

The Relationship Between Family Support And Treatment Adherence Among Breast Cancer Patients At Referral Hospital In Indonesia

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Abstract. Family support plays a pivotal role in influencing therapy adherence among breast cancer patients. This study aimed to examine the relationship between family support and therapy adherence in breast cancer patients treated at referral hospital in East Java, Indonesia. A quantitative, cross-sectional design was employed, involving 30 participants selected through purposive sampling. Data were collected using a structured questionnaire assessing three dimensions of family support emotional, instrumental, and informational and levels of therapy adherence. Pearson correlation analysis was used to determine the relationship, with a significance level set at $p < 0.05$. The findings revealed a significant positive correlation between family support and therapy adherence ($r = 0.678$; $p < 0.05$). A total of 98% of participants demonstrated high adherence to therapy, while 2% were non-adherent. Among those receiving strong family support (95%), all reported full adherence to therapy (100%). In contrast, only 50% of patients with low family support adhered to treatment. Key barriers to adherence included emotional exhaustion, financial difficulties, and lack of emotional support. This study underscores the critical role of family support, particularly emotional, instrumental, and informational, in promoting therapy adherence. Interventions to improve adherence should incorporate family education, financial assistance, community-based support programs, family involvement in clinical decision-making, and psychological counseling. These strategies may enhance treatment outcomes and overall patient well-being through comprehensive family engagement.

Key words: Family support, therapy adherence, breast cancer.

INTRODUCTION

Breast cancer is one of the most common types of cancer among women worldwide, including in Indonesia. According to a WHO report in Morgan et al. (2024), breast cancer accounts for more than 2.3 million new cases each year. The high incidence rate calls for a holistic therapeutic approach that not only focuses on medical treatment but also includes psychosocial factors such as family support. Family support plays a crucial role in helping patients navigate the therapeutic process, both emotionally and practically.

Family support has a significant impact on the success of breast cancer treatment. A study by Davis & Snyder (2024) shows that patients who receive emotional and instrumental support from their families exhibit higher levels of treatment compliance compared to those who do not receive such support. This support covers various aspects, such as assistance in accessing health facilities, providing emotional motivation, and helping patients manage the possible side effects of treatment.

In Indonesia, a strong culture of collectivism makes the family the main source of support for cancer patients. Research by Irma et al. (2022) reports that cancer patients in Indonesia express the need for family support during their treatment process. However, not all families can provide optimal support, especially in the context of long-term treatment. Shi et al. (2022) note that the level of family support may decrease over time due to the emotional and financial pressures felt by family members. This factor poses a significant challenge in ensuring the success of cancer patient therapy.

As one of the main referral hospitals in Indonesia, a type A hospital in East Java treats many breast cancer patients undergoing long-term therapy. Based on the institution's internal data, the level of therapy compliance among breast cancer patients shows significant variation, which is largely influenced by family support and access to health services. Therefore, it is important to understand how family support can influence therapy adherence, thereby providing insights for the development of more effective intervention programmes.

The study aimed to analyze the relationship between family support and therapy adherence among breast cancer patients at a tertiary referral hospital in East Java, Indonesia. The results of this study are expected to provide a clearer picture of the role of the family in supporting the success of breast cancer therapy, as well as to serve as a basis for the development of more holistic and sustainable family-based education programmes.

METHODS

The study employs a quantitative method with a cross-sectional design, enabling researchers to identify the relationship between the independent variable, family support, and the dependent variable, therapy adherence, at a specific point in time. This design is commonly used in public health research as it is effective for evaluating prevalence and correlations between variables in populations with time and resource constraints. Research with this design is also considered suitable for describing social health phenomena quickly and accurately, in line with the research objectives. Several references support the relevance of this design, such as Akin & Kas Guner (2019), Vanteemar S. Sreeraj et al. (2019), and Irma et al. (2022), which demonstrate the effectiveness of cross-sectional designs in health research.

The type of research is descriptive analytical, where the descriptive approach is used to describe the characteristics of participants and the variables being studied, while the analytical approach aims to explore the relationship between variables. Descriptive research provides a clear picture of the demographics and characteristics of family support received by patients, while analytical research helps to understand the causal relationship between such support and the level of therapy compliance. The studies by Vanteemar S. Sreeraj et al. (2019) and Akin & Kas Guner (2019) support this approach as an effective method for assessing the influence of psychosocial variables in the context of cancer therapy.

The population in this study was breast cancer patients undergoing treatment at Dr. Soetomo General Hospital, a tertiary referral hospital in Surabaya, Indonesia. The researchers used purposive sampling to select 30 participants as the sample. The technique was chosen to ensure that the selected sample was relevant to the research objectives, particularly because the variables being measured required patients to have sufficient experience related to family support and adherence to therapy. The inclusion criteria were: (1) patients who were willing to participate after receiving a full explanation of the study, (2) patients who had undergone therapy for more than three months, and (3) patients who had good communication skills. This approach is supported by studies by Irma et al. (2022) and Akin & Kas Guner (2019), which show that purposive sampling is effective for health research with specific populations.

The characteristics of the participants recorded included age, gender, educational level, and employment status. Most participants were aged 30–60 years, the age group with the highest risk of breast cancer according to Arnold et al. (2022). The majority of participants were women, in line with the higher prevalence of breast cancer in women compared to men, as reported by Siegel et al. (2023). A minimum education level of junior high school was set as the standard, as it was deemed sufficient to understand the questionnaire provided. Additionally, most participants were married and had families that actively provided emotional and financial support, which are important factors in cancer treatment according to Gabriel et al. (2020).

The research instrument is a structured questionnaire that has been validated in previous studies by Mehnert-Theuerkauf et al. (2023). This questionnaire consists of two main scales, namely the family support scale and the therapy compliance scale. The family support scale measures the emotional, instrumental, and informational support that patients receive from their families. Meanwhile, the therapy adherence scale measures the level of patient adherence to therapy schedules, medication consumption, and other medical recommendations. The validity and reliability of this questionnaire have been proven in the studies by Vanteemar S. Sreeraj et al. (2019) and Akin & Kas Guner (2019).

Data collection was conducted through direct interviews with participants. Each respondent was given a detailed explanation of the purpose of the study and asked to sign a written consent form before participating. Following this, participants were asked to complete the questionnaire independently, with researcher guidance provided if necessary to ensure accurate understanding of each question. This process was designed to minimise bias and ensure respondent comfort, as outlined by Akin & Kas Guner (2019) and Mehnert-Theuerkauf et al. (2023).

The data were analysed using Pearson's correlation test with a significance level of $p < 0.05$. This test was chosen because the data had an interval and ratio measurement scale that met the assumption of linearity between variables. Pearson's correlation test allowed researchers to evaluate the strength and direction of the relationship between family support and therapy compliance. This approach was supported by Vanteemar S. Sreeraj et al. (2019) and Akin & Kas Guner (2019), who state that this method is suitable for data analysis in cross-sectional research designs. The analysis was performed using statistical software to ensure the accuracy and reliability of the results.

The study was conducted in the surgical ward of Dr. Soetomo General Hospital, a tertiary referral hospital in Surabaya, Indonesia. This location was chosen because it is the main referral centre for breast cancer patients, thus having a respondent population that is appropriate for the focus of the study. Research ethics were strictly adhered to by the guidelines of the Dr. Soetomo General Hospital Ethics Committee. All participants were provided with written and verbal information about the study and allowed to ask questions before signing the participation consent form. Participants' data confidentiality was protected and used solely for scientific purposes, as recommended in studies by Shi et al. (2022) and Mehnert-Theuerkauf et al. (2023).

RESULTS AND DISCUSSION

This study revealed a significant association between family support and therapy adherence among breast cancer patients ($r = 0.678$; $p < 0.05$). A total of 30 participants, 98% ($n = 29$), demonstrated a high level of adherence, while only 2% ($n = 1$) were categorized as non-adherent. Therapy adherence in this context refers to the consistency in attending scheduled treatments, compliance with medical instructions, and effective management of therapy-related side effects. Higher adherence levels were predominantly observed in patients who reported receiving strong family support, including emotional, instrumental, and informational assistance. These findings are consistent with those of Irma et al. (2022), who highlighted that family support fosters patient motivation and a sense of security during the treatment process.

A total of 95% of participants ($n = 28$) reported receiving strong family support, while the remaining 5% ($n = 2$) reported limited or no family support. All patients with adequate family support demonstrated full adherence to therapy (100%), indicating that family support is a crucial factor in achieving successful treatment outcomes. In contrast, among those who reported insufficient support, only 50% ($n = 1$) adhered to therapy, while the other 50% ($n = 1$) did not. These results align with the findings of Prasetya et al. (2023), who emphasized that consistent family support helps patients manage both psychological distress and financial burdens throughout cancer treatment.

Patients who were non-adherent identified several contributing factors: (1) Emotional exhaustion participants described feeling mentally fatigued due to the prolonged and intensive nature of cancer therapy, which diminished their motivation to continue treatment. This is supported by Mehnert-Theuerkauf et al. (2023), who highlighted emotional fatigue as a major barrier to long-term adherence. (2) Financial constraints patients reported difficulty affording treatment costs, particularly in the absence of adequate financial support from their families. As noted by Prasetya et al. (2023), high treatment costs often lead to discontinuation of therapy. (3) Lack of emotional support some patients expressed feeling demotivated to continue therapy due to the absence of emotional encouragement from family members. According to Irma et al. (2022), emotional support, such as empathy, encouragement, and reassurance, plays a crucial role in sustaining adherence.

Overall, the study confirms that strong family support has a significant positive impact on therapy adherence in breast cancer patients. Those who received substantial support maintained consistent adherence by attending scheduled sessions, complying with prescriptions, and following medical instructions. This finding is consistent with Irma et al. (2022), who emphasized the importance of emotional support in enhancing patient motivation. Additionally, instrumental support such as assistance with transportation or daily logistics proved essential in overcoming practical barriers during treatment. In contrast, patients lacking such support experienced increased emotional burden and financial difficulties, which negatively affected their adherence. These findings are corroborated by Irma et al. (2022) and Prasetya et al. (2023), who both identified insufficient family support and financial hardship as major impediments to sustained therapy engagement.

Cultural factors in Indonesia also play a significant role in the relationship between family support and treatment adherence. Within a collectivist cultural framework, extended family members are often actively involved in medical decision-making, providing collective emotional and practical support that helps patients feel accompanied and cared for throughout treatment. Irma et al. (2022) reported that cancer patients in Indonesia frequently benefit from the involvement of extended family, which fosters a sustained sense of security and emotional stability. However, patients lacking access to extended family networks or whose families experience emotional burnout often encounter greater challenges in

maintaining adherence to therapy.

These findings highlight the importance of implementing family-centered education strategies to improve treatment outcomes among breast cancer patients. Family education programs should include training on emotional support, managing treatment side effects, and strengthening the family's financial coping capacity. In addition, community-based interventions may be designed to provide supplementary support for patients who do not have adequate family backing. Ugalde et al. (2019) emphasized that family involvement in managing stress and side effects significantly enhances adherence levels. Furthermore, such educational approaches may also help reduce emotional fatigue among caregivers during long-term treatment, as suggested by Heritage & McArthur (2019).

In conclusion, this study reinforces the critical role of family support in improving treatment success among breast cancer patients. Holistic support encompassing emotional, instrumental, and financial dimensions is essential to help patients remain consistent in therapy and achieve optimal clinical outcomes.

CONCLUSION

This study confirms a significant positive association between family support and therapy adherence among breast cancer patients. Patients who received strong emotional, instrumental, and informational support from their families demonstrated higher levels of adherence, marked by consistent attendance at treatment sessions, compliance with medical instructions, and effective management of therapy-related challenges. In contrast, limited family support was associated with lower adherence, primarily due to emotional fatigue, financial hardship, and lack of encouragement.

These findings underscore the critical role of holistic family involvement, particularly within the collectivist cultural context of Indonesia, in enhancing therapy adherence and clinical outcomes. Family-centered educational interventions and community-based support programs are recommended to strengthen family engagement, mitigate caregiver fatigue, and provide supplemental resources for patients lacking adequate familial support. Enhancing family support structures may serve as a key strategy in improving long-term treatment adherence and recovery among breast cancer patients.

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