Dunia Keperawatan: Jurnal Keperawatan dan Kesehatan @JDK 2025
DOI: 10.20527/dk.v13i2.646 eISSN: 2541–5980; pISSN: 2337-8212
Received October 2024, Accepted July 2025

The Relationship between Family Support and Self-Esteem in Breast Cancer Patients Undergoing Palliative Care (A Correlational Study at Ulin Regional Hospital, Banjarmasin)

Khairunnisa[1*], Tina Handayani Nasution[2], Devi Rahmayanti[3]

[1,2,3]Nursing Study Program, Faculty of Medicine and Health Sciences, Universitas Lambung Mangkurat, Jl. A. Yani Km. 36, Banjarbaru, South Kalimantan, Indonesia, 70714

*Corresponding email: khairunnisa2611@gmail.com

ABSTRACT
When an individual is diagnosed with breast cancer and must undergo treatment, the impact extends beyond physical health to psychological well-being. A common psychological symptom experienced by patients is a significant decline in self-esteem. Breast cancer patients may experience poor mental health due to their physical condition and the treatment process, making support from those closest to them—especially family—crucial. This study aims to examine the relationship between family support and self-esteem in breast cancer patients undergoing palliative care at Ulin Regional Hospital, Banjarmasin. The study employed a quantitative, correlational research design with a cross-sectional approach. The sampling technique used was consecutive sampling, involving 83 breast cancer patients. Data collection was conducted using a questionnaire. Data analysis utilized Spearman's correlation test. The results showed a relationship between family support and self-esteem among patients, with a correlation coefficient of r = 0.391. The analysis yielded a significance level of p = 0.003, indicating that the alternative hypothesis (H1) was accepted. The correlation coefficient of 0.391 suggests a moderate and positive relationship, meaning that higher family support is associated with higher patient self-esteem. These findings indicate that family support significantly influences and contributes positively to the self-esteem of breast cancer patients.

Keywords: Breast Cancer, Family Support, Palliative Care, Self-Esteem

Cite this as: Khairunnisa., Nasution TH., and Rahmayanti D. (2025). The Relationship between Family Support and Self-Esteem in Breast Cancer Patients Undergoing Palliative Care (A Correlational Study at Ulin Regional Hospital, Banjarmasin) . Dunia Keperawatan; 13(2): 207-213. DOI: 10.20527/dk.v13i2.646

INTRODUCTION

In 2022, approximately 2.3 million women were diagnosed with breast cancer, and around 670,000 women died from the disease globally (1). According to data from GLOBOCAN (Global Burden of Cancer Study) in 2020, the number of new breast cancer cases in Indonesia reached 68,858 (16.6%) out of a total of 396,914 new cancer cases, with over 22,000 reported deaths (2). In South Kalimantan Province, the prevalence of breast cancer was 1.6 per 1,000 population in 2013 and increased to 2.13 per 1,000 population in 2018 (3).

Breast cancer is a malignant disease caused by the disruption of cell growth regulation in breast tissue. The breast consists of milk glands, ducts, and supporting tissue, where abnormal cell growth can occur, leading to gradual damage and breast tissue invasion (4). One of the primary treatment options for breast cancer patients is chemotherapy.

Chemotherapy is a treatment aimed at killing cancer cells and reducing the risk of recurrence. However, in cases where cancer has metastasized, chemotherapy primarily serves to prolong the patient's life. Chemotherapy is categorized as one of the palliative care approaches for breast cancer (5).

Palliative care is provided from the time of diagnosis until the end of life,

regardless of whether the cancer is at an early or advanced stage, and whether it is curable or not. Therefore, palliative care must be administered to all patients (6).

A breast cancer diagnosis and the ensuing treatment affect not only the patient's physical condition but also their psychological well-being. Patients often experience stress, hopelessness, pessimism, feelings of failure, inferiority, self-devaluation, helplessness, and loneliness (7). A significant decline in self-esteem is commonly observed in breast cancer patients (8).

Self-esteem stems from the comparison between one's self-concept and ideal self. It represents a detailed image of how individuals perceive and evaluate themselves. Low self-esteem arises when individuals repeatedly evaluate themselves and their abilities negatively, leading to feelings of worthlessness, insignificance, and inadequacy (9).

Every organ in the human body holds meaning for an individual. Medical treatments that result in the loss or disfigurement of body parts can significantly impact psychological health and affect self-esteem. Low self-esteem can lead to social withdrawal, decreased interaction with family and friends, difficulties in interpersonal relationships, poor self-care, disheveled appearance, and reduced motivation to pursue treatment, ultimately affecting recovery (8).

Strategies to improve patient self-esteem include encouraging positive self-regard, providing positive feedback on goal achievement, promoting positive thinking, reducing stressors, facilitating supportive environments and activities, and educating families on the importance of their support in fostering a positive self-concept in patients (10). Due to their physical condition and treatment burden, breast cancer patients often experience poor mental health and thus require strong support from those closest to them, especially family members (11).

The family, as the smallest social unit, plays a crucial role in the healing process, particularly by acting as a caregiver who provides motivation and emotional support, helping patients accept their condition and treatment (12). Individuals supported by their families tend to feel loved, valued, and cared for, enabling them to share burdens, foster confidence, nurture hope, and counteract negative emotions and stress (12).

A study by Sudana, Chrisnawati, and Maratning (2016) on breast cancer patients undergoing chemotherapy at Ulin Regional Hospital Banjarmasin found that 46.7% of respondents had moderate self-esteem. Anggraini, Ningsih, and Jaji (2018) found that among 20 respondents who received low family support, 6 (30%) had high self-esteem. In contrast, among 31 respondents who received high family support, 11 (35.5%) still had low self-esteem. Similarly, Liawati and Nurhimawan (2021) reported that among 22 respondents who received family support, 4 had low self-esteem, while among 8 respondents without family support, 2 had high self-esteem.

A preliminary study conducted on June 24, 2023, involving five breast cancer patients in the Edelweis Ward of Ulin Regional Hospital Banjarmasin found that four patients received family support and one did not. Among those receiving family support, three had high self-esteem, and one had low self-esteem. The patient with low self-esteem displayed behaviors such as looking

down, providing brief answers, and avoiding eye contact.

In contrast, patients with high self-esteem appeared accepting of their condition, cooperative, and maintained eye contact. The one patient without family support had moderate self-esteem, as observed through their communication style. According to an interview with the head nurse, most patients in the Edelweis Ward are accompanied by family members, although some arrive alone, brought by cancer foundations, neighbors, or friends.

METHODS

This study employed a quantitative research design with a correlational approach and a cross-sectional method. The sampling technique used was consecutive sampling, with a total sample of 83 breast cancer patients. The instrument used was a questionnaire consisting of 29 items: a 19-item family support questionnaire and a 10-item self-esteem questionnaire, which included five positively worded and five negatively worded items.

The family support questionnaire used a Likert scale, with response options scored as follows: 0 = never, 1 = rarely, 2 = often, and 3 = always. The total score range determined support level: good (49–57), moderate (20–38), and poor (0–19). For the self-esteem questionnaire, positive statements were scored as: 3 = strongly agree, 2 = agree, 1 = disagree, 0 = strongly disagree; while negative statements were reverse scored: 0 = strongly agree, 1 = agree, 2 = disagree, 3 = strongly disagree. The total scores were interpreted as follows: 0–10 = low self-esteem, 11–20 = moderate, and 21–30 = high. Data were analyzed using Spearman's correlation test.

RESULTS AND DISCUSSION

The majority of respondents were aged 36–45 years (33.7%), with the highest educational attainment being high school graduates (54%), and most were married (91%). A total of 62 (74.4%) breast cancer patients undergoing palliative care at Ulin Regional Hospital Banjarmasin received good family support. For breast cancer patients, family support is crucial during treatment, as it can enhance motivation and emotional resilience. Since family support encompasses bio-psycho-social-spiritual and material aspects, its quality can significantly influence patient self-esteem (11).

Based on Table 2, among the four indicators of family support, informational support had the highest mean score of 13.29. Informational support refers to providing suggestions,

Table 1. Frequency and Percentage of Family Support for Breast Cancer Patients in the Edelweis Ward of Ulin Regional Hospital Banjarmasin (n=83)

Family Support Level	Frequency (n)	Percentage (%)
Poor	1	1.2
Moderate	20	24.1
Good	62	74.7
Total	83	100.0

Table 2. Family Support Based on Its Indicators

Family Support Indicators	Mean	Median	Minimum	Maximum
Emotional Support	11.37	12	6	12
Informational Support	13.29	15	4	18
Instrumental Support	10.91	12	3	15
Appraisal Support	10.00	11	2	12

advice, guidance, or direction to help address and manage problems (15). Family openness in sharing information fosters a sense of self-acceptance in patients, as they feel cared for and respected, which reinforces their confidence in undergoing treatment. Active family involvement is essential for strengthening patients' mental well-being and motivation during treatment (16).

Family members also serve as key sources of information, enhancing patients' belief in their ability to cope with the illness (17). The lowest-scoring indicator was appraisal support, with a mean of 10.00. Appraisal support involves providing feedback on an individual's actions (18). Involving patients in decision-making processes reflects trust and respect from their families, which in turn can foster self-confidence, independence, and motivation (19).

Family participation and support play a vital role in the healing process. The family acts as a prim ary caregiver, helping patients accept their condition and maintain treatment adherence (12). Family support can enhance patients' internal strength and confidence, ultimately aiding and even accelerating recovery.

As shown in Table 3, most respondents had high self-esteem (62.7%), followed by moderate (31.3%) and low self-esteem (6.0%). Self-esteem reflects how individuals perceive themselves (9). Breast cancer patients may experience low self-esteem, manifested in negative self-perception, lack of confidence, feelings of inadequacy, pessimism, comparison with others, and self-blame. Since self-esteem can influence recovery, enhancing it can build confidence and foster a positive outlook, making patients more resilient in facing their challenges.

Table 3. Frequency and Percentage of Self-Esteem among Breast Cancer Patients in the Edelweis Ward of Ulin Regional Hospital Banjarmasin (n=83)

Self-Esteem Level	Frequency (n)	Percentage (%)
Low	5	6.0
Moderate	26	31.3
High	52	62.7
Total	83	100.0

Table 4 reveals a statistically significant relationship between family support and self-esteem ($r = 0.391$, $p = 0.003$), indicating the alternative hypothesis (H1) is accepted. The correlation value of 0.391 suggests a moderate and positive relationship—greater family support is associated with higher self-esteem. However, this moderate strength implies that while family support does influence self-esteem, it is not the sole determinant. According to Friedman (2010), one affective function of the family is mutual caregiving, where the family serves as a source of protection, warmth, and support. These findings align with both theoretical perspectives and empirical evidence. For instance, Ardiyansyah, Purwandari, and Novitasari (2020) found that good family support enhances individual self-esteem.

Family support has a significant impact on patient self-esteem and plays a crucial role in building it. This is consistent with

Table 4. The Relationship between Family Support and Self-Esteem in Breast Cancer Patients Undergoing Palliative Care at Ulin Regional Hospital Banjarmasin

Variable	p-value	r
Family Support – Self-Esteem	0.003	0.319

Stuart and Sundeen's theory (as cited in Setyaningsih, 2011), which emphasizes the family's role in shaping patients' self-worth. A breast cancer patient's self-esteem often reflects how their family perceives them and their illness. Poor family relationships can hinder the recovery process. Adequate family support—including emotional, informational, instrumental, and appraisal support—provides patients with both physical and psychological comfort, making them feel respected, valued, and cared for.

LIMITATIONS

The researcher acknowledges several limitations in the conduct of this study that may have influenced the results. One limitation was that during the questionnaire administration, most family members were present near the patients, potentially limiting the respondents' openness in answering questions related to family support. Additionally, some patients declined to participate as respondents in the study.

RESEARCH ETHIC

This study obtained ethical clearance with approval number No. 358/KEPK-FK ULM/EC/X/2023 and an ethical feasibility letter from Ulin Regional Hospital Banjarmasin with reference No. 200/IX-Reg Riset/RSUDU/23.

CONFLICT OF INTEREST

No conflict of interest was identified in this study.

ACKNOWLEDGEMENTS

The researcher would like to express sincere gratitude to the Nursing Study Program, Faculty of Medicine and Health Sciences, Lambung Mangkurat University, Ulin Regional Hospital Banjarmasin, academic advisors, supportive peers, and especially to the researcher's parents for their unwavering emotional and material support throughout the research process.

CONCLUSION

The conclusions drawn from this study are as follows: the majority of breast cancer patients undergoing palliative care at Ulin Regional Hospital Banjarmasin received a high level of family support, with 62 respondents (74.4%) categorized as receiving good support. Most of the patients had high self-esteem, with 52 respondents (62.7%) falling into this category. There is a relationship between family support and self-esteem among breast cancer patients undergoing palliative care at Ulin Regional Hospital Banjarmasin, with a correlation coefficient of r = 0.391. The analysis yielded a significance value of p = 0.003, indicating that the alternative hypothesis (H1) was accepted. The r value of 0.391 suggests a moderate and positive relationship between the two variables.

It is recommended that both patients and their families recognize the importance of family support in enhancing the patient's self-esteem. Strengthening this support may motivate patients to better accept themselves and continue carrying out their daily activities as normally as possible.

REFERENCES

1. World Health Organization. WHO Report on Cancer Setting Priorities, Investing Wisely and Providing Care for All. Geneva: World Health Organization. 2023
2. World Health Organization. Global Cancer Observatory: Cancer Today. Retrieved from International Agency for Research on Cancer. 2022:

http://gco.iarc.fr/today%0ahttps://gco.iarc.fr/today/data/factsheets/populations/900-world-fact-sheets.pdf

3. Rizqiyah, A., & Abdurrachim, R. Hubungan Asupan Makanan, Status Gizi, Lama Menjalani Kemoterapi dan Dukungan Keluarga dengan Kualitas Hidup Pasien Kanker Payudara (Studi di Rumah Sakit Umum Daerah Ulin Kota Banjarmasin). Jurnal Kesehatan Indonesia. 2022; XIII(1), 6-12.
4. Pristiwati, A. D., Aniroh, U., & Wakhid, A. Hubungan Dukungan Keluarga dengan Respon Psikologis Pasien Kanker Payudara yang Menjalani Kemoterapi di Poliklinik Onkologi RSUD KabupatenTemanggung. Indonesian Journal of Nursing Research. 2018; 1(1), 1-9.
5. Ardhiansyah, A. O. Tips Mengatasi Efek Samping Kemoterapi. Surabaya: Airlangga University Press. 2021
6. Anita. Perawatan Paliatif dan Kualitas Hidup Penderita Kanker. Jurnal Kesehatan. 2016; Vol.7 No.3, 508-513.
7. Budiwinata, W. Kanker dan Permasalahannya, Edisi 085 . Dalam T. R. News, Berjalan Beriringan dengan Kanker (hal. 4-6). Banjarmasin: RSUD Ulin Banjarmasin. 2022
8. Sudana, I. K., Chrisnawati, & Maratning, A. Gambaran Harga Diri pada Pasien Kanker Payudara yang Menjalani Kemoterapi di RSUD Ulin Banjarmasin Tahun 2014. Jurnal Keperawatan Suaka Insan (Jksi). 2016; 1(1), 44-49.
9. Ajis, S., Marni, E., & Sari, S. M. Hubungan Dukungan Keluarga Terhadap Harga Diri Pasien Kanker yang Menjalani Kemoterapi. Journal of Nursing Innovation (JNI). 2022; Vol 1, No. 1, 26-33
10. Susanto, W. H., Suprapto, Saherna, J., Ms, D. S., Zuriati, Latri, N. K., Solehudin., et.al. Perawatan Luka Pada Kulit Kronis. Padang: Global Eksekutif Teknologi. 2022
11. Mahayani, N. L., Sukraandani, N. K., & Suniyadewi, N. W. (2020). Hubungan Dukungan Keluarga dengan Self Esteem pada Pasien Kanker Payudara di Poliklinik Bedah Onkologi RSUP Sanglah Denpasar. Jurnal Akademika Baiturrahim Jambi. 2020; Vol 9, No. 2, 181-189.
12. Kurniawan, A. R., Ilmi, B., & Hiryadi. Pengalaman Keluarga Merawat Pasien Kanker di Kota Tanjung. Jurnal Health Sains. 2021; Vol. 2, No. 2, 135-152.
13. Anggraini, S., Ningsih, N., & Jaji. Hubungan Antara Dukungan Keluarga dengan Self Esteem pada Perawatan Paliatif Pasien Kanker Serviks. Seminar Nasional Keperawatan "Tren Perawatan Paliatif Sebagai Peluang Praktik Keperawatan Mandiri". 2018 vol. 4, no. 1, 164-172.
14. Liawati, N., & Nurhimawan, R. Hubungan Dukungan Keluarga dengan Self Esteem Penderita Gagal Ginjal Kronik di Ruang Hemodialisa Rumah Sakit Bhayangkara Stukpa Lemdikpol Kota Sukabumi. Jurnal Health Society. 2021; 10(2), 33-43.
15. Rahman, F. S., & Setyopranto, I. Dukungan Keluarga Dan Kualitas Hidup Penderita Stroke pada Fase Pasca Akut di Wonogiri Family Support and Quality of Life for Stroke Patients in the Post-Acute Phase of Wonogiri. Journal of Community Medicine and Public Health, 2017; 83-90.

16. Sari, M., Dewi, Y. I., & Utami, A. Hubungan Dukungan Keluarga terhadap Motivasi Pasien Kanker Payudara dalam Menjalani Kemoterapi di Ruang Cendrawasih I RSUD Arifin Achmad Provinsi Riau. 2012; 2(2), 158-166.
17. Sumantra, I. G., Kumaat, L. T., & Bawotong, J. Hubungan Dukungan Informatif dan Emosional Keluarga dengan Kepatuhan Minum Obat pada Lansia Hipertensi di Puskesmas Ranomuut Kota Manado. Jurnal Keperawatan. 2017; 5(1).
18. Setyoadi, Nasution, T. H., & Amanda. Hubungan Dukungan Keluarga dengan Kemandirian Pasien Stroke di Instalasi Rehabilitasi Medik Rumah Sakit Dr. Iskak Tulungagung. Majalah Kesehatan. 2017; Vol 4 No. 3, 39-48.
19. Ulfah, R. Hubungan Dukungan Keluarga dengan Harga Diri Pasien Skizofrenia di Poli Jiwa RSJ Sambang Lihum Provinsi Kalimantan Selatan. Banjarbaru: Universitas Lambung Mangkurat. 2019
20. Ardiansyah, G., Purwandari, H., & Novitasari, I. A. . Hubungan Dukungan Keluarga dengan Harga Diri pada Pasien Pasca Stroke dei Desa Ploso Kecamatan Nganjuk. Jurnal Sabhanga. 2022; Vol. 4, No. 2, 53-58.
21. Setyaningsih, F. D., Makmuroch, & Andayani, T. R. Hubungan Antara Dukungan Emosional Keluarga dan Resiliensi dengan Kecemasan Menghadapi Kemoterapi pada Pasien Kanker di RSUD Dr. Moewardi Surakarta. Jurnal Wacana. 2011; 3(2).