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Psychological Well-being Among Breast Cancer Patients in Surabaya: An Overview

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ABSTRACT

Patients with chronic diseases like breast cancer experience psychological, biological, social, and spiritual changes or imbalances. Positive psychological well-being does not emerge automatically in breast cancer patients. Many factors influence psychological well-being in these individuals, and their psychological responses and transitions are subjective and rooted in personal experience. The aim of this study was to identify the psychological well-being of breast cancer patients in Surabaya. The design of this study is qualitative with a phenomenological approach. The number of participants was eight participants who met the research inclusion criteria. Data were collected using in depth- is done by in-depth interview technique. Data analysis was carried out by Interpretative Phenomenological Analysis. The results of this study obtained seven themes, namely loss response, psychological response, relationship with others, decision making, utilization of health services, hope and self-adjustment. Person diagnosed with breast cancer requires a transition process to achieve comfort with a new situation. This transition process begins with a type of transition in the form of a diagnosis of breast cancer, transition conditions that may facilitate or inhibit a transition process, breast cancer patient response patterns that are the way patients self-manage in making changes and outcome indicators in the form of positive psychological well-being. Nurses play a crucial role in promoting patients' psychological well-being by regularly performing mental health assessments, attentively listening to emotional concerns, recognizing spiritual needs, and engaging family members in educational and caregiving activities.

INTRODUCTION

Breast cancer poses a number of threats that often get worse over time. Sufferers recognize the disease as “real killer”, which can result in pain, disability and disfigurement.[1] According to the World Cancer Research Fund International (2020), 2.3 million women globally were diagnosed with breast cancer in 2020, equivalent to 12.5% of all cancer cases worldwide. In Indonesia, breast cancer cases accounted for 16.6% of all new cancer cases. World Health Organization (WHO) revealed that the incidence of cancer in the world is very high and continues to increase. Cancer ranks third in death rates after cardiovascular disease The incidence of cancer is estimated to reach 26 million people in 2030 and 17 million of them will die from cancer.[2] According to data from the 2009 Hospital Information System, breast cancer accounted for the highest proportion of inpatients in all hospitals in Indonesia at 21.69%, followed by cervical cancer at 17.0%, with an incidence rate of 16 per 100,000 women.[3]

Bomar PJ (2004)[4] revealed that breast cancer often causes more scars than other types of cancer. Usually, in the advanced stages of cancer wounds will appear which makes the sufferer uncomfortable. This causes sufferers to seek treatment for wounds. This condition will have an impact on the psychological aspects of sufferers, namely changes in body image, self-concept and social relationships with other people[2]. Ryff (1995)[5] states that psychological well-being has six dimensions, namely self-acceptance, positive relationships with other people, autonomy, mastery of the environment, life goals and self-development by Darusman, DD., & Sumaryanti, IU (2018) [6]

Bella, I. (2017)[3] stated that the psychological impact most often felt by breast cancer sufferers is feeling helplessness in the form of emotional disturbances such as crying (68.0%) and experiencing anxiety in the form of worrying about the impact of treatment (84.0%) [3]. The results of this study are supported by research conducted by Utami (2017), which showed that the most common psychosocial problem experienced by breast cancer patients, based on severity, is anxiety (9.1%). The results of this research are supported by research conducted by Hasibuan, SH., et al. (2025)[7] which found that sufferers felt most anxious and worried about the impact of treatment, with an average diagnosis/length of illness of 1-3 years and having undergone surgical treatment (mastectomy), chemotherapy and radiation.

Positive psychological well-being does not appear automatically in breast cancer patients. Many factors influence the psychological well-being of breast cancer sufferers. The psychological response and transition process of breast cancer sufferers is subjective according to individual experience. Based on this background, the author is interested in knowing the picture of psychological well-being in breast cancer sufferers using qualitative research methods.

METHODS

This research uses a qualitative research design with a phenomenological study approach. The research was conducted from March 2018 to August 2018 and lasted approximately 5 months. Even though the data were gathered in 2018, the central themes of this study specifically the psychological well-being of individuals who have survived breast cancer remain highly relevant today. Breast cancer persists as a major public health issue, and the psychosocial difficulties encountered by survivors, especially in low- and middle-income nations such as Indonesia, have seen minimal change over tim. Research was conducted at several Community Health Centers in Surabaya. Researchers visited each client's residence to carry out interviews. Health Center. The number of breast cancer clients who received treatment who 100 people who met the inclusion criteria was 8 participants. The inclusion criteria determined by researchers in selecting participants in this study included breast cancer sufferers who had undergone a mastectomy and were still in the process of cancer treatment, aged at least 20 years, agreed to the statement as participants, were able to communicate well using Indonesian or a regional language (Javanese) that was understood by participants and researchers.

Processing is carried out by making transcripts in verbatim form based on the results of interviews and field notes. The existing data is then coded to make it easier to analyze the data on keywords from one participant to another. This was done to differentiate between each participant's transcripts. The data analysis process in this research was carried out using the method Interpretative Phenomenological Analysis (IPA). The stages of interpretative phenomenological analysis are: Reading and re-reading, Initial noting, developing emergent themes, searching for connections across emergent themes, moving the next cases, looking for patterns across cases. This research has passed the ethical test carried out at the Health Research Ethics Commission, Faculty of Nursing, Airlangga University. The certificate of passing the ethical test was signed on August 3rd 2018 with certificate number 1054-KEPK.

RESULTS

Participants consisted of P1, P2, P3, P4, P5, P6, P7 and P8. Each code represents one participation. The characteristics of the participants will be explained in the next sub-chapter. At this point, the researcher begins identifying noteworthy elements within the transcript. The purpose of this analysis is to generate comprehensive annotations and reflections based on the data. This process involves carefully reading through the transcript and highlighting segments that are meaningful, significant, or particularly engaging.

Tabel 1. Verbatim context

Verbatim Transcript	Notes/Comments
"...I feel like I'm getting better when I think about this pain ..you have to be angry and you have to be angry keep going hehehe..."	Angry phase
"....yes the fear is there but I surrender. Did he die or not? papa, everything is from Allah yes Sis yes..."	Acceptance phase
"...yeah...yeah I'm surprised too I mean, yeah, yeah, I'm crying... that's all just for a moment..."	Crying response
"...I was shocked at that time...I was I don't know why I got it myself..."	Surprised response

Table 2. Participant Characteristics

Variables	n	%
Age (Years)		
40–49	2	25.0
50–59	5	62.5
60–above	1	12.5
Sex		
Women	8	100.0
Marital Status		
Married	6	75.0
Widow	2	25.0
Occupation		
Housewife	4	50.0
Self-employed	3	37.5
Teacher	1	12.5
Education Level		
Uneducated	1	12.5
Elementary School	2	25.0
Senior High School	3	37.5
Diploma	1	12.5
Master's Degree	1	12.5
Ethnic Group		
Javanese	8	100.0
Years Living with Cancer		
1–2 years	3	37.5
3–4 years	3	37.5
≥5 years	2	25.0
Year of Mastectomy		
Before 2016	1	12.5
2016	3	37.5
2017	2	25.0
2018	1	12.5
Invalid/missing data	1	12.5
Family Living in the Same House		
Husband and Child(ren)	5	62.5
Husband, Children, Grandchildren	1	12.5
Grandchildren only	2	25.0

All participants in this study were women, which aligns with the gender-specific nature of breast cancer. A significant portion (62.5%) were between 50 and 59 years old, indicating that middle-aged women were the most affected group. The majority were married (75%), while the rest were widows. Most participants were either housewives or self-employed, and only one worked as a teacher. Educational attainment varied: while some had completed senior high school (37.5%) or held a master's degree (12.5%), one participant had no formal education. Ethnically, all participants identified as Javanese, reflecting a homogenous cultural background. In terms of illness duration, most had been living with breast cancer for 1 to 4 years, and a smaller portion for five years or more. Mastectomy procedures were predominantly performed in 2016–2017, with one participant having unclear data regarding surgery timing. Regarding household composition, most lived with their husbands and children, while others lived with grandchildren or extended family. These demographic characteristics provide important context for understanding the psychological well-being of breast cancer survivors within their social and cultural environments

This research produced seven themes which were described according to the research objectives which describe the psychological well-being of breast cancer sufferers in Surabaya:

1. Self-Acceptance

Based on Figure 1, the dimensions of self-acceptance show the theme of loss response and psychological response. On the theme of response to loss, a category is obtained anger, depression and acceptance. Four participants stated that they accepted their condition, one participant still stated that he was depressed, and one participant was still at a stage of anger. On the psychological response theme, the categories of surprise, normal and fear were found. Three participants expressed surprise, one participant expressed normalcy and one participant expressed fear.

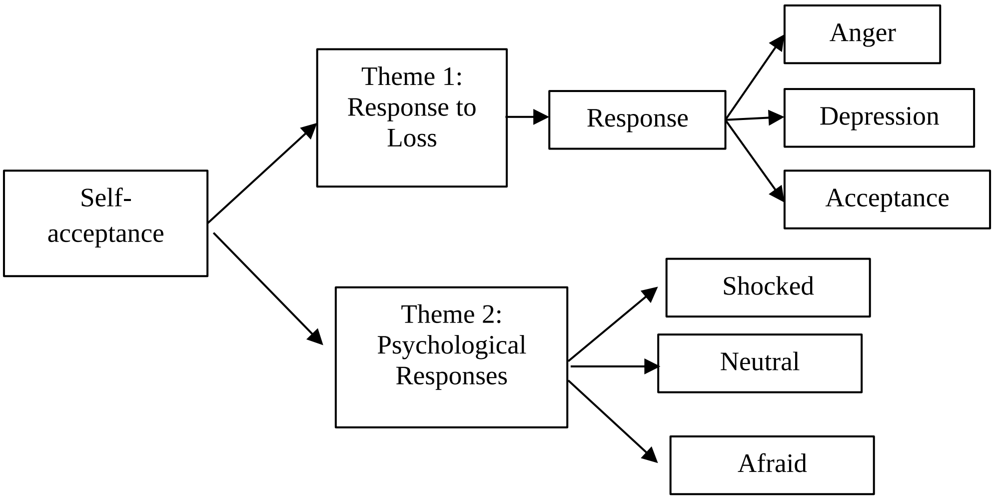

Figure 1 Theme 1 self-acceptance and theme 2 psychological response

2. Positive relationships with others (Positive relationships with others)

In the dimension of positive relationships with other people, the theme of relationships with other people is found. The sub-themes obtained from the themes obtained are family, work friends, and the environment.

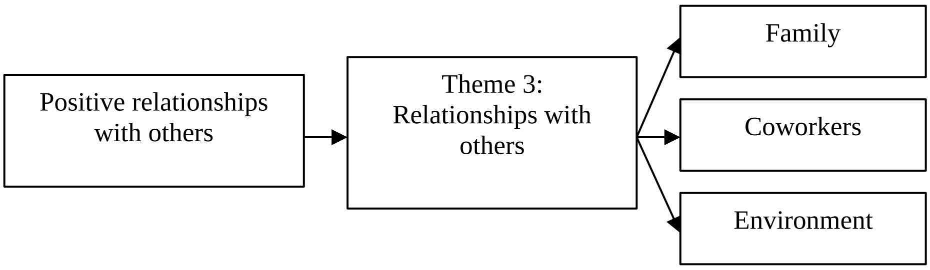

Figure 2 Theme 3 relationships with other people

3. Autonomy

In the autonomy dimension, the theme of decision making comes from oneself and others. Six participants said that decision making came from other people. One participant stated that decision making comes from oneself.

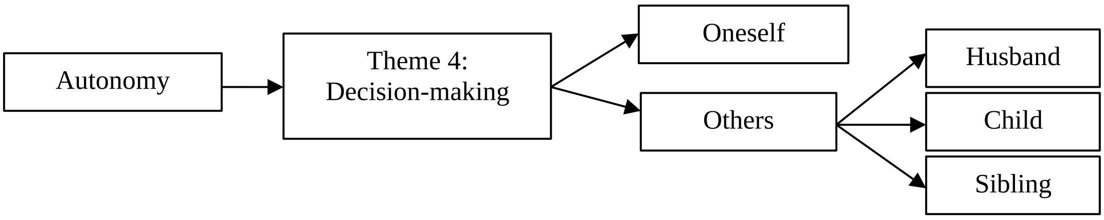

Figure 3 Theme 4 Decision making

4. Environmental Mastery

In the environmental control dimension, the theme of health service utilization was found. On the theme of health service utilization, the categories of information sources, location of health facilities and sources of financing were obtained.

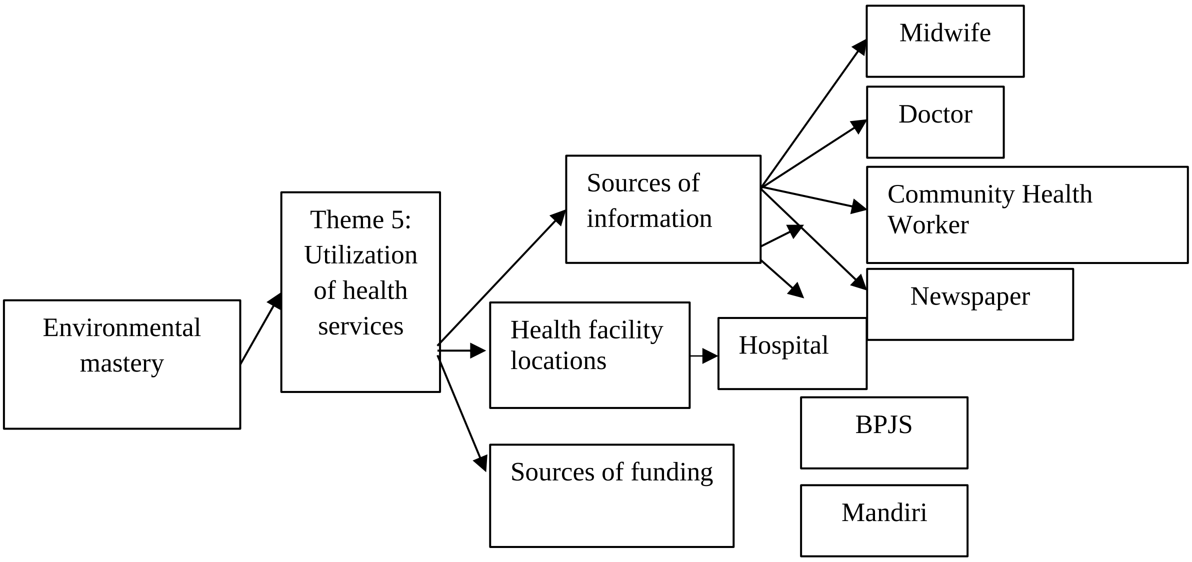

Figure 4 Theme 5 Utilization of health services

5. Purpose of Life (Purpose in life)

In the dimension of life goals, the themes of hope and the categories of health, carrying out roles and realizing desires are found.

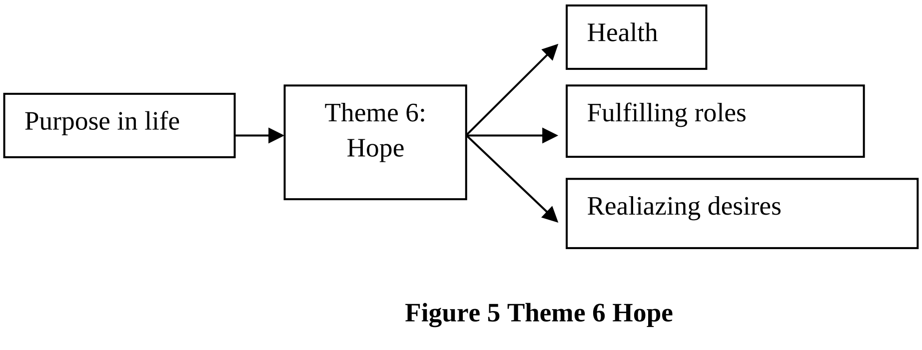

Figure 5 Theme 6 Hope

6. Personal development (Personal growth)

In the personal development dimension, the theme of self-adjustment (adaptation) was found with the pain management and diet categories. Two participants adjusted to the pain management category while six other participants adjusted to the diet category.

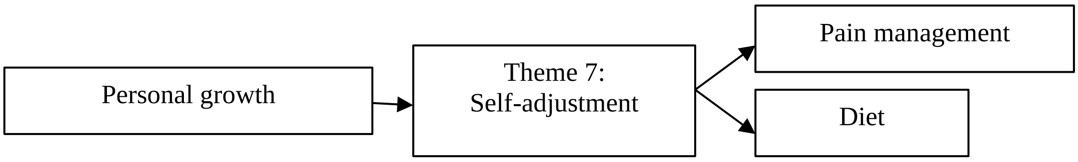

Figure 6 Theme 7 Adjustment

DISCUSSION

This study aimed to explore six dimensions of psychological well-being self-acceptance, positive relations with others, autonomy, environmental mastery, life purpose, and personal growt among women who have survived breast cancer. Analysis of the interview data revealed seven major themes: response to loss, psychological reactions, interpersonal relationships, decision-making, utilization of health services, hope, and personal adjustment. Cultural factors including religion, family dynamics, and societal expectations—play a significant role in shaping the psychological well-being of individuals living with breast cancer. Within a phenomenological framework, it is essential to deeply examine patients' personal experiences, particularly how they perceive and integrate spirituality, familial roles, and social context into their everyday lives. In the Indonesian setting, particularly in Surabaya, cultural influences are central to how patients make sense of their illness. These cultural elements affect not only their interpretation of the disease and recovery process but also their access to social support, engagement with medical care, and ability to maintain psychological resilience.

Theme 1: Response to Loss

Participants described experiencing a sense of loss beginning from the moment they were diagnosed. This response evolved through stages of anger, depression, and eventually acceptance. One participant expressed anger due to the burdensome nature of treatment, echoing findings by Anggraeni (2010)[1], who noted that long-term treatment can cause psychological fatigue and frustration. Another participant reported feelings of depression stemming from the fear of not fulfilling maternal roles, which aligns with Lisnawati's (2010)[12] observation that breast cancer disrupts women's familial and social identities. Four participants described reaching a stage of acceptance, often influenced by religious faith, perceiving the illness as divinely ordained. Similar sentiments were observed in Bella's (2017)[3] study, where acceptance was framed as part of spiritual resilience.

Theme 2: Psychological Response

Emotional reactions to diagnosis varied. Three participants expressed shock, particularly those who had practiced healthy lifestyles and were unaware of risk factors. Bella (2017) also reported similar dissonance in individuals who believed they had mitigated their risk.[3] One health professional participant, however, accepted the diagnosis calmly due to prior knowledge and medical exposure. In contrast, another participant reported fear due to a lack of familiarity with medical systems, highlighting how individual context shapes initial psychological responses.

Theme 3: Interpersonal Relationships

Contrary to concerns about stigma or social withdrawal, all participants maintained positive relationships with family, friends, and neighbors. Some explicitly stated they did not feel ashamed of their condition and continued social engagement. These interactions provided emotional support and reduced feelings of isolation, reinforcing Bella's (2017) findings that social integration can mitigate psychological distress and foster motivation during treatment.[3]

Theme 4: Decision-Making

Only one participant reported making treatment decisions independently, citing a desire for expedited care. The remaining participants emphasized the importance of family consultation. This highlights the collectivist nature of decision-making in Indonesian families and aligns with findings by Bomar (2004)[4] and Sari (2012)[16], who emphasized the multifaceted role of familial support emotional, informational, and instrumental in health-related decision-making.

Theme 5: Utilization of Health Services

Most participants obtained cancer-related information from healthcare professionals (doctors, midwives) or community figures. All but one participant utilized national health insurance to access treatment, demonstrating the critical role of accessible health infrastructure. However, one participant lacked health insurance, revealing barriers that may affect care continuity and equity.

Theme 6: Hope

Participants articulated hopes centered either on physical recovery or fulfilling social roles within the family. The latter suggests that relational responsibilities strongly shape psychological motivation. DiMatteo, M.R. (2004) observed similar findings, noting that emotional bonds and familial obligations serve as powerful incentives for treatment adherence and recovery.

Theme 7: Personal Adjustment

Participants reported varying strategies for adapting to their post-treatment lives. Two managed pain through medication one using a physician's prescription, the other self-medicating. Six participants adjusted their dietary habits, although three struggled due to environmental or behavioral factors such as eating outside the home. Bella (2017) argued that dietary adjustment is a common coping mechanism aimed at maintaining physiological stability and preventing recurrence, emphasizing the need for culturally sensitive nutritional counseling in survivorship care.[3]

Thematic Integration: Health-to-Illness Transition and Its Conditions

The transition from health to illness was a recurring cross-theme issue, influencing psychological well-being across all domains. Factors such as personal beliefs, social support, access to healthcare, and religious faith were identified as facilitators or barriers to successful psychological adjustment. This aligns with the concept of "transition conditions" in nursing theory, which refers to personal and contextual factors that shape adaptation to new health realities.

Analytical Expansion and Contribution to Literature

These findings expand current understanding by emphasizing the spiritual and collectivist dimensions of coping with breast cancer in Indonesia areas underrepresented in Western-centric studies. While existing literature confirms emotional distress following cancer diagnosis, this study underscores the buffering role of familial and religious support within a low-middle-income cultural context. It also reinforces the relevance of Ryff's six dimensions of psychological well-being in non-Western populations.[15]

Study Limitation

This study is subject to several methodological limitations. Firstly, the small sample size and geographic restriction to the Surabaya area may limit the representativeness and transferability of the findings. While phenomenological research does not seek statistical generalization, this constraint may still narrow the range of perspectives captured. Secondly, the possibility of interviewer bias remains a concern, as the researcher's active role in data collection could inadvertently influence the flow of conversation or participants' responses despite conscious efforts to uphold neutrality and maintain objectivity throughout the process.

CONCLUSION

The shift from being healthy to receiving a breast cancer diagnosis can deeply impact a patient's psychological condition, often triggering emotional stages such as denial, anger, and ultimately, acceptance. These reactions are influenced by how long the patient has lived with the illness and their ongoing responsibilities within the family. Nurses play a key role in guiding patients through this transitional period, helping them develop healthier coping mechanisms and adjust to their new reality. To effectively support this process, nurses should carry out regular mental health assessments to detect emotional challenges early and intervene promptly. They are also encouraged to nurture a compassionate atmosphere by promoting open dialogue, acknowledging patients' feelings, and being sensitive to their cultural and spiritual values. Involving family members in care and education can further enhance the patient's sense of stability and connectedness. Furthermore, nurses should be equipped with the skills to conduct thoughtful, structured interviews to gain deeper insight into each patient's lived experience. By embedding emotional, spiritual, and social support into routine nursing care, they can foster greater psychological resilience and well-being in breast cancer patients.

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