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Psychological and social determinants associated with life satisfaction among patients with prostate cancer

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ABSTRACT

This study examined the associations between life satisfaction and both social support and emotional intelligence among patients with prostate cancer, and estimated the proportion of variance in life satisfaction associated with each variable. A quantitative, cross-sectional correlational design was used with 100 patients with prostate cancer attending Hassan II

University Hospital in Fez, Morocco. Life satisfaction was assessed using the Satisfaction With Life Scale (SWLS), together with measures of social support and emotional intelligence. Data were analyzed using Pearson correlation coefficients and separate simple linear regression models. Social support was positively associated with life satisfaction ($r = .378$, $p < .001$) and accounted for 14.3% of the variance in life satisfaction ($R^2 = .143$, $F = 16.380$, $p < .001$). Emotional intelligence was also positively associated with life

satisfaction ($r = .279$, $p = .005$) and accounted for 7.8% of its variance ($R^2 = .078$, $F = 8.259$, $p = .005$). These findings suggest that social and emotional resources are associated with more favorable cognitive evaluations of life in this patient population; however, causal inferences cannot be drawn because of the cross-sectional design. The findings support the integration of psychosocial assessment into comprehensive prostate cancer care and highlight the need for multicenter longitudinal studies examining the independent contribution of these variables after adjustment for clinical and demographic factors.

Key words: emotional intelligence, life satisfaction, prostate cancer, social support.

1. Introduction

Prostate cancer is a complex health experience whose consequences extend beyond the disease itself to physical functioning, self-image, intimate and social relationships, and emotional well-being. Recent evidence indicates that treatment and survivorship may be accompanied by fear, anxiety, psychological distress, changes in social and intimate roles, and ongoing needs for information and support, underscoring the value of a biopsychosocial approach to understanding adjustment to the disease [8]. From this perspective, the assessment of positive psychological well-being is an essential complement to the assessment of symptoms and dysfunction.

Life satisfaction is a core cognitive component of subjective well-being and refers to an individual's global evaluation of life according to personal standards, expectations, and goals [2]. This construct is particularly relevant in oncology because adjustment to cancer cannot be reduced to the absence of depression or anxiety. Despite the burden of illness and treatment, patients may retain a positive appraisal of their lives when they have access to personal resources, supportive relationships, a sense of meaning, and effective coping strategies. A systematic review and meta-analysis in patients with cancer found that life satisfaction is associated with several indicators of well-being and meaning, supporting its consideration as a distinct psychological outcome of both clinical and research relevance [9].

The social context represents one of the most important potential resources in the adjustment process. Social support extends beyond the mere presence of other people and encompasses the perceived availability of emotional, informational, and instrumental assistance, as well as a sense of belonging. In a large longitudinal study of prostate cancer survivors, social integration was associated with better

outcomes across several dimensions of well-being and psychosocial quality of life [1]. Recent qualitative reviews likewise indicate that patients repeatedly report needs for support from family members, partners, and healthcare services, whereas inadequate support and communication may increase the burden of post-treatment adjustment [8].

These issues may be especially salient in the Moroccan context, where family and close social networks can play a central role in daily care, decision-making, and adaptation to illness. Among Moroccan patients with prostate cancer, El Marjany et al. [3] found that greater social support was associated with lower depression and higher life satisfaction. Re-examining this association within a framework that also includes an internal psychological resource — emotional intelligence — may broaden understanding of life satisfaction from external support alone to the potential interplay between social resources and emotional competencies.

Emotional intelligence refers to a set of abilities or competencies involved in perceiving, understanding, regulating, and adaptively using emotions. In the context of cancer, these competencies may be relevant to how patients process fear, uncertainty, and treatment-related changes and develop more adaptive responses. A Moroccan study of patients with prostate cancer reported an inverse association between emotional intelligence and depression [6]. More broadly, a recent systematic review found that emotional intelligence in patients with cancer was associated with psychological well-being, quality of life, anxiety, depression, and life satisfaction, while noting the predominance of cross-sectional designs in the existing literature [10]. Accordingly, the present study examines one social resource (social support) and one psychological resource (emotional intelligence) in relation to life satisfaction among patients with prostate cancer.

2. Research problem

Despite growing attention to the psychosocial consequences of prostate cancer, the literature continues to focus more heavily on psychological distress and health-related quality of life than on global life satisfaction as a distinct cognitive appraisal. Evidence integrating a social resource such as social support and a psychological-emotional resource such as emotional intelligence within the same conceptual framework also remains limited, particularly in Arab and Moroccan settings. The present study therefore addresses this gap by examining whether these two resources are associated with life satisfaction among patients with prostate cancer and by estimating the proportion of variance associated with each, without assuming causal relationships.

Main research question: What is the nature of the relationship between selected psychological and social determinants and life satisfaction among patients with prostate cancer?

Two subsidiary questions were examined: (1) What is the relationship between social support and life satisfaction among patients with prostate cancer? (2) What is the relationship between emotional intelligence and life satisfaction among patients with prostate cancer?

3. Study objectives and hypotheses

The study aimed to: (1) examine the association between social support and life satisfaction among patients with prostate cancer; (2) examine the association between emotional intelligence and life satisfaction; and (3) estimate the proportion of variance in life satisfaction associated with social support and emotional intelligence in separate simple regression models. Given the cross-sectional design, interpretation was restricted to statistical associations.

Hypothesis 1: Social support is positively and significantly associated with life satisfaction among patients with prostate cancer.

Hypothesis 2: Emotional intelligence is positively and significantly associated with life satisfaction among patients with prostate cancer.

4. Methods

4.1. Study Design

A quantitative, cross-sectional descriptive-correlational design was used because it was appropriate for examining relationships among variables as observed in the sample, without experimental intervention or manipulation. Accordingly, correlation and regression coefficients were interpreted as indicators of association and shared variance rather than evidence of causal direction.

4.2. Participants

The sample comprised 100 patients diagnosed with prostate cancer who were receiving care at Hassan II University Hospital in Fez, Morocco. Participants ranged in age from 30 years to older than 60 years.

4.3. Measures

Three psychometric instruments were used to assess the study variables. Social support was measured using the Social Support Appraisals Scale developed by Vaux, Phillips, Holly,

Thompson, Williams, and Stewart (1986). The 23-item scale assesses individuals' perceptions of the availability of social support from different sources. The version used in the doctoral thesis was retained for the present study. Internal consistency was excellent in the current sample (Cronbach's $\alpha = .946$), and item-total associations were statistically significant.

Emotional intelligence was assessed using the Wong and Law Emotional Intelligence Scale (WLEIS; Wong & Law, 2002), a 16-item measure comprising four dimensions: self-emotion appraisal, others' emotion appraisal, use of emotion, and regulation of emotion. Higher total scores indicate higher emotional intelligence. The version used in the doctoral thesis was retained. Internal consistency in the present sample was good (Cronbach's $\alpha = .891$), with significant item-total correlations supporting the scale's internal consistency.

Life satisfaction was assessed using the five-item Satisfaction With Life Scale (SWLS; [2]), which measures an individual's global cognitive evaluation of satisfaction with life. Higher scores indicate greater life satisfaction. Internal consistency in the present sample was good (Cronbach's $\alpha = .881$), and the items showed significant correlations with the total score.

4.4. Statistical Analysis

Descriptive statistics were computed as appropriate. Pearson's correlation coefficient was then used to examine the direction and strength of associations between variables, and simple linear regression was used to estimate the proportion of variance in life satisfaction associated with each predictor separately. Statistical significance was set at $p < .05$.

5. Results

Table 1. Association Between Social Support and Life Satisfaction Among Patients with Prostate Cancer.

Variables	N	r	p	Direction of association
Social support $\times$ Life satisfaction	100	.378	< .001	Positive and statistically significant

The results showed a statistically significant positive correlation between social support and life satisfaction, indicating that greater perceived social support was associated with higher life satisfaction in the study sample.

Table 2. Simple Linear Regression of Social Support on Life Satisfaction.

Independent variable	R	R ²	Explained variance	F	t	β	p
Social support	.378	.143	14.3%	16.380	4.047	.263	< .001

The model indicated that social support accounted for 14.3% of the variance in life satisfaction and that the regression model was statistically significant.

Table 3. Association Between Emotional Intelligence and Life Satisfaction Among Patients with Prostate Cancer.

Variables	N	r	p	Direction of association
Emotional intelligence $\times$ Life satisfaction	100	.279	.005	Positive and statistically significant

Table 4. Simple Linear Regression of Emotional Intelligence on Life Satisfaction.

Independent variable	R	R ²	Explained variance	F	t	β	p
Emotional intelligence	.279	.078	7.8%	8.259	2.874	.289	.005

The model indicated that emotional intelligence accounted for 7.8% of the variance in life satisfaction and that the regression model was statistically significant.

Table 5. Summary of Correlational Findings and Simple Regression Models.

Predictor	r with life satisfaction	R ²	Explained variance	Significance
Social support	.378	.143	14.3%	$p < .001$
Emotional intelligence	.279	.078	7.8%	$p = .005$

Note. The comparison of explained variance is descriptive across two separate simple regression models and should not be interpreted as a test ranking the relative strength of predictors within a multiple regression model.

6. Discussion

The study found that social support was positively associated with life satisfaction among patients with prostate cancer ($r = .378$, $p < .001$), with the simple regression model for social support accounting for 14.3% of the variance in life satisfaction. This finding indicates a meaningful association between perceived support and patients' global cognitive evaluation of their lives, without implying that social support causes higher life satisfaction. The result is consistent with previous Moroccan research by El Marjany et al. [3] and converges with more recent evidence showing that social integration among prostate cancer survivors is associated with better psychosocial outcomes [1]. This convergence adds cumulative value to the present finding by linking social support not only to lower levels of distress but also to a positive indicator of well-being—life satisfaction.

This association may be understood within a psychosocial protective-resource framework. Emotional support may reduce feelings of isolation, informational support may facilitate understanding of the disease and its treatment, and instrumental support may alleviate the practical burden of everyday life. A recent qualitative systematic review of the experiences of prostate cancer survivors identified support needs, relational adjustment, and communication with healthcare professionals as central components of the psychological experience after treatment [8]. In the present study, social support may therefore be viewed as a resource associated with restoring a sense of security, continuity, and belonging in the context of an illness that can produce substantial physical, functional, and relational changes.

The findings also showed a positive association between emotional intelligence and life satisfaction ($r = .279$, $p = .005$), with emotional intelligence accounting for 7.8% of the variance in the simple regression model. One possible interpretation is that the ability to identify, understand, and regulate emotions may help patients respond more adaptively to fear, uncertainty, and illness-related changes. This result is consistent with the previously reported inverse association between emotional intelligence and depression among Moroccan patients with prostate cancer [6]. It is also supported by a recent systematic review in psycho-oncology linking emotional intelligence to well-being, quality of life, anxiety, depression, and life satisfaction, while emphasizing that most available evidence is cross-sectional [10]. The

present finding therefore contributes prostate cancer-specific evidence from a Moroccan setting, but it is insufficient on its own to establish a causal pathway from emotional intelligence to life satisfaction.

Importantly, the difference between $R^2 = .143$ for social support and $R^2 = .078$ for emotional intelligence should not be interpreted as a definitive ranking of the relative importance of the two variables, because each was examined in a separate simple regression model. Nevertheless, the findings suggest that life satisfaction is multiply determined and that each resource accounts for a modest but meaningful proportion of variance, while a substantial proportion remains attributable to factors not included in the models. Such factors may include disease stage, treatment modality and adverse effects, pain and fatigue, urinary and sexual functioning, marital and socioeconomic status, depression and anxiety, coping strategies, and meaning in life. Future studies would benefit from multiple or hierarchical regression models estimating the independent contribution of each resource after adjustment for demographic and clinical variables, or from theoretically grounded mediation or moderation models where sample size and study design permit.

7. Clinical and research implications

The findings highlight the value of assessing positive psychosocial resources rather than focusing exclusively on psychological distress. In psycho-oncology practice, brief questions or measures of perceived support and the capacity to understand and regulate emotions could be incorporated into comprehensive assessment, with patients demonstrating unmet needs subsequently referred to appropriate interventions. From a research perspective, the findings suggest a testable model integrating social and emotional resources with clinical variables and examining whether emotion regulation or social support mediates or moderates the association between illness burden and well-being. These hypotheses should be tested using longitudinal designs and multivariable models before mechanistic or causal conclusions are drawn.

Conclusion and recommendations

The study identified significant positive associations between life satisfaction and both social support and emotional intelligence in a sample of patients with prostate cancer in Fez, Morocco. The findings are consistent with a biopsychosocial understanding of adjustment to cancer, suggesting that patients' evaluations of their lives are associated not only with the medical context but also with social and emotional resources. A key contribution of the study is its simultaneous

consideration of an external resource — social support — and an internal resource — emotional intelligence — within a single investigation of Moroccan patients with prostate cancer.

At the clinical level, the findings support incorporating brief screening of psychosocial needs into the care pathway, with particular attention to patients with limited support networks or difficulties in emotion regulation. The present study does not justify describing any specific intervention as effective; rather, it provides a basis for future trials of interventions designed to mobilize family and social support, strengthen emotion-regulation skills, and enhance self-management and health education. Empowerment and self-management programs for patients with prostate cancer have shown potential to improve aspects of well-being and engagement with support, making the evaluation of comparable interventions in the Moroccan context a promising research direction [7].

Limitations

The findings should be interpreted in light of several methodological limitations. First, the cross-sectional correlational design does not allow the direction of associations to be established or causal inferences to be made. Second, the sample was limited to 100 patients from a single hospital center, restricting the generalizability of the findings. Third, social support and emotional intelligence were examined in separate simple regression models; consequently, their independent contributions cannot be determined after adjustment for one another and for relevant clinical and demographic variables. Fourth, reliance on self-report measures may have introduced response and common-method bias. Fifth, the analyses presented did not adjust for detailed clinical indicators such as disease stage, time since diagnosis, or treatment modality. A strength of the study, however, is its focus on a positive indicator of well-being and its integration of a social and an emotional resource in a Moroccan clinical sample that remains underrepresented in the international literature.

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