The relationship between family support with self-concept in patients with post mastectomy

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ABSTRACT

Background: Uncontrolled cancer conditions will cause several impacts, both physiological impacts, as well as psychological impacts such as maladaptive self-concepts.

Objective: To determine the relationship between family support and self-concept in post-mastectomy patients.

Methods: The variables measured in this study were family support and self-concept. The sample was taken using a purposive sampling technique, namely selecting existing respondents with inclusion and exclusion criteria. In this study, the researcher used an observational analytic research design with a cross sectional approach with a sample of 30 respondents. The measuring instrument used was a questionnaire that was measured using a questionnaire that had been compiled and validated by Nurwulan for family support, while the self-concept questionnaire was adapted from Hartoyo's theory. Test data analysis using Spearman Rho with $\alpha=0.05$.

Results: The results showed that most of the patients received high family support as many as 17 people (56.7%). On family support, most of the respondents have a high self-concept as many as 21 people (70%). The results also show that there is a relationship between family support and the patient's self-concept. with a p-value=0.001 ($p<0.05$) and r=0.57.

Conclusions: Based on the results of this study, it is recommended from nurses in the treatment room, to improve the quality of service and provide support to patients.

Keywords: family support; mastectomy; self-concept

INTRODUCTION

Breast cancer is a disease that occurs due to excessive growth or uncontrolled development of cells or breast tissue (Nayyar et al., 2018). Based on estimates from the International Agency for Research on Cancer, in 2020 there will be 1.15 million new cases of breast cancer with 411,000 deaths. As many as 70% of new cases and 55% of deaths are predicted to occur in developing countries (Chavez-MacGregor et al., 2017). Uncontrolled cancer conditions will cause several impacts, both physiological impacts such as pain to death, as well as psychological impacts, which are not only felt by patients,

Nursing and Healthcare Practices

- *Family support has a positive impact on increasing the patient's self-concept with post mastectomy.*
- *Family empowerment in providing support to patients can be initiated by nurses.*

but can also have an impact on their families (Sastra, 2017).

The World Health Organization (WHO) states that in Indonesia itself, the most common type of cancer is breast cancer, which is around 58,356 cases, or 16.7% of the total 348,809 cancer cases that occur (Bray et al., 2018). The Ministry of Health of the Republic of Indonesia (Kemenkes RI) in Infodatin 2018 also stated that breast cancer is the most common type of cancer in Indonesia (Kemenkes, 2016). The highest incidence rate for women is breast cancer, which is 42.1 per 100,000 population with an average death rate of 17 per 100,000 population, followed by cervical cancer at 23.4 per 100,000 population with an average death rate of 13.9 per 100,000 population.

Breast cancer treatment that can be done is by surgical methods, and non-surgical methods (chemotherapy, and radiotherapy), or it can be both. The most common surgical procedure is a mastectomy. Mastectomy is a breast removal surgery with or without breast reconstruction and rescue surgery in combination with radiation therapy (Wang et al., 2020).

Mastectomy performed can cause physical changes in the patient so that it has an impact on one's self-acceptance. A person who experiences changes in his appearance and body function, will mostly experience negative self-acceptance. The results of a previous study on 112 post-op mastectomy breast cancer patients in Turkey showed that 33% of women after treatment felt they were different from others, 12% of women believed that other people realized they were on treatment and worried 25% of them (Afriyanti, 2018). Likewise, research conducted by Sriwahyuningsih & Askar, (2017) found that most of the respondents experienced negative self-acceptance.

Self-concept is a perspective and attitude, as well as one's acceptance of oneself (Berman et al., 2014). Self-concept is the core of one's personality and plays a very important role in determining and directing the development of one's personality and behavior in the environment. Conditions of self-concept that tend to be negative will cause prolonged psychological effects such as depression. Pitman et al., (2018) stated that currently 20% of cancer patients experience depression, and 30% experience anxiety. Lack of attention to this depressive condition will lead to a decrease in the quality of life and survival rates of cancer patients.

Support from the closest people who are easy to find is support from family. The role of the family in supporting someone who is in the treatment of a chronic disease will be of great benefit. Wati & Yanti (2018) states that by increasing family support in a positive direction, it can cause a positive response in changing the self-concept of patients who are undergoing treatment for chronic diseases. Line family support is important in determining the healing process in patients which can help sufferers deal with their problems by increasing individual coping (Cumayunaro, 2018). Ineffective coping accompanied by a lack of family support can trigger feelings of depression (mild, moderate, severe) that can develop into a disorder of self-concept.

The phenomenon of poor family support and negative self-concept makes this condition important to identify. A negative self-concept will lead to unexpected treatment outcomes. Based on the above phenomenon, researchers are interested to determine relationship between family support and self-concept in post-mastectomy patients.

METHODS

Design

The research design used was an observational analytic design with a cross sectional approach.

Sample and Setting

In this study, population used were all post-mastectomy patients in Kerinci Room, dr. Saiful Anwar Malang Hospital during December 2021. The sampling technique used in this study is non-probability sampling by purposive sampling. The sample size involved in the study was 30 patients. It considered by the number

of post-mastectomy surgery patients who were treated in Kerinci Room within one month was 30 patients and none of respondents dropped out.

Instruments

The independent variable in this study is the patient's family support. The dependent variable in this study is self-concept. The family support variable was measured using developed (Nurwulan, 2017) questionnaire with validity test r table = 0.514. (r count > r table) and reliability 0.757. This family support questionnaire is structured in the form of a closed statement with a choice of answers already provided, so that the respondent does not need to provide another answer. The statements in this questionnaire consist of 16 question items with an answer score. Family support is classified into score < 56% (Less); Score 56-75% (Moderate/enough); Score 76-100% (Good). Self-concept questionnaire adopted by (Mujito, 2018) was adapted from Hartoyo's theory with validity test r table = 0.674. (r count > r table) and reliability 0.887. Self-concept with several indicators, including: Self-identity, self-ideal, body image, self-esteem, and roles. Questionnaire consists of 40 questions using the Likert scale model and all statements are in the form of favorable and unfavorable. Self-concept scale questionnaire has three answer choices with a score between 40-120 with a score interval of 40-66: Low self-concept; 67 – 93: Moderate self-concept; 94 – 120: High self-concept.

Data Collection

Researchers selected respondents who met the inclusion and exclusion criteria of the study for fully one month in December 2021. Inclusion criteria (1) The first post-mastectomy patient (2) Stable condition and vital signs (3) Having a family living with the patient (4) Willing to be a research respondent. Exclusion criteria (1) Post-mastectomy patients with critical conditions or not possible to be involved as respondents in the study (2) Post-mastectomy patients who could not read and write (3) Post-mastectomy patients who were not willing to be respondents. During the data collection process, the researcher did not involve enumerators.

Data Analysis

The statistical test used in this study is the Spearman Rho correlation test with a 95% (CI) or p=0.05 by SPSS 23.0 for Windows. In addition to the level of significance, it is also seen the level of closeness of the relationship by looking at the r value of the results of the research statistics. Spearman Rho correlation test was chosen by research design. It is a correlation study that connects two variables. In addition, data scale used is ordinal.

Ethical Consideration

This research has gone through an ethical test at dr. Saiful Anwar Hospital, Malang. Information that passes the ethical review will get an ethical approval letter number : 400/230/k.3/302/2021 on November 23, 2021.

RESULTS

The results of descriptive statistics on the demographic characteristics of the respondents based on table 1, it is known that most of the respondents aged 41-50 years as many as 20 people (66.7%), almost half of them have junior high school education as many as 13 people (43.3), Most of them have been diagnosed with breast cancer at 1-5 years as many as 18 people (60%), and almost all of the patients had a married status of 28 people (93.3%). It is known that most of the patients received high family support as many as 17 people (56.7%) and as many as 13 people (43.3%) received moderate family support. Most of the respondents have a high self-concept as many as 21 people (70%) and as many as 9 people (30%) have a moderate self-concept.

Based on tables 2 and 3, it is known that the results of the analysis of the relationship between family support and self-concept in post-mastectomy patients using a spearman rho obtained p value of 0.001 (<0.05), it can be concluded that there is a relationship between family support and self-concept patient. The strength of the relationship is worth r = 0.568. The relationship is sufficient with positive criteria, which means that the higher the family support for eating, the higher the self-concept of post-mastectomy patients.

DISCUSSION

The results of the research show that most of the respondents have high family support, as many as 17 people (56.7%), and as many as 13 people have moderate family support as many as 13 people (43.3%). The high family support in this study is a good sign, because

Table 1. Respondents Characteristics, Family Support, and Self-Concept Level

Variable	n	%
Age		
20 – 40 year	9	30
41 – 50 year	20	66.7
>60 year	1	3.3
Education		
Elementary School	6	20
Junior High School	13	43.3
Senior High School	10	33.3
College	1	3.3
Long Diagnosed with Cancer		
6 month – 1 year	11	6.7
1 – 5 year	18	60
>5 year	1	3.3
Marrital Status		
Married	28	3.3
Divorced	2	6.7
Family support		
Moderate	13	43.3
High	17	56.7
Self-concept		
Moderate	9	30
High	21	70

Table 2. Cross Table of The Relationship Between Family Support and The Self-Concept of Post-Mastectomy Patients

Family Support	Self-Concept			Total
	Support	Moderate	High	
Moderate	0 (0%)	0 (0%)	13 (43.3%)	13 (43.3%)
High	0 (0%)	9 (30%)	8 (26.7%)	17 (56.7%)

Table 3. Spearman Rho's Analysis of Family Support with Self-Concept

N	p	α	r
30	0.001	0.05	0.57

with good family support, it will reduce the risk of psychological disorders in patients. The role and function of the family can be associated with social welfare functions. Where these functions are to reduce or eliminate pressure caused by irregularities or problems that occur in the family. These functions include prevention functions, healing functions, development functions and support functions (Yusuf et.al, 2015).

Support is an important psychological factor in healing post-mastectomy patients. Support from the closest people who are easy to find is support from family. The role of the family in supporting someone who is in the treatment of a chronic disease will be of great benefit. Wati & Yanti, (2018) states that by increasing family support in a positive direction, it can cause a positive response in changing the self-concept of patients who are undergoing treatment for chronic diseases. Line family support is important in determining the healing process in patients which can help sufferers deal with their problems by increasing individual coping (Cumayunaro, 2018).

The occurrence of high family support can occur due to several factors, one of which is the level of knowledge. The results of the study stated that almost half of the respondents had an education level of graduating from junior high school which in previous years was the level of education that must be carried out

by Indonesian citizens (Syani et al., 2018). Yudiningsih, (2015) states that knowledge is very influential in the level of family support. Families who have low knowledge tend not to be able to provide maximum support to sick families. For example, if a family member receives therapy, but it has an effect that the patient does not like, the family tends to follow the patient's wishes without any effort to seek other information.

Researchers argue that family support can also change over time a person is exposed to stressors. The results showed that most of the patients had been diagnosed with cancer ranging from 1 to 5 years. This is also one of the factors in the formation of good family support. Like the loss theory mentioned by Kulber Ross in (Yusuf, et.al, (2015), the sequential loss stages start from rejection, anger, bargaining, depression, and acceptance. The researcher argues that the family has gone through all the stages and entered the acceptance stage, where at this stage the family's coping, decision-making, and support abilities can be implemented properly. The acceptance process carried out by the family can also be called resilience, where resilience is the capacity to maintain the ability to function competently in the face of various stressors and the process of forming resilience depends on time (Hendriani, 2022).

Table 1 shows the results of the self-concept level of post-mastectomy patients which states that most of the respondents have a high self-concept, as many as 21 people (70%). While 9 other people (30%) have moderate self-concept. Self-concept is the core of one's personality and plays a very important role in determining and directing the development of one's personality and behavior in the environment. The condition of a positive self-concept will cause a person's acceptance of oneself, the environment and effective coping to increase.

There are several factors that can influence self-concept, including age, and marital relationship (Obineli, 2017). In this study obtained. Most of the respondents as many as 20 people (66.7%) aged between 41-50 years. Salmiah & Mustafa, (2016) states that adults who have entered that age enter the peak of development where they already have balanced and controlled emotional stability, and have realistic thinking abilities. Development is a series of progressive changes that occur as a result of the process of maturity and

experience, development is not just a change of a few centimeters in a person's height or an increase in a person's abilities but is a process of integration and many complex structures and functions. Development is a series of physical and spiritual changes in humans towards a more advanced and perfect direction. Due to this, adult respondents have the ability to see the good in themselves, life opportunities are more important than outward appearances, and this can lead to increased self-concept.

Self-concept is also closely influenced by external factors such as a life partner. Hilda, (2018) states that the concept of a woman who has divorced has a negative self-concept. Some assumptions always arise, some of the conditions found in women who have divorced are sadness, shame, depression, fear, hopelessness, worry. These psychological conditions have an impact on social interaction with the community, they withdraw from the environment and spend more time at home. In addition, the negative thoughts that arise cause them to close themselves off from men and are reluctant to remarry. This happens because of their bad past experiences and their new status which causes their mindset to become negative. At the time of data collection, respondents stated that the closest family member to share grief was the husband, and the husband's acceptance of the patient's condition was the most important thing to determine the adaptation of the patient's self-concept.

Researchers believe that respondents who have a positive self-concept will have an impact on their physical condition after mastectomy. As stated by Hattie, (2014) a positive self-concept also means that a person has high self-esteem, and this causes the individual's ability to understand and accept a number of very diverse facts about himself, both positive and negative information. quickly. This attitude is different from arrogance or selfishness, a positive self-concept is more directed to self-acceptance as it is, not rejecting the condition of his body, and developing realistic expectations according to his abilities. Based on these reviews, it can be concluded that someone who has a positive self-concept is a person who is able to enjoy what is in him, both shortcomings and advantages, able to accept suggestions and criticism from others, satisfied with his situation.

The results showed that there was a relationship between family support and self-

concept in post-mastectomy patients with a closeness value of 0.5 or moderate with a positive relationship direction. The results of this study are in line with research conducted by Sastra, (2017) which states that there is a positive relationship between family support and the self-concept of post-mastectomy patients. The positive direction can also be interpreted that the higher the family support, the higher the self-concept of post-mastectomy patients.

Good family support will lead to a good self-concept. Self-concept is also closely influenced by external factors such as a life partner. Hilda, (2018) states that the concept of a woman who has divorced has a negative self-concept. Isminayah, (2016) states that the earliest self-concept is generally influenced by family and other close people around us (significant others). In this environment, the individual begins to be introduced to life and begins to have views about himself that are obtained from the assessment of his family or those closest to him. Positive or not the individual's view of himself is also influenced by the family. Individuals are raised in various situations created by parents who then after marriage, the source of psychological needs is centered on the partner.

The occurrence of high family support can occur due to several factors, one of which is the level of knowledge. The results of the study stated that almost half of the respondents had an education level of graduating from junior high school which in previous years was the level of education that must be carried out by Indonesian citizens (Syani et al., 2018). There are other things that are also one of the factors in the formation of good family support. Like the loss theory mentioned by Kulber Ross in Yusuf (2015) the sequential loss stages start from rejection, anger, bargaining, depression, and acceptance. The researcher argues that the family has gone through all the stages and entered the acceptance stage, where at this stage the family's coping, decision-making, and support abilities can be implemented properly. The acceptance process carried out by the family can also be called resilience, where resilience is the capacity to maintain the ability to function competently in the face of various stressors and the process of forming resilience depends on time (Hendriani, 2022).

According to Friedman et al., (2010) family health tasks include recognizing health problems, decision-making abilities, the ability to provide care for sick families, maintaining the state of the family environment, and the ability to use health services. In this case, if one of the family health tasks does not function, there will be problems with the results to be achieved. There will be various problems ranging from physical problems, such as worsening conditions, as well as psychological problems, ranging from feelings of shame, fear to the desire to commit suicide. With the inclusion of family nursing, in the process, of course, the family will be able to adapt to new stressors or diseases, so that it is hoped that it can prevent and resolve health-related problems.

The researcher argues, in this study there was no low level of family support, which also led to the absence of low self-concept. When viewed from the characteristics of the respondents, most of them have been diagnosed with cancer for 1-5 years. This does not include a short time for someone to accept the conditions and circumstances that exist in him. The rejection period has passed so it has reached the acceptance phase. Likewise with the family, the family is used to providing assistance to respondents voluntarily in the hope that the patient's condition is always in a stable status, there is no decline.

Limitation of This Study

This study has limitations in the relatively small number of respondents. This is related to the research period which was affected by physical distancing during the Covid-19 pandemic. Researchers have attempted to optimize the number of possible samples according to the minimum number according to the literature.

CONCLUSION

The conclusion of this study is that there is a relationship between family support and self-concept in post-mastectomy patients. Based on the results of the study, it can be suggested for the families of patients with post-mastectomy in order to increase family support, and maintain good family support. Post-mastectomy patients are expected to always be active in treatment and pay attention to psychological conditions, because this can be a way of developing psychosocial problems. Furthermore, the results of the study also showed that there were some post-mastectomy patients who still had moderate self-concept, this needs attention from the nursing room nurses, to improve service quality and provide support to patients,

because this is also included in external factors that influence the level of care. self concept.

Declaration of Interest

None

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Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

REFERENCES

Afriyanti, E., & Wenni, B. P. (2018). The effect of spiritual emotional freedom technique (seft) on the self concept of breast cancer patients with mastectomy. *Jurnal Keperawatan Padjadjaran, 6*(3). https://doi.org/10.24198/jkp.v6i3.733

Berman, A., Snyder, S. J., Kozier, B., Erb, G. L., Levett-Jones, T., Dwyer, T., Hales, M., Harvey, N., Moxham, L., & Park, T. (2014). *Kozier & Erb's Fundamentals of Nursing Australian* Edition (Vol. 3). Pearson Higher Education AU.

Bray, F., Ferlay, J., Soerjomataram, I., Siegel, R. L., Torre, L. A., & Jemal, A. (2018). Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: a cancer journal for clinicians, 68*(6), 394–424. https://doi.org/10.3322/caac.21492

Chavez-MacGregor, M., Mittendorf, E. A., Clarke, C. A., Lichtensztajn, D. Y., Hunt, K. K., & Giordano, S. H. (2017). Incorporating tumor characteristics to the american joint committee on cancer breast cancer staging system. *The oncologist, 22*(11), 1292–1300. https://doi.org/10.1634/theoncologist.2017-0116

Cumayunaro, A. (2018). Dukungan keluarga dan mekanisme koping pasien gagal ginjal kronik yang menjalani hemodialisa. *Menara Ilmu, 12*(1).

Friedman, M. M., Bowden, V. R., & Jones, E. G. (2010). *Buku ajar keperawatan keluarga: Riset, teori, dan praktek.* Jakarta: EGC.

Hattie, J. (2014). *Self-concept.* Psychology Press.

Hendriani, W. (2022). *Resiliensi psikologi sebuah pengantar.* Prenada Media.

Hilda. (2018). *Layanan Rational Emotive Behavior Therapy (REBT) dalam meningkatkan konsep diri janda (Studi kasus di Desa Kaungcaang Kecamatan Cadasari Kabupaten Pandeglang).* Universitas Islam Negeri" Sultan Maulana Hasanuddin" Banten.

Isminayah, A., & Supandi (2016). relasi tingkat keharmonisan keluarga dengan konsep diri remaja. *Al-Balagh : Jurnal Dakwah Dan Komunikasi, 1*(2), 233–248. https://doi.org/10.22515/balagh.v1i2.354

Kemenkes, R. I. (2016). *Infodatin: Bulan peduli kanker payudara.* Jakarta: Kemenkes RI.

Mujito, M. (2018). *Hubungan antara konsep diri dengan pemenuhan kebutuhan ADL (Activity Daily Living) pada lansia usia 60-74 tahun di Dusun Ngentak Desa Argoreji Sedayu Bantul Yogyakarta.* (Doctoral dissertation, Universitas Almaata).

Nayyar, A., Gallagher, K. K., & McGuire, K. P. (2018). Definition and management of positive margins for invasive breast cancer. *The Surgical clinics of North America, 98*(4), 761–771. https://doi.org/10.1016/j.suc.2018.03.008

Nurwulan, D. (2017). Hubungan dukungan keluarga dengan tingkat kecemasan pada pasien pre-anastesi dengan tindakan spinal anestesi di RSUD Sleman. *Core Journal.*

Obineli, R. S. A. (2017). Self-concept and self-esteem. *Journal of Guidance, 1*(1), 7–14.

Pitman, A., Suleman, S., Hyde, N., & Hodgkiss, A. (2018). Depression and anxiety in patients with cancer. *BMJ (Clinical research ed.), 361*, k1415. https://doi.org/10.1136/bmj.k1415

Salmiah, S., & Mustafa, N. S. (2016). Gambaran maloklusi dan kebiasaan buruk penderita sindrom down usia 6-18 tahun di SLB-C Kota Medan. *Dentika: Dental Journal, 19*(1), 42 - 46. https://doi.org/10.32734/dentika.v19i1.147.

Sastra, L. (2017). Hubungan dukungan keluarga dengan konsep diri pasien kanker payuda. *Jurnal Keperawatan Muhammadiyah, 1*(1).

Sriwahyuningsih, D., & Askar, M. (2017). Faktor yang berhubungan dengan gangguan citra tubuh (Body Image) pada pasien post operasi mastektomi di RSUP dr. Wahidin Sudirohusodo Makassar. *STIKES Nani*

Hasanuddin Makassar, 1(3), 1–6.

Syani, A. K., Mufid, S., & Hazin, M. (2018). Komunikasi dalam implementasi kebijakan pendidikan wajib belajar 9 tahun di Kecamatan Ngadiluwih. *Khazanah Pendidikan, 11*(1).

Wang, M., Huang, J., & Chagpar, A. B. (2020). Is nipple sparing mastectomy associated with increased complications, readmission and length of stay compared to skin sparing mastectomy?. *American journal of surgery, 219*(6), 1030–1035. https://doi.org/10.1016/j.amjsurg.2019.09.011

Wati, D. F., & Yanti, Y. (2018). Gambaran dukungan keluarga terhadap perubahan konsep diri pasien pasca stroke di Poli Neurologi Hanafiah Batusangkar. *Real in Nursing Journal, 1*(1), 20–29.

Yudiningsih, N. (2015). *Faktor-faktor yang mempengaruhi pelaksanaan Dukungan keluarga pada penderita hipertensi di Puskesmas Pancur Rembang*. Fakultas Ilmu Keperawatan Unissula.

Yusuf, A., Fitryasari PK, R., & Nihayati, H. E. (2015). *Buku ajar keperawatan kesehatan jiwa.*