthcare system that encourages the development of a healthy community.

Limitations of the Research Paper

Sampling Bias: Some of the shortcomings of the study include the fact that the study may be subject to sampling bias since subjects might only be available for sampling in predefined locations or clinical settings which may not be an accurate depiction of the population suffering from chronic illnesses.

Self-Reported Data: It is also a limitation with the use of surveys that the responses may be subjective or participants may give either unqualified responses that do not contain much thought or completely biased responses that are pleasing to the researchers who set and asked the survey questions (qualitative surveys).

Generalizability: so cases where a sample is studied and it was something special for a particular population or the sample comes from a specific area and the study is area-specific one should be able to ascertain that the findings of the study do not automatically work for every type of cultural practices.

Cross-Sectional Design: The research design to be employed will be cross sectional and thus will not allow the establishment of casual relationship or determination of sequence in time between the independent and dependent variables as the data will be collected at one time.

Social Desirability Bias: It has to be said that the question might be answered in such a manner that will seem acceptable to the respondents, regardless of whether it really reflects their experience and behavior in terms of receiving family support, using social services, and health if they perceive that the answer they choose is what is expected of them socially.

Retrospective Bias: Family support or other social service may not acquire an accurate or even an accurate picture from participants in terms of the past or recent past encounters based encounter due to the effects of hindsight.

Language and Cultural Barriers: The results can be erroneous as non-English speakers or persons from non-Western societies will not have an opportunity to be included in the research – therefore limiting the cultural sensitivity of the study.

Response Rate and Attrition: High dropout rates or non-response rates thus poses a non-compliance and inflation risk in longitudinal studies and potentially introduce bias in the results especially where assessing adherence to chronic illness management programs.

Resource Constraints: Time, cost, human resource availability and other factors may restrict the scope and depth of data and its analysis thus restricting some factors of family support, service provision and the use of lax management in chronic illnesses.

Significance of the Research

The results of this study have far reaching implications for management of chronic illness with the awareness of the need to provide social support and services which typically come from the family in management of chronic illness. Healthcare administrators and policy makers may, therefore, apply these findings to improve the provision of

healthcare in a more comprehensive and customer-focused manner. In addition, this research aims to help to improve outcomes for those with chronic diseases by identifying strategies already in place that can be adopted, developed further, or manipulated to maximize family support and social services. These results can be applied to intervention strategies to improve the management of symptoms, prevent the recurrence of patient hospitalizations and sanatorium stays, and increase patient satisfaction with treatment. Additionally, the application of strategies that describe how family support and social services relate to chronic illness management is critical to reducing health inequalities among the poor. This research can potentially explain why some patients get support services and why some do not and to expand awareness of inequalities in healthcare to facilitate attempts at reducing inequalities. In addition, by indicating the significance of relying on social services and family support when managing chronic conditions, this work positions the participant and his family as active players in the recovery process and helps them explore suitable services in the right places. Education of patients about the various available support services can assist them to effectively tackle issues concerning chronic illness. Lastly, this research helps articulate the need for integrating healthcare, social services, and agencies from the community to care for populations with chronic conditions. Such intervention with the aim of developing interdisciplinary synergy presents a powerful outcome that can influence stakeholders in optimising resource utilisation for effectiveness in producing the desired results. In addition, the findings of this study can be used as an initial knowledge base for future research that aims to further investigate the various domains of family support and the use of social services to mitigate chronic illness management. Understanding this can help in the knowledge base and further educate the best interventions and best practices in this field. In summary, besides contributing to the growth of the knowledge base about the chronic illness management process, this research can potentially help address inefficiencies and disparities in the health system that are associated with chronic disease care. The study's conclusions could be valuable in choosing the best strategies to apply targeted interventions to optimize the cost of

healthcare and achieve a better healthcare delivery model.

In conclusion, this research paper has some positive implications that will greatly contribute to individuals health, make healthcare delivery more effective and efficient as well as promote the development of more positive and equitable healthcare environment for individuals who are living with chronic illnesses.

Research Questions

1. Management of chronic disease from the perspective of people with chronic illnesses: the place of family support. Which one of them is the most valuable for the well-being and coping resources of families?
2. What Are Some of the Services Used by People with Chronic Illness Latent and How Do They View the Efficacy of These Services? Is there any service that is more effective in addressing some specific areas of chronic illness such as understanding the challenges of managing chronic illness and learning self-care?
3. The first question had to do with the main barriers and hindrances that persons and families experience when attempting to seek social services to manage chronic illness. How these factors like social class, geographical area and culture can affect the access and utilization of these services?
4. How do integrated approaches that connect the families and social service work influence the quality of life and health of those with chronic disease? How do these integrated approaches compare to various traditional healthcare models regarding the dimensions of patient satisfaction, symptom management, and healthcare utilization?

Research Objectives

- To understand the attitudes and experiences of family carers on the care and support they provide to people living with chronic illnesses in their management journey.
- To understand how social services are used by chronic illness patients and how they assess them in meeting their needs.
- To identify barriers to social service utilization by persons/families for remediation of chronic illness.

- Study the effectiveness of integrated interventions that treat family support and social services and the quality of life and healthcare among people suffering from chronic illnesses.

Literature Review

The chronic illnesses present numerous challenges for individuals and families thus need to manage their life in various levels that includes what medicine do only. Over the last decade there has been an emerging understanding that the support of family members and provision of social services improves the quality of life of patients with chronic conditions. The fifth social determinant of health that has been outlined as a factor that affects health outcomes for people suffering from chronic illness is family support (Haber, 2014). Numerous studies have demonstrated that family providers of social support can help patients better manage chronic illnesses and relieve psychological stress (Martire et al. , 2019). Research by Rini et al. (2015) revealed that there is high positive correlation between the perceived family support and the emotional well-being and quality of life of individuals with chronic pain conditions. On the other hand, it shall be noted that there is a need for social services in order to focus on individual needs of individuals with chronic illnesses besides the support provided by their families. Social services are defined as services and programs available to support patient social, economic, and practical needs for their medical condition (Marmot et al. , 2020). It has been established that social services; case management, counseling and financial assistance would facilitate accessing needed healthcare and treatments for derived patients advocating for their health (Lorig et al. , 2016). Although the role of family support and social services is imperative, it is has become evident that there are several barriers that prevent access and usage of these resources. Health and relational inequalities also constrain people by limiting their access to necessary support services (Charmaz 4). Becker (2019) also argued that cultural barriers, stigma, and lack of awareness can also impede individuals' willingness to search for or use resources available to them.

Recent studies suggest that family support in chronic illness management is no longer limited to supporting specific aspects of the chronic illness and its management but instead engages in supporting

patients across a range of life domains. For example, research has demonstrated that involvement of family members leads to improvement in physical and emotional health especially when the individuals have cancer (Merluzzi et al. , 2018). In addition, the quality of the family relationships and the extent to which the patients have several support networks have been found to influence the effectiveness in which the patients will cope with the difficulties of chronic illnesses (Coyne et al. , 2016). Also during chronic illness the role of social services is not limited by provision of opportunities to access health care services. The social services interventions may include emotional and social support for individuals with chronic disorders and provide job skills training, adequate housing, and legal advocacy (Kawachi et al. , 2010). This study findings also point to the efficacy of comprehensive social networking services in helping patients not only to improve their functional status and mental health conditions but also to enhance their quality of life (Piette et al. , 2015). There exists positive correlation between family support and provision of social services on the one hand and it's against marginalization that disadvantaged people are the underprivileged on the other hand. The gaps in availability of resources and services are especially high for members of low-income families, members of racial and ethnic minorities, and residents of rural areas (Williams and Mohammed, 2009). Furthermore, there are multiple cultural factors, like linguistic barriers and cultural taboos associated with illness, that can further limit an individual's use of services to which they have access (Leininger & McFarland, 2006). Against this background there is a clear understanding that to address the issue of chronic illness as a social problem then other social issues that contribute to poor management of chronic illness from a social perspective must be tackled. Recent developments indicate the effectiveness of collaborative care models, which are characterized by a high level of integration of medical professionals, social workers, and community organizations to facilitate comprehensive support and help patients achieve a better status (Butler et al. , 2018). Finally, care that involves more actively engaging patients and their families in the decision-making process is emerging as a recommended way of directing health care interventions toward individuals' personal concerns (Epstein & Street, 2011).

In summary, family support and social services are both very important for helping people and their families to manage chronic illnesses because they provide them with the means to cope with a chronic disease and help them to live with it. More research should be conducted to determine ways of improving access to these resources and solve some obstacles to care in order to improving outcomes for chronically ill people.

Research Methodology

Main purpose of this study may be considered as the attempt to focus on chronic illness management system and family aid as well as social service connection. This research will use a mixed research method where qualitative and quantitative research methods are applied in the analysis of the phenomena under study in order to understand it in a richer and deeper way with regard to the role of family support and social services in chronic illness management. Qualitative data would be collected via in person interviews with individuals with chronic illnesses or their family members regarding their personal perspectives and experiences with social services as well as their families' support structures. Data gathered for the purpose of the study will be quantitative whereby questionnaires will be used to collect information from individuals who suffer from chronic illnesses on their social services usage as well as family support that they perceive to be available so as to get the desired health outcomes. Finally, literature in and policy documents will be analyzed for baseline to orient the audience on the place of the findings in the health care system. In conclusion, the results of this study are hoped to aid in the creation of comprehensive and patient-focused chronic illness treatment and care strategies in the interest of bettering quality of health and quality of life for those experiencing chronic medical conditions as well as their families.

Discussion & Analysis

People live with chronic diseases which comes with a lot of complications in an individual's life. The process of a lymphoma diagnosis, treatment, and follow up is a physically and emotionally draining experience. These challenges offer ground for support from family members to mitigate the effects and keep people in good health. Family becomes the main foundation of managing chronic illnesses for the people suffering from those illnesses. This can

come in many forms and each one will have a certain role in supporting the individual with the condition to deal with the condition and live with it. Learning how people perceive family support; the main areas supporting their well-being are significant for building optimal support systems and enhancing the health of people suffering from chronic diseases.

Emotional support is another type of family support. Chronic illnesses often result in fear, anxiety, and depression because the patients cannot predict how the disease may affect them. During such times, it will be easier for a person to cope with the difficulties in life knowing that family members are also there to appreciate, empathize, and love them. They don't even have to approach their loved one as the presence of someone to care during an unpleasant moment is enough to boost the patient's morale. Additionally, active listening is considered a means of emotional support. It is very important that family members listen attentively to the issues and story of their family members to give them sense of validation and fixing the blame correctly. This not only serves to forge a stronger familial link but also makes the person being treated feel less alone in what is often a very lonely experience. It is not uncommon that support that is just as much practical as it is emotional is a prerequisite for those who are affected by chronic illnesses. Some chores that people with normal health take for granted turn out to be life-stopping challenges for disabled people with limited strength and mobility. Family members who do light and moderate care like preparing meals, picking groceries and other chores relieve the person from stressful work hence saving up their energies. Additionally, it sends a clear message as to the level of the elks interest in their overall health by accompanying them to medical appointments. First, family members can be a great source of emotional support that healthcare consumers particularly need; and second, family members can assist in some of the more tedious tasks like taking notes in during the appointments or even asking clarifying questions for their loved one who is hard of hearing.

Family financial support is another component of the support for people living with chronic illnesses. The treatment and medication are extremely expensive and this results in a huge outgo on part of the already struggling patients and their family members. The immediate family members who indeed come to the rescue to take care of the financial burden or assist in the paperwork when it comes to health insurance

claim or healthcare costs contribute significantly in reducing the stress of managing a chronic illness. Passive support means more than just helping these people with their everyday needs; it also requires creating a soft and nurturing home environment. This may include encouraging openness and sharing personal information, following boundaries, and supporting the individual in the process of setting the limits of his or her capacity. Individuals with such family members who take time to read and learn about the specific condition and additional tips on how to help this person to cope with his/her day-to-day life show their desire to understand and assist the one in question. Moreover, patience is a riveting character trait that nobody can understate about chronic illness. It is very natural to observe fluctuations in the symptoms as well as setbacks sometimes and changes in the treatment approach are very common while dealing with a chronic condition. Those relatives who take their time to model patience and proper adaptation to the above challenges offer a guiding hand to their counterparts. Emphasis on self-determination and dignity of the individual is also extremely important. Families and other caregivers may mean well, however, from being the concerned relatives are not the experts on the individual's experience and condition. It makes the power given to them on the decisions relating to their treatment and care as powerless and they end up deciding on their treatment process. Educating on the wellbeing of chronically ill patients is not just about providing support for immediate illness concerns but also the emotional and mental health of the patient. It is also related to supporting and enabling social integration. Engaging them in various support group activities, community events, free time activities the person is interested in may also relieve his feeling of isolation and even improve his/her quality of life.

In summary, the family support acts as a catalyst in the management process for the afflicted people suffering from chronic diseases. Emotional support, assistance, financial aid, and creating an environment that is suitable for them are a few of the basic ingredients that they need to take care of their wellbeing and use appropriate coping skills. When individuals know and comprehend the significance of the family support and its creation for chronic illness individual could learn to live with their chronic illness as they will have much more support from the family and a much better attitude.

Chronic Illness and Specific Services

Patients who deal with chronic conditions are entitled to a number of social services to help them in managing their conditions. These services can include medical support and social programs tailored to Americans to meet their needs. Some common types of social services utilized by individuals with chronic illnesses include: Some common types of social services utilized by individuals with chronic illnesses include:

Healthcare services: It refers to medical treatment received from doctors and their team of nurses and specialists. It may be followed by medication management, treatment, regular health checkups and controls among other things.

Home care services: It refers to services to help people with chronic illness perform daily tasks because they cannot support themselves. The types of home care include personal resource management, food preparation, treatment support, and mobility support.

Support groups: Peer support refers to chronic illness self-management groups that are dedicated to bringing people together with such complications. These groups act as a channel where individuals can share their experience, learn how to deal with the illness, get inspired from people with the same illness to cope with their internal feeling.

Counseling and therapy: The provision of mental health services including psychotherapy is imperative in relation to dealing with the psychological implications and challenges that come with a chronic disease. These services aim at easing symptoms of anxiety, depression, and stress; and offer the individuals techniques and methods in safeguarding their emotional health.

Rehabilitation services: Rehabilitation services endeavored to elicit the poor functional capacities and life's standard of ill health. These may include physical therapy, occupational therapy speech and language therapy, or other forms of rehabilitation in which the needs of the individual are considered.

Financial assistance programs: In this case chronic diseases are often characterized by high medical costs and this means that patients end up paying high health bills that are a burden to them and their families. If this happens, some of the financial strains such as paying for health care and utilities may be eased by disability benefits, Medicaid, or charitable programs.

Community-based programs: Such embraced programs include medical services and resources offered to the people suffering from chronic diseases within the communities. A good example is educational and skill training programmes and health and fitness programmes as well as transport and socializing forums.

As such, these individuals' perceptions of the effectiveness of the social services would depend on factors such as the type of services provided, the personality of the person presenting the case, the accessibility of the service and the service performance and satisfaction. However, some common themes emerge in how individuals perceive the effectiveness of these services in meeting their needs: However, there are some common trends concerning the effectiveness of these services in terms of on meeting consumers' preferences.

- **Accessibility:** Overall, it is evident that most people prefer social services that are near their place of living which is not severely burdening their ability to cope with their healthcare needs.
- **Comprehensive care:** The end of it all conjured up the fact that services which can address the various functional needs in people like medical, psychological, social, economic is perceived to be in order effective in empowering people towards the management of chronic illness.
- **Personalized approach:** The fact that service providers develop a service that addresses specific needs and wants of customers is referred to as personalization of services and such services are regarded as being more effective/ efficient and /or successful. This might cover cultural issues, language issues or even some specific medical issues.

This might include those issues that arise due to culture, language or the need for specific health conditions to be dealt with.

- **Continuity of care:** It entails a series of steps or intervention designed to manage and integrate works of various organizations in delivering quality health and services to people at all stages of their life.

Some of the social services may be more effective in dealing with specific elements of chronic illness care. For example:

- Healthcare services are used in medical management ranging from diagnosis to treatment and management of the condition in a person.
- Support groups are known to offer emotional sustenance and belonging which helps especially in dealing with the psychosocial components of a chronic illness.
- Rehabilitation services aim to maintain function and promote mobility for patients with chronic disease and therefore there is a need that they are provided for such patients.
- It is observed that financial assistance programs relieve expenses related to healthcare allowing individuals to receive needed medical care and access related services.

As such, the ways that social services have been helpful or not with regard to the individuals with chronic illnesses can be attributed to a number of factors such as accessibility, comprehensiveness, and personalized care as well as the continuity of care. Engagement of social service providers in chronic illness management: Pick up on these factors and align services to individual's needs.

Primary Challenges and Barriers in Utilizing Social Services for Chronic illness Management

Availability and utilization of social services for treating chronic medical conditions is a complex process that features many challenges that affect people and their families. Such barriers usually coincide with variables related to the socioeconomic status, geographical or cultural context, thus further complicating the issue of accessing or utilizing resources.

Majority of the population lacked financial power to access social services for chronic illness management. There is no doubt that many people and households face challenges associated with medical bills, medications, and remedies if they lack sufficient health insurance. The higher costs of treating chronic diseases can easily contribute to adverse household financial conditions that result in rough choices, wherein people sacrifice some of their most important needs such as healthcare. In addition, there is an increased burden of chronic illness and financial challenges from the lack of comprehensive health insurance coverage. Low- and moderate-

income patients may not be able to afford health care prescriptions, medical treatments, or non-emergency care. This may lead to late diagnosis, poor control of long-term illnesses, and poorer general health over time. In addition, geographical distance is another factor that makes it difficult to access social services for chronic illness management for those who cannot easily access services or live far from the services available to them in rural or remote areas. Such regions are short of healthcare providers, support services, and facilities; as a result residents are unable to access sufficient care at the right time. It can be financially or physically challenging for an individual to afford transport and cover long distances to the healthcare facilities.

It is also noted that lack of transportation is a huge challenge that hinders social service use for people with chronic conditions. Some people also use other means like public transport or other family members for transport to medical, therapy or support group meetings. But with lack of personal mobility, especially in rural areas, it is difficult to get to the providers we need to schedule and follow appointments and treatment. Finally, issues such as language and cultural differences also create barriers in terms of access and utilization of social services for chronic illness management. He or she may also fail to communicate effectively if they belong to a culturally and linguistically diverse background in healthcare settings. Thus we can say that the absence of cultural competence leads to misunderstandings and misdiagnoses as well as to inappropriate treatment that contributes to increased health care inequalities in minorities and other oppressed groups. In addition, there are several stigmas associated with some chronic illnesses, including the mental illness and substance abuse, that can hinder access to social services when sick. Publication of personal or family medical information may also cause discrimination and public rejection, which may be a barrier to communication and the diagnostic and treatment process. Learning how to handle chronic diseases and making people more open toward accepting such illnesses are important steps that should be made to make people comfortable in seeking help. Lastly Socioeconomic Status, Geographic location and cultural values influence access and utilization of social services for chronic illness management. Individuals with higher socioeconomic status tend to have more access to resources and support networks and can access

healthcare services in a timely manner, whereas individuals living in rural or other underserved areas often struggle to gain access to healthcare. Cultural beliefs, values and attitudes toward illness and healthcare can also influence consumer behavior and perceptions of social services and help seeking behavior demonstrating the need for culturally competent and inclusive social services.

Impact of Integrated Approaches

Intervention strategies that are family centered and integrate family support and social services can be effective if implemented to support people living with chronic illnesses. Thus these approaches focus on the various aspects of patients and families' well-being in an effort to offer integrated and centralized care that transcends the conventional healthcare system.

The interaction of family and social support and social services with chronic illness management can enhance individuals' quality of life by providing an additional layer of support for their health and other aspects of well-being. Through addressing the entirety of the individual's needs, integrated approaches have an added advantage of assisting patients manage their illness and its impacts on their lives better thus achieving better coping status. It is also possible to change the upstream social determinants of health as well as to support people during chronic illness using integrated approaches and thereby reach better health outcomes. This can include better disease control, minimized symptom categories, decreased adverse event and hospitalization rates, and enhanced health status. Additionally, social services like counseling, support groups, and rehabilitation can be used together with medical care since it deals with the behavioral and functional aspects of chronic care. Another significant contribution of integrated approaches to symptom management and control is that they offer patients with the means, tools, and support that will facilitate symptom control and a better life. In addition, approaches that focus on detecting and managing chronic health conditions before they become severe, as well as on efficiently coordinating care, can further lower the consumption of expensive treatments such as ER visits and hospitalizations. These approaches enable economic use of healthcare resources by focusing on addressing the need for social support, financial security, and access to

healthcare services to prevent the development of poor health outcomes.

In conclusion, it is clear that healthcare models that involve family supports and social services are better at improving patients' health outcomes, enhancing patient satisfaction, and reducing healthcare consumption than the traditional model. That is why establishing and supporting integrated approaches that focus on the social determinants of health and that focus on the patient and the patient's family are critically important to improving chronic illness management and overall population health.

Conclusion

Overall, this research has yielded important information about the process of chronic illness caregiving, especially in regard to family members' involvement and social service involvement. Our study has also applied the mixed-methods approach to uncover how individuals who suffer from chronic illnesses or their family members perceive social services and what challenges they face concerning their access and efficiency.

These results highlight the role of family structure for chronic illness as a source of support both in terms of emotional and instrumental aid and assistance in dealing with the disease. Furthermore, the study suggests the wide range of services offered to the individuals suffering from different chronic diseases including health care navigation, psychosocial support, providing community resources and health care systems. But at the same time, there are strong structural barriers and challenges in engaging with and using social services: structural inequity, cultural mismatch, service shortages. These results clearly illustrate the necessity of more specific interventions and policy changes in removing these barriers for the more vulnerable groups of people with chronic diseases. In future, plans must be put in place to embrace a patient-centered chronic care approach that explore the role of family involvement and socio-economic support in treatment and care. Through investments in education campaigns that appeal to the existing support of these individuals and facilitate their access to social services and healthcare providers, policymakers and community organizations may work together to improve the lives of chronic illness patients while simultaneously reducing healthcare disparities.

To conclude this research is therefore call for action that calls for the involvement in the provision of

family support and social services in the management of chronic illnesses for the betterment for patients and their families. Looking at all these aspects of this population's needs, the healthcare system can get closer to becoming a better, more supportive environment.

Recommendations for Future Related Studies

- **Longitudinal Studies:** Longitudinal designs should also be used to examine the mediating effects of family support and social service on the long-term health outcomes of chronic illness management. Follow-up studies can contribute to the systematic understanding of how people manage their disease and sustain their health over time and how the interventions provided can help them.
- **Comparative Studies:** Inter-country analysis of healthcare and cultural differences can highlight potential differences in terms of the use and effectiveness of family support and social services in chronic conditions. Comparative research is important in identifying the best strategies and policy guidelines that will help address situations in different settings and contributing to improved global efforts in dealing with people with ongoing conditions.
- **Qualitative Exploration of Service Delivery Models:** Qualitative studies examining service delivery models can be highly informative for the investigation of family support and social services intervention mechanisms in managing chronic conditions. These studies will look into the lives of service providers and recipients to address the issue of service delivery for people suffering from chronic illnesses through innovative and efficient methods.
- **Intervention Studies:** There is also a need to conduct intervention studies that will validate the effectiveness of integrated family support and social services offered in chronic illness management. Such studies can also assess the impact of such interventions on the patient's outcomes, hospitalization rates, and general functional well-being of people with chronic diseases.
- **Exploration of Digital Health Solutions:** Although digital health technologies are

common, future studies should focus on the potential of generating online interventions to enable family support and social service delivery to persons with chronic illnesses. Literature on the role of telehealth, mobile applications and online support groups in supplementing traditional support services will be relevant in the context of the development of public health strategies.

- **Health Economics Research:** Health economics studies can evaluate the potential for supporting family and social service integration into chronic care. Cost-effectiveness analyses calculate changes in expenditure, productivity, and quality-adjusted life years that result from interventions, offering important information to healthcare decision makers and stakeholders.
- **Intersectional Approaches:** Future research should take an intersectional approach to investigate how factors like race, ethnicity, social class, gender identity, and disability might be related to family support and social services use in the management of chronic diseases. Focusing on the dimensions of intersectionality and the social determinants of health can help explain the inequities in populations' health.
- **Global Health Perspectives:** Family support and social services are vital in the management of chronic illness, and research into the issue should be based on the global health-care needs of the world population. Research performed in low- and middle-income nations can also help determine the unique ways through which resource limitations can be effectively managed to provide access to care to the needy populations.

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