

## Self-Acceptance in Breast Cancer Patients: A Concept Analysis

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ARTICLE INFO	ABSTRACT
<p><b>Keywords:</b> Self-Acceptance, Breast Cancer, Concept Analysis</p>	<p>Breast cancer is still one of the fears for most women in the world and ranks first regarding the number of cancers in Indonesia and is one of the first contributors to cancer deaths. Breast cancer patients with low self-acceptance will cause stress, lack of confidence, lack of enthusiasm for recovery and will affect poor health management. Self-acceptance is directly proportional to the patient's quality of life. The greater the patient's self-acceptance of their disease, the better the quality of life of breast cancer patients. The purpose of this analysis is to explain self-acceptance in breast cancer patients. An analysis of the concept of self-acceptance was conducted on articles published between 2019 and 2024. The databases used include Google Scholar, Proquest, Pubmed, and Science Direct. The results of the analysis show that the concept of self-acceptance has four attributes, namely, acceptance of physical changes, acceptance of physical and emotional limitations, accepting social and role limitations, accepting the healing process and uncertainty. Based on these attributes, nurses assess self-acceptance in breast cancer sufferers comprehensively. The results of the assessment will be the basis for nurses in determining appropriate diagnoses and nursing interventions to improve self-acceptance in breast cancer patients, by reducing psychological burden to improve quality of life.</p>

## INTRODUCTION

Non-Communicable Diseases (NCDs) are the catastrophic diseases with the highest cause of death in Indonesia. This leads to the loss of productive days for sufferers and companions (Kemenkes RI, 2020). Diseases classified as catastrophic are heart disease, cancer, stroke, kidney failure, liver cirrhosis, thalassaemia, leukemia, and hemophilia (Ahdiat, 2023). Breast cancer is the highest cause of death due to cancer in women in Indonesia (IARC, 2020).

Breast cancer is not only suffered by women but there are also men who experience it. However, this incident is most often experienced by women around 99% and men 0.5% to 1%. This disease is also one of the concerns for most women in the world. The number of new cases of breast cancer patients is always increasing every year. In 2022, there were 2.3 million women diagnosed with breast cancer and 670,000 deaths worldwide. Breast cancer occurs in every country in the world in women of all ages after puberty, but with an increasing rate later in life (WHO, 2024). Breast cancer ranks first in terms of the highest number of cancers in Indonesia and is one of the first contributors to cancer deaths. Global estimates show that there is a large disparity in the burden of breast cancer according to human development. A country with a very high Human Development Index (HDI), 1 in 12 women will be diagnosed with breast cancer in their lifetime and 1 in 71 women die from it. In contrast, in countries with low HDI, only 1 in 27 women are diagnosed with breast cancer in their lifetime, 1 in 48 women will die from it (WHO, 2024). Meanwhile, in Indonesia, according to Globocan Data in 2020, the number of new cases of breast cancer reached 68,858 cases (16.6%) out of a total of 396,914 new cases of cancer in Indonesia. Meanwhile, the number of deaths reached more than 22,000 people.

Breast cancer (*Carcinoma Mammarum*) is a cell abnormality that grows abnormally due to the presence of oncogenes so that cell growth becomes uncontrolled and becomes cancer cells, especially in the breast (Rizka et al., 2022; Suparna & Sari, 2022). The number of new cases of breast cancer patients is always increasing every year. To reduce the mortality rate of breast cancer patients, early detection of breast cancer is needed so that it can improve the prognosis and cure rate of the disease (WHO, 2024). Many breast cancer patients experience a loss of confidence, decreased self-esteem, mental health problems and decreased motivation to undergo treatment and scheduled therapy programs are problems that are often faced by breast cancer patients with low self-acceptance (Chen et al., 2017). Low self-acceptance such as stress, lack of confidence and lack of enthusiasm to recover as well as poor health management often occur in breast cancer patients (Tang et al., 2017). Self-acceptance is directly proportional to the patient's quality of life, the greater the patient's self-acceptance of the disease, the better their quality of life (Jankowska-Polańska et al., 2020). High self-acceptance makes breast cancer patients more optimistic in life, better able to overcome the problems they face, adjust to the disease experienced, and have a better quality of life (Abbasi et al., 2017).

Self-acceptance or *self-acceptance* It is the ability of the character to assess themselves relatively stable over time. In various situations, a person has: 1) self-awareness and appreciation for the positive personality possessed and fosters potential such as personality, talent, family, religion, cultural characteristics. 2) when a negative event occurs (failure, criticism, rejection from others) or a person with negative behavior, feels proud of himself and accepts himself unconditionally, nor does he or she judge his or her personality and self-esteem negatively (Bernard, 2013 in Putri, 2018). According to Correy (2013), *self-acceptance* can eliminate anxiety, depression and lead people to look for new things so that a person can enjoy life in great happiness (Putri, 2018). Based on the description above, the author wants to find a more specific meaning *self-acceptance* in breast cancer patients.

## METHOD

Concept analysis (*concept analysis*) It is carried out to identify the main concepts to be taught, arrange them in a hierarchical form, and detail individual concepts into critical and irrelevant matters (Anwar et al., 2022). The concept analysis in this study uses the concept of Walker & Avant (2019). There are eight stages in concept analysis in theory, namely: (1) choosing a concept; (2) determining the purpose of the analysis; (3) identify all discoverable uses of the concept; (4) determine the definition of attributes; (5) identification of a model; (6) identify case boundaries, related cases and contrasting cases; (7) identification of antecedents and consequences; and (8). Establish empirical references. Data is collected from various sources, namely: articles from various database (*Google Scholar, Proquest, PubMed, and Science Direct*), dictionaries, and website WHO. Search in journal articles is limited to full-text articles, used in English and/or Indonesian in 2019-2024, including the meaning of *self-acceptance*. The keywords used are concept analysis, *self-acceptance* and breast cancer.

## RESULTS AND DISCUSSION

Concept *self-acceptance* Selected in the theoretical analysis based on the phenomenon that occurs in breast cancer patients. In breast cancer patients, they tend to experience changes in their attitudes in daily life due to changes in their body shape and disease, the person tends to be unable to accept themselves because they have irrational opinions about themselves that are used to judge themselves as a whole (Bernard, 2013; Putri, 2018). Breast cancer patients who have *self-acceptance* able to accept himself and have realistic expectations that are reflected in the circumstances and have *self-respect* who are able to adapt to disease conditions rationally and are able to make efforts to maintain their health.

### Defining the Purpose of Analysis

This concept analysis was carried out to develop an operational definition *self-acceptance* in breast cancer patients. The goal is to identify all uses of the concept and provide relevant research direction *self-acceptance* In breast cancer patients, it is very important for psychological well-being, where individuals are able to see themselves objectively, are able to accept the condition of their body, accept stigma from others, understand and embrace themselves, and consider themselves as people who deserve to be respected and valued (Wahidah et al., 2024).

### Identifying All Concept Uses

The initial phase of the analysis is to identify the general definition of *self-acceptance* from dictionaries and relevant sources to find out the characteristics of the use of the concept (Walker & Avant, 2019). By knowing the characteristics of understanding the concept, it will be more complex when viewed from various scientific perspectives.

Conditions resulting from the disease process will have an impact on the quality of life of the client, both from the physical, psychological and social conditions of breast cancer patients. Changes in roles, perceptions, coping and also health service seeking behavior emerged as a response to the meaning of pain due to breast cancer. The trauma and uncertainty of a breast cancer diagnosis can affect a client's psychological well-being and spirituality (Witdiawati et al., 2017).

Based on the results of literature searches, the concept of *self-acceptance* is one of the stages of the theory of grief or *grieving theory*. Theory *grieving* is a model of the five stages of grief described by Swiss-American psychiatrist Elisabeth Kübler-Ross in her book *On Death and Dying* in 1969. The five stages are denial (*denial*), anger (*anger*), bargaining (*bargaining*), depression (*depression*) and acceptance (*acceptance*). One of the signs of a patient with high self-acceptance can be seen from the positive assessment of the patient towards himself, as well as having a high motivation to recover (Sembiring et al., 2023).

Self-acceptance in breast cancer patients can be interpreted as the ability of an individual or a person to survive and be comfortable in the situation or condition of breast cancer that is being experienced (Merlin et al., 2021). Nursing has seen *self-acceptance* from the most comprehensive perspective. Women with breast cancer are aware of the changes in their bodies, so they experience negative emotions caused by physical changes and accept the loss of their limbs, they also interpret the positively changed body with a greater meaning to survive and form a new identity by breaking away from socio-cultural norms (Jeonghee & Eunyoung, 2023).

### Determining Attributes

Determining attributes is a core part of the concept analysis process. This is because at this stage the characteristics or attributes that make up the concept are defined. Attributes that have been identified will be the difference between one concept and another (Walker & Avant, 2019).

The attributes that make up the concept of *self-acceptance* include: (1) acceptance of physical changes, (2) acceptance of physical and emotional limitations, (3) acceptance of social limitations and roles, (4) acceptance of healing processes and uncertainty. Four concepts of *self-acceptance* help patients in undergoing the healing process, the concepts will be described as follows:

- a. **Physical Change Acceptance** Among the various physical changes caused by breast cancer and its treatment; the most significant change experienced by breast cancer patients is breast removal surgery. Although the level of change felt by each person varies, all breast cancer patients experience changes in appearance and taste sensation after surgery (*phantom breast syndrome*) (Jeonghee & Eunyoung, 2023). Breast cancer sufferers cannot escape the physical changes that occur naturally without fear and annoyance. As breast cancer sufferers get used to the changing body, the discomfort that arises after physical changes is also reduced. People say they are so used to their bodies that "I forgot that I am a breast cancer patient," if there are no physical symptoms, such as pain that goes away (Jeonghee & Eunyoung, 2023).
- b. **Acceptance of Physical and Emotional Limitations** After the disease is diagnosed, most patients have a variety of negative emotions, and in severe cases, they avoid social situations. Patients fear discrimination and want to be considered "normal" or return to "normal." As a result, many patients say they find similarities in patients in the same health care, which makes them better able to control their emotions over their physical limitations (Xiao et al., 2023).
- c. **Accepting Social Limitations and Roles:** Some literature says that some breast cancer sufferers are unable to adjust to the limitations caused by this disease. The limitations experienced also make them lose their ability to carry out their roles on average. Most even rely heavily on others to meet their basic needs. Changes in roles in the family certainly have a great influence on the quality of life of cancer patients, they as a mother or wife also cannot run as they should (Xiao et al., 2023). Other support for cancer patients is very important, including from friends, neighbors, and the surrounding community so that patients who are able to accept changes in social roles are able to adapt optimally without feeling defeated (Witdiawati et al., 2017).
- d. **Accepting the Healing Process and Uncertainty:** An important attribute in the *self-acceptance* is the ability to accept the uncertainties associated with cancer treatment, including treatment outcomes, the likelihood of recurrence and unpredictable prognosis (Merlin et al., 2021). Support from a partner is the most important

support that sufferers feel during the treatment and treatment process. Breast cancer patients who have a positive assessment will have a high motivation to overcome the pain experienced, be able to control the symptoms and side effects of *treatment* that is being lived (Witdiawati et al., 2017).

### Creating a Case Model

Creating a case model is an attempt to explain every characteristic of the concept in the case being exemplified. Cases can come from the reality that occurs in the environment, literature or the results of the author's construction (Walker & Avant, 2019). The case model presented below comes from observations that occur in the environment in breast cancer patients.

Mrs. Y (47 years old), a housewife, has had breast cancer since 2 years ago. Mrs. Y has undergone a right breast removal. Currently, Mrs. Y is still routinely undergoing chemotherapy according to the schedule and is escorted by her husband. Prior to the breast removal, Mrs. Y had not accepted the fact that she had breast cancer. However, after the appointment was carried out, Mrs. Y gradually accepted the reality. Mrs. Y said that sometimes she is embarrassed by her condition of having only one breast. Sometimes she also feels guilty about not being able to be a full wife like before she had breast cancer. However, when Mrs. Y underwent chemotherapy and met with fellow sufferers of the disease, she had strength again and was very grateful that she was still given strength and a long life to be able to survive the disease she experienced. Considering that many of his comrades are not able to survive.

Currently, Mrs. Y is very dependent on the help of others, especially her husband, brother and child to just do simple activities such as eating and drinking. Almost 99% of her activities are assisted by her husband, brother and child, especially to get her to undergo routine chemotherapy. "It's sad when I can't prepare breakfast for my children and husband, but with conditions like this I can't force myself either," said Mrs. Y." Mrs. Y can only try her best and surrender to the Almighty, because she already knows that at any time her illness will recur, then the effects of chemotherapy begin to appear on her body. But Mrs. Y, so very grateful to have a brother and husband and children who are serious in taking care of her. So he is always enthusiastic in living his current life. Mrs. Y is also in a condition that has never once neglected her obligation to worship God Almighty.

The case model presented includes all self-acceptance attributes in breast cancer patients. **Physical Changes Acceptance in breast cancer patients:** Mrs. Y (47 years old), a housewife, has had breast cancer since 2 years ago. Mrs. Y, has undergone the removal of the right breast. Currently, Mrs. Y is still routinely undergoing chemotherapy according to the schedule and is escorted by her husband. Prior to the breast removal, Mrs. Y had not accepted the fact that she had breast cancer. However, after the appointment was carried out, Mrs. Y gradually accepted the reality. **Acceptance of Physical and Emotional Limitations:** Mrs. Y said that sometimes she is embarrassed by her condition of having only one breast. Sometimes she also feels guilty about not being able to be a full wife like before she had breast cancer. However, when Mrs. Y underwent chemotherapy and met with fellow sufferers of the disease, she had strength again and was very grateful that she was still given strength and a long life to be able to survive the disease she experienced. Considering that many of his comrades are not able to survive. **Accepting Social and Role Limitations:** Currently, Mrs. Y relies heavily on the help of others, especially her husband and children, to simply do simple activities such as eating and drinking. Almost 99% of her activities are assisted by her husband and children, especially to get her to undergo routine chemotherapy. "It's sad when I can't prepare breakfast for my children and husband, but with conditions like this, I just can't force it," said Mrs. Y." Mrs. Y can only try her best and surrender to the Almighty, because she already knows that at any time her illness will recur, then the effects of chemotherapy begin to appear on her body. **Accepting the Healing Process and Uncertainty:** But Mrs. Y, is so grateful to have a husband and children who are serious in caring for her. So he is always enthusiastic in living his current life. Mrs. Y is also in a condition that has never once neglected her obligation to worship God Almighty.

### Creating a Borderline and Contrarian Case

Creating a borderline case aims to explain an example where some characteristics of the concept are not present in the case. Meanwhile, the contrary case is a case that does not describe the concept in question because there are no characteristics of the concept at all.

#### a. Borderline Case

Mrs. B (57 years old), unmarried and only living alone, with a lower middle economy. She suffered from cancer on her right breast approximately four years ago. He was only occasionally visited by his family and all

activities were assisted by his neighbors. Mrs. B has never had breast removal surgery. Mrs. B, had undergone chemotherapy but only 2 times. At first he still couldn't accept the harsh reality, but as time went on he accepted the reality, even though it was very difficult at first without the support of those closest to him. Mrs. B, even though she did not undergo breast removal, she still routinely treated her wounds every 3 days with *modern dressing* to reduce pain and odor in her breasts. The treatment costs incurred by Mrs. B are help from her neighbors. All of Mrs. B's activities are assisted by neighbors. Although sometimes Mrs. B, feels very troublesome for others with her condition. Mrs. B, a little closer, often refuses visits from people who are not very familiar with her. Only a few neighbors are allowed to visit him because he has often interacted with him.

Based on the example of the borderline case above, it is known that Mrs. B (57 years old) is not married and only lives alone, with a lower middle economy. She suffered from cancer on the right breast approximately four years ago, **Physical Change Acceptance:** Mrs. B has never had breast removal surgery. Mrs. B, has undergone chemotherapy but only 2 times. At first he still couldn't accept the harsh reality, but as time went on he accepted the reality, even though it was very difficult at first without the support of those closest to him. **Accepting Social Limitations and Roles:** Mrs. B, even though she did not undergo breast removal, still routinely takes care of her wounds every 3 days with *modern dressing* to reduce pain and odor in her breasts. The treatment costs incurred by Mrs. B are help from her neighbors. All of Mrs. B's activities are assisted by neighbors. Although sometimes Mrs. B, feels very troublesome for others with her condition. Based on the borderline case, only two attributes of *Self-acceptance are realized, namely acceptance of physical limitations and acceptance of social and role limitations. This happens due to a lack of support from family and close people so that emotional acceptance and acceptance of the healing process cannot be controlled and accepted by the sufferer.*

#### b. The Case of Contrary

Mrs. R (51 years old) has been suffering from cancer on her left breast since 1 year ago. She is a housewife. Initially, Mrs. R believed that the cancer wound she suffered could heal on its own. Mrs. R lives in a remote village and far from health facilities. In the end, the condition must require quite intensive treatment, so it is referred to a health facility in the capital city. After being treated for a few days at the hospital, Mrs. R refused to undergo breast removal surgery and chemotherapy. Finally, Mrs. R decided to go home and look for other treatment alternatives. When studied by the nurse to treat the wound, Mrs. R said that every day her cancer wound was given herbs that were applied to dry her wound. He said that the herb was obtained from trusted shamans. She actually trusts the shaman more than the medical personnel, as well as Mrs. R's family who actually supports what Mrs. R has done to treat shamans instead of going to health facilities.

Based on this contrary case, it reflects that the absence of *self-acceptance attributes in the form of acceptance of physical changes, acceptance of physical and emotional limitations, acceptance of social limitations and roles, acceptance of the healing process and uncertainty, are not fulfilled in their realization.*

### Identifying Antecedence and Consequences

#### a. Antesenden

Antedents are factors that come from literature, which precede the occurrence of a concept (Walker & Avant, 2019). Antesenden affecting *self-acceptance* including positive and realistic self-views, self-concept, spirituality, activities, social support, and treatment methods.

##### 1) Positive and Realistic Self-Insight

Self-view or *self-insight* is a component of emotional intelligence that involves understanding oneself. *Self-insight* will have an influence on decision-making (Ackerman & Millacci, 2020). A positive and realistic self-view will give rise to positive perspectives and values towards all changes that occur so that the patient can accept himself and make the right decision regarding his treatment (Pohan et al., 2021; Zikra et al., 2019).

##### 2) Self-Concept

Breast cancer patients who have a negative self-concept tend to be less comfortable in adjusting so that self-acceptance is lower (Merlin et al., 2021). Breast cancer patients who have a positive self-concept (self-image, self-ideals, self-esteem, roles, and self-identity) will find it easier to accept their condition without feeling ashamed or inferior (Simanullang et al., 2022).

##### 3) Spirituality

Spirituality helps humans to be able to adapt to the changes that occur in them. Spirituality makes people think that changes in physical conditions, psychosocial, or health problems occur naturally from God as a test to test His servants and are inevitable (Lestari et al., 2023; Pohan et al., 2021). Breast cancer patients with high

spirituality tend to be easy to accept the changes that occur in them. This is because spirituality can be a dimension that provides psychological peace and comfort to breast cancer patients (Leão et al., 2021).

#### **4) Activities**

Working breast cancer patients have higher self-acceptance rates than women who did not work when they were first diagnosed with breast cancer, the treatment they underwent regularly, and the side effects they experienced during chemotherapy (Laubo et al., 2020). Working breast cancer patients find it helpful to accept their condition, as work provides a sense of "normal" and "future". Working also helps rebuild "identity" and social relationships (Marinas-Sanz et al., 2023).

#### **5) Social Support**

Social support plays an important role in self-acceptance in breast cancer patients. Social support is support that comes from a partner, family, friends, or community (Anugerah et al., 2020; Pohan et al., 2021). Support provided to breast cancer patients can be in the form of positive direction, listening to complaints, appreciating their existence, providing attention, or with material help. This support can make patients feel faster to heal and accept their condition (Supradewi & Sukmawati, 2020).

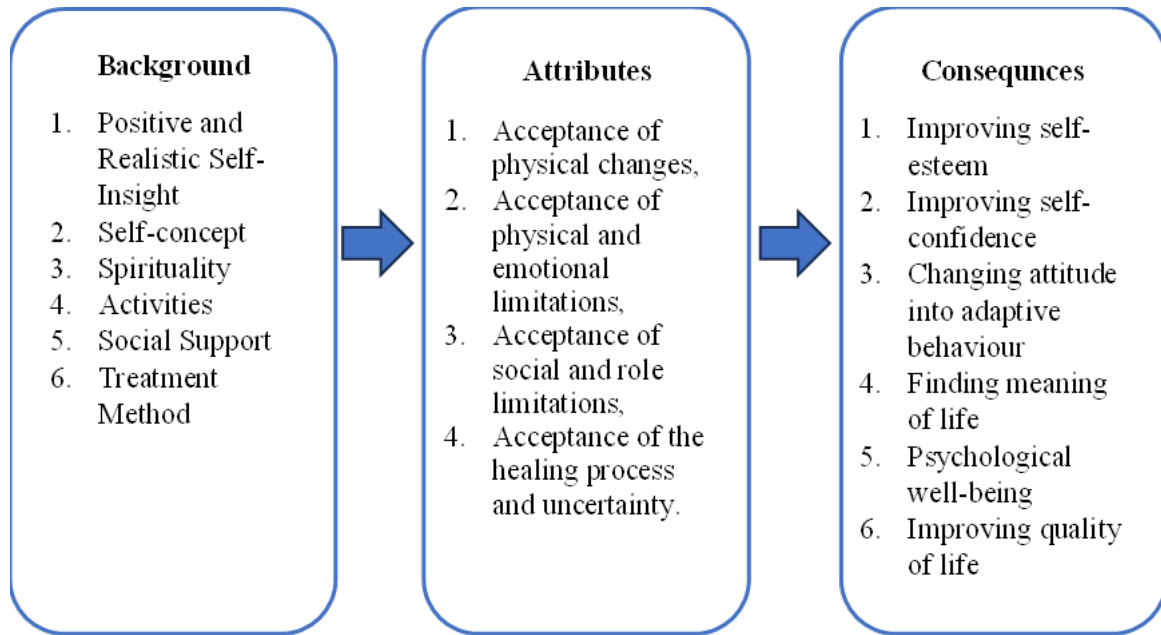
#### **6) Treatment Method**

Breast cancer patients who have undergone mastectomy have higher self-acceptance compared to those who have just undergone chemotherapy. In addition, breast cancer patients who undergo conservative therapy procedures, mastectomy, and breast reconstruction will have even higher self-acceptance when compared to those who only undergo mastectomy (Jankowska-Polańska et al., 2020).

#### **b. Consequences**

In the concept analysis, *consequence* is the end result of the application of a concept (Walker & Avant, 2019). *Self-acceptance* Increasing Rewards (*self-esteem*) and self-image (*body image*) which leads to a confident attitude (*self-confidence*) for breast cancer patients (Jeonghee & Eunyoung, 2023; Shafae et al., 2018). When *self-acceptance* increases, then breast cancer patients will better understand their own weaknesses and strengths, accept whatever happens, behave more adaptively, and be able to better understand each process that goes through (Nabilah et al., 2022).

In line with this, *self-acceptance* making sufferers feel more accepting, self-respecting, aware of the negative side, and accepting their condition both when they are strong and weak, so that *psychological well-being* can be achieved easily (Rohmah et al., 2024). End of the process *self-acceptance* is to improve the quality of life (*quality of life*) breast cancer patients. Magnitude *self-acceptance* will make breast cancer patients more optimistic in going through each process and treatment method (Jankowska-Polańska et al., 2020; Sembiring et al., 2023).



### Determining Empirical Referents

*Empirical referents* is actual data whose presence shows the occurrence of concepts and can be used to recognize the characteristics or attributes that form the concept (Walker & Avant, 2019). The instrument is used as a measuring tool to assess the patient's acceptance of acceptance of physical change, acceptance of physical and emotional limitations, acceptance of social limitations and roles, acceptance of healing processes and uncertainty.

Here are some of the instruments used to measure *self-acceptance* namely (1) *Self-Acceptance Scale* or *body image scale* developed by Horowitz, consisting of 5 items with 10 points in the form of a likert scale in the low to high self-acceptance range; (2) *Unconditional Self-Acceptance Questionnaire (USAQ)*, developed by Haaga and Chamberlain, consists of 10 items with 7 points in the form of a likert scale; (3) *Acceptance of Illness Scale (AIS)* developed by Revensson and Hinrichsen, consists of 8 items with 8-40 points in the form of a Likert scale, ranging from low to high acceptance rates (Abbasi et al., 2017; Rohmah et al., 2024; Sembiring et al., 2023).

### CONCLUSION

Based on the results of this concept analysis, six antecedents, four attributes, and six consequences were identified. The attributes of *self-acceptance* for breast cancer patients are: (1) acceptance of physical changes in cancer patients; (2) acceptance of physical and emotional limitations; (3) accepting social limitations and roles; (4) accepting the healing process and uncertainty. Based on these attributes, we comprehensively examine *self-acceptance* in breast cancer patients. The results of the study can be used to assess the level of self-acceptance in breast cancer patients. This concept is relevant in improving the quality of life and reducing the psychological burden, so that appropriate interventions can be focused to strengthen patient *self-acceptance*.

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