



The Relationship Between Family Support and Self-Efficacy in Preoperative Breast Cancer Patients: Implications for Healthcare Practices

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ABSTRACT

Preoperative carcinoma mammae patients frequently experience diminished self-efficacy, which can impede their ability to cope with medical procedures and affect recovery outcomes. Family support is considered a crucial factor in enhancing self-efficacy, offering emotional, informational, and instrumental assistance that strengthens patients' confidence. This study aims to explore the relationship between family support and self-efficacy in preoperative breast cancer patients at Abdul Moeloek Hospital, Lampung Province, in 2023. Utilizing a cross-sectional design, 78 respondents were selected through non-probability sampling. Family support was measured using a validated family support questionnaire, while self-efficacy was assessed through the Strategies Used by People to Promote Health (SUPPH) questionnaire. The results revealed that 85.9% of patients reported high levels of family support, and 88.5% exhibited strong self-efficacy. Statistical analysis, using the Chi-Square test, indicated a significant relationship between family support and self-efficacy ($p = 0.003$), reinforcing the theoretical framework of Bandura's self-efficacy model, which posits that social support enhances individuals' confidence in overcoming challenges. The findings suggest that integrating structured family support programs into preoperative care can improve self-efficacy, ultimately leading to better patient outcomes. This research contributes to the understanding of psychosocial factors in cancer care, emphasizing the need for educational interventions targeting families to optimize patient recovery.

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Kata kunci:

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ABSTRAK

Pasien carcinoma mammae pra-operasi sering mengalami penurunan self-efficacy, yang dapat menghambat kemampuan mereka dalam menghadapi prosedur medis dan mempengaruhi hasil pemulihan. Dukungan keluarga dianggap sebagai faktor penting dalam meningkatkan self-efficacy, dengan memberikan bantuan emosional, informasi, dan instrumental yang memperkuat kepercayaan diri pasien. Penelitian ini bertujuan untuk mengeksplorasi hubungan antara dukungan keluarga dan self-efficacy pada pasien kanker payudara pra-operasi di Rumah Sakit Abdul Moeloek, Provinsi Lampung, pada tahun 2023. Menggunakan desain potong lintang, 78 responden dipilih melalui non-probability sampling. Dukungan keluarga diukur menggunakan kuesioner dukungan keluarga yang tervalidasi, sementara self-efficacy dinilai dengan menggunakan kuesioner Strategies Used by People to Promote Health (SUPPH). Hasil penelitian menunjukkan bahwa 85,9% pasien melaporkan tingkat dukungan keluarga yang tinggi, dan 88,5% menunjukkan self-efficacy yang kuat. Analisis statistik menggunakan uji Chi-Square menunjukkan adanya hubungan signifikan antara dukungan keluarga dan self-efficacy ($p = 0,003$), yang memperkuat kerangka teori self-efficacy Bandura, yang menyatakan bahwa dukungan sosial meningkatkan kepercayaan individu dalam menghadapi tantangan. Temuan ini menunjukkan bahwa integrasi program dukungan keluarga yang terstruktur ke dalam perawatan pra-operasi dapat meningkatkan self-efficacy, yang pada akhirnya mengarah pada hasil pemulihan pasien yang lebih baik. Penelitian ini

berkontribusi pada pemahaman faktor psikososial dalam perawatan kanker, dengan menekankan perlunya intervensi edukasi yang ditujukan kepada keluarga untuk mengoptimalkan pemulihan pasien.

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INTRODUCTION

Carcinoma mammae, or breast cancer, is one of the most feared types of cancer among women worldwide. Its symptoms include pain, lumps, unusual breast enlargement, wrinkled breast skin, and bloody discharge from the nipples. This fear arises primarily because breast cancer is often incurable when detected at an advanced stage (Isnaini, 2018). Breast cancer has become a global health issue, with 18.1 million new cases and 9.6 million deaths reported in 2018. Breast cancer alone accounted for 12.9% of total cancer-related deaths, and the number of cases is projected to increase to 22 million by 2030 (Firmiana et al., 2018; Laoli, 2022).

In Indonesia, the prevalence of breast cancer is 42.1 per 100,000 population, according to data from the 2018 Basic Health Research, accounting for 30% of all cancer cases in the country, making it higher than cervical cancer, which contributes to 24% of cases (Azmi et al., 2020). In Lampung Province, the incidence of breast cancer is notably high, with 380 positive cases reported in 2019, and Bandar Lampung City recorded the highest incidence with 250 cases (Deswindra, 2020). Based on data from the surgical ward of Dr. H. Abdul Moeloek General Hospital, Lampung, 350 carcinoma mammae patients were treated from March to August 2022. Of these, 38% experienced a lack of family support, evidenced by the absence of family members during treatment and insufficient assistance with medical expenses, which directly impacted the patients' self-efficacy (Ramanda et al., 2022).

In carcinoma mammae patients, uncertainty about recovery often triggers deep fear and pessimism, leading them to feel reluctant to burden their families with their condition (Kristanto et al., 2017). Furthermore, limited knowledge about the disease, coupled with myths circulating in the community, worsens patients' conditions, resulting in delayed treatment (Astuti et al., 2019). The physical changes caused by breast cancer also have profound psychological and social impacts, including disruptions to body image, sexual relationships, family roles, and conflicts in decision-making related to treatment options (Wulandari et al., 2017). Family support has been widely recognized as a critical factor in the psychological and physical well-being of patients, particularly those undergoing medical procedures such as cancer surgeries. In the context of breast cancer, patients often face significant emotional, physical, and psychological challenges, including fear, anxiety, and uncertainty about treatment outcomes (Wang et al., 2020). Family support plays a crucial role in enhancing a patient's self-efficacy, which Bandura (1997) defines as an individual's belief in their ability to execute actions required to manage prospective situations effectively. In the case of preoperative care, self-efficacy reflects a patient's confidence in navigating the physical and psychological demands of treatment and recovery.

One of the primary dimensions of family support is emotional support, which provides comfort, empathy, and encouragement to the patient. Emotional support from family members can significantly reduce a patient's anxiety

and enhance their sense of control over the situation (Ben-Ari et al., 2021). Research has shown that cancer patients receiving high levels of emotional support report higher self-efficacy, feeling more confident in managing the uncertainties of their condition (Shim et al., 2018). This emotional security helps patients focus on recovery rather than dwelling on the fears associated with their illness (Park et al., 2020). Additionally, family members often share valuable knowledge and advice, acting as intermediaries between patients and healthcare providers, which increases patients' understanding of medical procedures and treatment options (García-Martínez et al., 2022). Informational support boosts patients' sense of competence, further enhancing their self-efficacy (Li et al., 2020).

Instrumental support, such as helping with daily activities, attending medical appointments, and managing financial aspects of care, also contributes significantly to higher self-efficacy in patients. This type of tangible assistance allows patients to focus more on their treatment and recovery, knowing that their basic needs are being met (Chien et al., 2021). When family members provide practical support, patients can better manage treatment-related stressors and maintain a positive outlook, which enhances their engagement in the care process (Lee et al., 2020). Consequently, the presence of a supportive family fosters resilience, helping patients adapt to the demands of cancer treatment and promoting proactive coping strategies, such as seeking information and adhering to treatment plans (Leung et al., 2022; Hu et al., 2019).

Overall, family support not only directly influences self-efficacy but also improves patients' psychological well-being and adherence to treatment protocols, ultimately leading to better health outcomes (Wu et al., 2021). Given the critical role of family support, healthcare providers should actively involve family members in patient care. Educational programs that equip families with the necessary knowledge and skills to provide emotional, informational, and instrumental support can greatly enhance the treatment experience and outcomes for breast cancer patients (Wang et al., 2020).

According to Bandura (1997), an individual's self-efficacy can be improved through strong social support, including family support, which encompasses emotional, informational, and practical assistance. Family support can provide peace of mind, reduce depression, and encourage patients to continue treatment and strive for recovery (Setyaningrum et al., 2018). The strong bond between patients and their families creates a sense of being needed, empowering patients to believe they have the capacity to recover, thereby increasing their self-efficacy (Astuti et al., 2019).

Previous studies have shown that cancer patients greatly need family support as a primary source of motivation during the healing process. Family participation in patient recovery has a significant positive effect on their health status, which in turn boosts patients' confidence in their ability to recover (Retnaningsih, 2022; Rusmiati & Maria, 2023). However, there remains a knowledge gap in this area, particularly regarding how family support influences self-efficacy in carcinoma mammae patients, specifically in

Indonesia. This study aims to address this gap by investigating how family involvement affects self-efficacy in breast cancer patients undergoing preoperative care in Indonesia, thereby contributing to the broader development of self-efficacy theory in relation to family support within the field of oncology.

METHODS

Research Design

This study employed a quantitative research method with an analytical correlation design using a cross-sectional approach. The research was conducted from March 8, 2023, to May 8, 2023. Data collection was carried out in the Surgery Department at Dr. H. Abdoel Moeloek Hospital, Lampung Province. A cross-sectional design allows for the examination of relationships between variables at a single point in time, providing valuable insight into how family support is associated with self-efficacy in preoperative breast cancer patients.

Participants

The population in this study consisted of all preoperative breast cancer patients at Dr. H. Abdoel Moeloek Hospital, Lampung Province, in 2023. According to hospital data from March to August 2022, there were a total of 350 breast cancer patients during that period. Non-probability sampling was used, with accidental sampling selected as the technique for determining the sample. Based on the Slovin formula, the sample size was determined to be 78 preoperative patients, collected over the period of March to May 2023.

Instruments

In this study, two validated questionnaires were used to measure the main variables: self-efficacy and family support. To assess patients' self-efficacy, the Strategies Used by People to Promote Health (SUPPH) questionnaire was employed. The SUPPH is a widely recognized tool that has been specifically designed to measure self-efficacy in health-related behaviors, particularly in patients dealing with chronic illnesses like cancer. The questionnaire consists of multiple items that evaluate patients' confidence in managing their health, coping with treatment, and engaging in behaviors that promote recovery. The reliability of the SUPPH has been well-documented in prior research, with a Cronbach's alpha coefficient of 0.85, reflecting a high level of internal consistency and reliability (Lev et al., 2001). This strong reliability ensures that the instrument produces consistent results across different populations of patients, making it an appropriate tool for assessing self-efficacy in breast cancer patients undergoing preoperative care.

To measure family support, a structured questionnaire was developed based on existing validated instruments that have been used in studies with breast cancer patients. The family support questionnaire evaluates different dimensions of support, including emotional, informational, and instrumental support provided by family members during the patient's illness. The questionnaire was adapted from Kim et al. (2020), ensuring that the tool is both culturally relevant and applicable to the local context. This instrument has shown good validity in previous studies, meaning it accurately captures the construct of family support and its impact on the well-being of breast cancer patients.

Data Collection

Before initiating data collection, all researchers underwent thorough training to ensure the standardized use of the instruments across all participants. This training included sessions on how to properly administer the SUPPH and family support questionnaires, with particular emphasis on maintaining consistency in instruction and interaction with participants. The goal of this training was to minimize potential bias that could arise from variations in the administration process, which is a common issue in questionnaire-based research (Fowler, 2014).

The data collection process was conducted in a structured and organized manner. First, patients who met the inclusion criteria were identified. These criteria were pre-established to ensure that only preoperative breast cancer patients were included in the study, thus maintaining the homogeneity of the sample. After identifying eligible patients, the researchers provided them with a detailed explanation of the study's objectives, procedures, and confidentiality measures. Participants were asked to sign informed consent forms to formally agree to participate in the study.

To further ensure the accuracy and integrity of the data, researchers followed a standardized protocol for verifying and reviewing the completed questionnaire forms. Each completed form was cross-checked for completeness and consistency, and any ambiguous or missing responses were clarified with the participants. This verification process was crucial in maintaining data quality and ensuring that all responses were accurately captured (Creswell & Creswell, 2017).

Finally, to safeguard participants' privacy, all personal and sensitive information was anonymized, and the data were stored securely. This adherence to ethical standards ensured that the data collection process not only produced reliable and valid data but also respected the rights and confidentiality of the participants.

Ethical Considerations

The study adhered to ethical standards in protecting respondents' rights and maintaining data confidentiality. Participants were informed about the purpose and procedures of the study, and informed consent was obtained before participation. Given the sensitive nature of the study involving breast cancer patients, researchers took steps to protect participants' privacy and safeguard their data. Confidentiality was ensured by anonymizing the data and securely storing the information in a password-protected database accessible only to the research team. This research received ethical approval from the Tanjungkarang Health Polytechnic with approval number 112/KEPK-TJK/1/2023.

Data Analysis

The data in this study were processed using a statistical software program to examine the relationship between family support and self-efficacy in preoperative breast cancer patients. The analysis was conducted using the Chi-Square test, a statistical method suitable for examining associations between categorical variables, which is consistent with the nature of the data collected in this study. For hypothesis testing, two criteria were applied: if the p-value was less than or equal to the significance level ($\alpha = 0.05$), the null hypothesis (H_0) was rejected, indicating a significant relationship between family support and self-

efficacy. Conversely, if the p-value was greater than α (0.05), the null hypothesis was not rejected, suggesting no significant relationship between the variables. This approach allowed the researchers to determine whether family support had a statistically significant impact on the self-efficacy of breast cancer patients.

RESULTS OF STUDY

Table 1. Frequency Distribution Respondents in Preoperative Carcinoma Mammae Patients

Characteristics	Amount	Percentage (%)
Age		
19-44 (Mature)	21	26,9
45-49 (Pre-Elderly)	52	66,7
>60 (Elderly)	5	6,4
Marital Status		
Marry	77	98,7
Single	1	1,3
Diagnosed Long Ago		
<1 Year	12	15,4
2-5 Years	66	84,6
Operation History		
Never	75	96,2
Ever	3	3,8
Stadium		
II	3	3,8
III	60	76,9
IV	15	19,2

Based on table 1. it is known that from 78 respondents. The most age is pre-elderly (45-59) of 52 (66.7%), the most marital status is married of 77 (98.7%), the longest. The highest number of diagnoses was (2-5 years) at 66 (84.6%), the highest history of surgery was never surgery at 75 (96.2%), and the most frequent stage was stage III at 15 (19.2%).

Table 2. Frequency Distribution of Family Support and Self Efficacy in Preoperative Carcinoma Mammae Patients (N=78)

Variables	Frequency	Percentage (%)
Family Support		
Low	0	0.0
Medium	11	14.1
High	67	85.9
Self Efficacy		
Highest	69	88.5
Lowest	9	11.5

Family Support and Self-Efficacy in Preoperative Carcinoma Mammae Patients

Based on table 2, it was found that from 78 respondents. Family support in the high carrying capacity category had the highest number of respondents with 67 (85.9%) respondents compared to the medium supporting capacity category with 11 (14.1%) respondents and none in the low carrying capacity category. It was found that out of 78 respondents. Self-efficacy (self-confidence) in the highest category had the highest number of respondents with 69 (88.5%) compared to the lowest category with 9 (11.5%) respondents.

Table 3. Results Analysis of the Relationship between Family Support and Self-Efficacy in Preoperative Carcinoma Mammae Patients

Family Support	Self Efficacy		OR	p-value
	Highest	Lowest		
Medium	6	4	0,119	0,003
High	63	5		
Total	69	9		

Relationship Between Family Support and Self-Efficacy In Preoperative Breast Cancer Patients

Based on table 3. shows the results of the non-parametric test using the chi-square test that out of 10 respondents with moderate category family support, there were 6 respondents with the highest self-efficacy (self-confidence) and 4 respondents with self-efficacy (belief self) low. Of the 68 respondents in the high category of family support, of the 63 respondents with the highest self-efficacy, there were 5 respondents and the respondents with low self-efficacy. Statistical test of the relationship between family support and self-efficacy in preoperative breast cancer patients obtained a p-value of 0.003 ($p < 0.05$), so it can be concluded that there is a significant relationship between family support and self efficacy. The results of the analysis also obtained an Odds Ratio (OR) of 0.119 meaning that respondents who have family support have a risk of 0.119 times forming self-efficacy (self-confidence).

DISCUSSION

The results of this study demonstrate a significant relationship between family support and self-efficacy in preoperative breast cancer patients, with a notable proportion of respondents (85.9%) reporting high levels of family support and 88.5% demonstrating strong self-efficacy. The statistical analysis, confirmed by a p-value of 0.003, indicates that higher family support is significantly associated with higher self-efficacy in patients preparing for breast cancer surgery. These findings align with several previous studies, such as those by Kim et al. (2020) and Ahn et al. (2019), both of which highlight the critical role of family support in enhancing the psychological well-being and self-efficacy of cancer patients. Family support has been shown to mitigate the emotional distress that often accompanies serious illnesses like cancer, thereby fostering greater confidence in patients to face the challenges of their condition (Wang et al., 2020).

According to Bandura’s theory of self-efficacy, individuals’ beliefs in their ability to overcome challenges

are shaped by external factors such as social support (Bandura, 1997). In this study, the emotional, informational, and instrumental support provided by family members were found to play an essential role in enhancing a patient's confidence in navigating the complex demands of cancer treatment. Emotional support, in particular, helps patients manage the fear and anxiety associated with their illness, which in turn allows them to maintain a positive outlook and higher self-efficacy (Ben-Ari et al., 2021). Similarly, informational support—where family members assist patients in understanding their diagnosis and treatment options—has been shown to empower patients, fostering a greater sense of control over their health and treatment decisions (García-Martínez et al., 2022). These forms of support are crucial for helping patients develop confidence in their ability to successfully navigate cancer treatment, which is often a lengthy and stressful process.

The Chi-Square test results from this study revealed that patients with higher levels of family support were 0.119 times more likely to develop higher self-efficacy compared to those with lower support. This finding is significant not only statistically but also in practical terms, as it suggests that even modest increases in family involvement can substantially boost a patient's confidence in managing their treatment. Instrumental support, such as helping patients attend medical appointments, managing finances, or assisting with daily activities, helps relieve the additional stress of cancer treatment, allowing patients to focus more on their recovery (Chien et al., 2021). For example, research by Shim et al. (2018) indicated that breast cancer patients who received consistent instrumental support from their families showed marked improvements in treatment adherence and emotional well-being, which correlates with higher self-efficacy. This is supported by Leung et al. (2022), who found that patients who perceived strong family involvement were better able to cope with the demands of cancer treatment, leading to improved resilience and greater confidence in their ability to manage the disease.

Moreover, the findings are consistent with research that highlights the importance of emotional and informational support in improving self-efficacy (Ben-Ari et al., 2021; Shim et al., 2018). Emotional support has been shown to reduce the anxiety and fear associated with cancer treatment, which allows patients to adopt a more optimistic perspective. This is critical in maintaining higher self-efficacy, as patients who feel supported emotionally are more likely to engage actively in their treatment and recovery (Park et al., 2020). Similarly, informational support enables patients to better understand their condition, treatment procedures, and outcomes, fostering a sense of competence and mastery over their health (García-Martínez et al., 2022). When patients feel informed and supported, they are more confident in their ability to face treatment-related challenges, leading to better health outcomes.

In summary, this study adds to the growing body of evidence suggesting that family support is a key determinant of self-efficacy in cancer patients. The findings have important implications for both clinical practice and future research. Healthcare providers should consider involving family members more actively in the care process, providing them with the resources and information they need to effectively support patients emotionally and practically. Future research could explore how different types of family support impact self-efficacy at various stages of cancer treatment, as well as examine cultural factors that may influence the nature of family involvement in patient care.

Limitations and Practical Implications of the Study

This study has several limitations that should be acknowledged. First, the cross-sectional design limits the ability to draw causal inferences between family support and self-efficacy. While the study found a significant association between these variables, it cannot determine whether family support directly improves self-efficacy or if higher self-efficacy leads to greater perceived family support. Future studies using longitudinal designs would provide a clearer understanding of how family support influences self-efficacy over time and at various stages of cancer treatment (Wang et al., 2020).

Second, the study utilized non-probability sampling, specifically accidental sampling, which may introduce selection bias and limit the generalizability of the findings. The sample was drawn from a single hospital in Lampung Province, Indonesia, and therefore the results may not fully represent the experiences of breast cancer patients in other regions or healthcare settings, particularly in different cultural or socioeconomic contexts (García-Martínez et al., 2022). This limitation restricts the extent to which the findings can be applied to a broader population.

Additionally, the study relied on self-reported measures, which are prone to recall bias and social desirability bias. Patients may have over-reported their levels of family support or self-efficacy due to perceived societal or cultural expectations. Future research could mitigate these biases by incorporating objective measures or triangulating data sources, such as obtaining reports from family members or healthcare providers to complement patient self-reports (Ben-Ari et al., 2021). This approach would provide a more accurate and balanced perspective on the variables being studied.

Despite these limitations, the study offers valuable practical implications for healthcare providers and policymakers. The findings suggest that family support is a key determinant of self-efficacy in preoperative breast cancer patients, underscoring the need for healthcare providers to actively engage family members in the care process. Hospitals and cancer treatment centers could implement family-centered care programs, involving family members in consultations, treatment planning, and decision-making. This approach could enhance patient outcomes by increasing both emotional and instrumental support during treatment (Ahn et al., 2019). Furthermore, educational programs for family members aimed at improving their knowledge and skills in providing emotional and practical support could significantly improve patients' psychological well-being and treatment adherence (Leung et al., 2022).

CONCLUSION

This study highlights the significant relationship between family support and self-efficacy in preoperative breast cancer patients. The findings demonstrate that higher levels of family support, including emotional, informational, and instrumental assistance, are associated with increased self-efficacy in patients preparing for surgery. These results align with Bandura's self-efficacy theory, which suggests that social support plays a crucial role in fostering an individual's belief in their ability to cope with challenges. In this context, family support serves as a vital resource in enhancing patients' confidence in managing their treatment and recovery processes.

The study provides important practical implications for healthcare settings, emphasizing the need for healthcare providers to actively involve family members in the care process. Family-centered care programs, which engage family members in decision-making, treatment planning, and emotional support, could greatly benefit patients' psychological well-being and treatment adherence. Additionally, educational programs aimed at equipping family members with the necessary skills to provide effective support should be prioritized to improve patient outcomes.

Future research should employ longitudinal designs to better understand how family support influences self-efficacy over time, particularly throughout the various stages of cancer treatment. Further studies could also explore cultural factors that may impact the effectiveness of family support in different populations, allowing for a more comprehensive understanding of this relationship. Overall, this research contributes to the growing body of knowledge on the role of family support in promoting self-efficacy and offers actionable insights for improving patient care in clinical settings.

DECLARATIONS

Ethics approval and consent to participate

The researcher has obtained appropriate ethical information from Research Ethics Commission no.122/KEPK-TJK/II/2023, Tanjungkarang Health Polytechnic.

Consent for publication

I fully agree that this article can be published for academic purposes and I am ready to provide support and additional information needed to expedite the publication process.

Availability of data and materials (ADM)

All data and materials used in this research have been well collected and are available to parties who need them, both for academic purposes and further research.

Competing interests

The author states that he has no involvement with any outside parties and that this article is purely from the sources listed in the bibliography and does not contain plagiarism from any journal article. All written sources are listed in the bibliography

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Author contributions

The author's contribution to this research includes planning, data collection, analysis, and report writing. All these contributions would not have been possible without the support of the parties who helped with the research process.

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