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The role of self-efficacy, social and economic support on the quality of life of cancer patients undergoing chemotherapy: A systematic review

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Abstract

Background: Indonesia is currently facing a triple disease burden, including a rise in chronic illnesses such as cancer, which significantly impacts patients' quality of life. Chemotherapy affects not only physical health but also psychological, social, and spiritual well-being. Factors such as self-efficacy, social support, and economic status are believed to strongly influence the quality of life among cancer patients undergoing chemotherapy.

Purpose: To examine the effects of self-efficacy, social support, and economic conditions on the quality of life of cancer patients receiving chemotherapy.

Method: A systematic review was conducted by searching articles published between 2015 and 2025 across PubMed, ScienceDirect, and Scopus using relevant keywords. Studies included randomized controlled trials, cohorts, case-control, and quasi-experimental designs that explored the relationship between the selected variables and patient quality of life. Ten articles met the inclusion criteria and were analyzed.

Results: From a total of 453,025 articles identified, only 10 met the eligibility criteria. Findings consistently indicate that higher self-efficacy, strong social support, and stable economic conditions are positively correlated with improved quality of life in cancer patients undergoing chemotherapy.

Conclusion: Enhancing self-efficacy, providing adequate social support, and addressing economic challenges can significantly improve cancer patients' quality of life. A holistic, integrated approach that includes psychosocial and spiritual care is essential. Nurses and healthcare professionals play a crucial role in delivering these interventions, supported by appropriate policies and education to strengthen global cancer care systems.

Keywords: Economic Support; Quality of Life; Self Efficacy; Social Support.

INTRODUCTION

Indonesia is currently facing the triple burden of disease, including the increasing prevalence of non-communicable diseases such as cancer. This disease not only impacts physical health but also affects patients' psychological, social, and spiritual well-being, significantly impacting their quality of life (Devi, & Fong, 2019). Cancer patients require holistic and integrated care to support resilience during treatments such as chemotherapy.

Cancer is the leading cause of death worldwide, with an estimated 9.7 million deaths expected by

2023. The number of cancer cases in Indonesia continues to rise and is projected to surge by more than 70 percent by 2050 if prevention and early detection efforts are not strengthened. Currently, around 400,000 new cancer cases are detected each year, with the number of deaths reaching 240,000 annually (Muhawarman, 2025). This demonstrates that cancer is an urgent public health problem that requires comprehensive attention.

Treatments such as chemotherapy can cause various physical and emotional side effects, including

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fatigue, pain, alopecia, anxiety, and stress (Vardy, Liew, Warby, Elder, Keshet, Devine, & Dhillon, 2022; Anand, Dey, Chandel, Sanyal, Mishra, Pandey, & de la Lastra, 2023). A patient's illness perception plays a crucial role in shaping their response to treatment and prognosis. Patients with negative perceptions of their illness tend to feel hopeless, blame themselves, and believe their condition is incurable (Yıldız, Evcili, & Gürler, 2024; Lee, Baek, Jeon, & Im, 2019). Social support, especially from family, along with economic conditions and self-efficacy, play a significant role in determining how patients adapt to their illness. Strong support can improve quality of life and motivate patients to optimally undergo treatment (Alhofaian, Alaamri, Abdalmajeed, Wadaah, Aljuhani, Amin, & Alharazi, 2024; Galicia Pacheco, Catena, Sánchez, M. J., Rueda, MAJjarilla Sánchez, Costas, & Petrova, 2024). These factors are important to examine so that more targeted nursing intervention strategies can be developed.

However, to date, research simultaneously comparing the influence of self-efficacy, social support, and economic conditions on the quality of life of cancer patients undergoing chemotherapy is limited. Therefore, this study aims to analyze the influence of these three factors on the quality of life of cancer patients, as a basis for developing more effective and comprehensive interventions.

RESEARCH METHOD

This systematic review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The literature search was performed across four prominent electronic databases: PubMed, ScienceDirect, and Scopus, with the publication timeframe restricted to the years 2018 through 2024. The article search utilized specific keywords combined using Boolean operators, including: "Self-Efficacy" OR "Social Support" OR "Economic Status" AND "Quality of Life" AND "Cancer Patients" AND "Chemotherapy."

The inclusion criteria for selecting studies were as follows: (1) articles that investigated variables related to self-efficacy, social support, and/or economic

status in connection with the quality of life of cancer patients; (2) studies in which the participants were adult individuals undergoing chemotherapy for cancer; (3) studies employing a quantitative research design, such as cross-sectional, cohort, or experimental methods; and (4) articles written in either English or Indonesian. Conversely, the exclusion criteria encompassed non-systematic literature reviews, editorials, opinion articles, and studies lacking full-text availability.

The data extraction process involved documenting key characteristics of each study, including the name of the author(s), publication year, country of origin, objective, research design, and principal findings. The methodological rigor of each included study was evaluated using the Critical Appraisal Skills Programme (CASP) Checklist for quantitative research. Studies that received low scores on the quality appraisal were excluded from the final synthesis.

A narrative synthesis approach was adopted to analyze the data, allowing for the integration of findings across studies with diverse methodological designs. The synthesized results are organized thematically according to the primary variables explored in the literature: self-efficacy, social support, and economic status, and their influence on the quality of life of cancer patients undergoing chemotherapy.

The selection of articles was carried out in strict accordance with PRISMA procedures. Initially, a total of 453,025 articles were identified across three databases: PubMed (n = 39,732), ScienceDirect (n = 391,824), and Scopus (n = 21,469). These articles underwent a screening process based on titles and abstracts to exclude studies that did not align with the objectives of the review. Following the preliminary screening, duplicate entries were removed, and the remaining articles were assessed in full-text format. Studies that failed to meet the inclusion criteria—such as those not addressing self-efficacy, social support, economic factors, or quality of life in the context of cancer patients receiving chemotherapy—and those without accessible full texts were excluded from further analysis.

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RESEARCH RESULTS

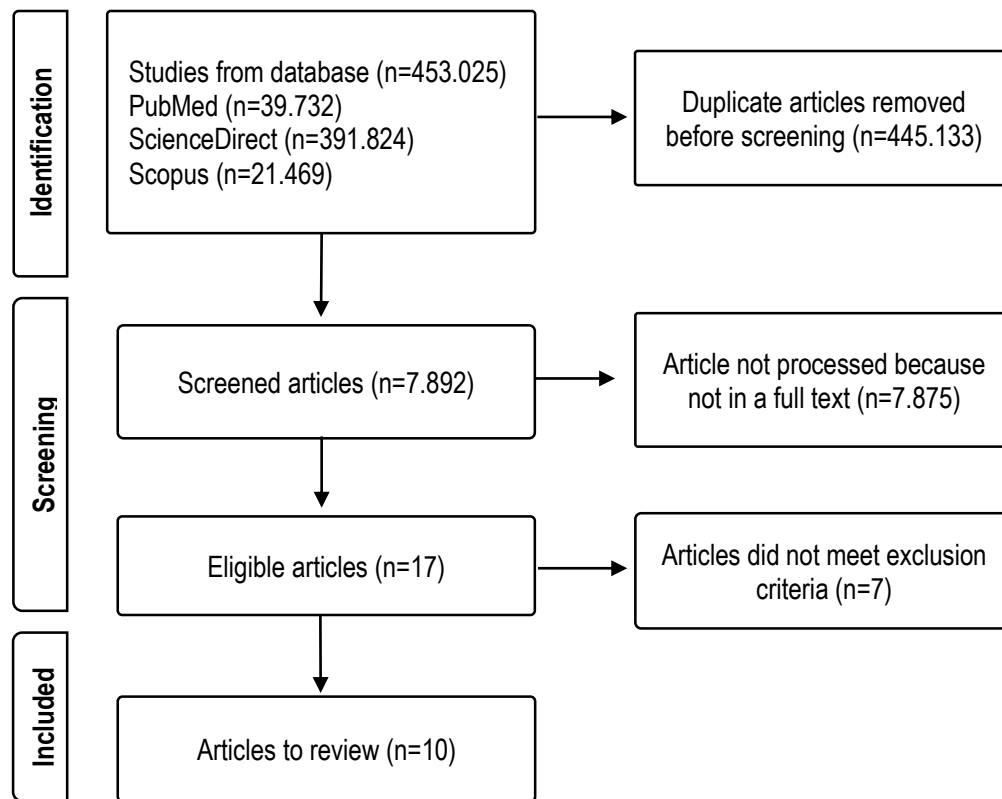


Figure 1. Prisma Flow Diagram

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Table 1. Summary of the Reviewed Articles

(Author, Year) (Country)	Purpose	Method	Results
(Frick et al., 2019) (Germany)	To compare quality of life over study period between the intervention group (patients who had met an SCN) and the control group.	A mixed-method study (OSCAR) involving 350 participants, consisting of three research modules. Modules 1 and 2 involve a non-randomized, controlled, multi-center intervention study which compares primary data from regularly conducted questionnaires and claims data from German statutory health insurance funds in the intervention and control groups. In addition, a qualitative content analysis is planned in module 3 and will be based on the project diaries completed by each SCN. The analysis will assess OSCAR's effectivity and the benefit of implementing it in the German healthcare system.	Preliminary findings from the OSCAR program indicate that year-long support from Supportive Care Nurses (SCNs) improves quality of life, health literacy, and patient involvement in therapy planning for advanced cancer patients. Designed to fill gaps in Germany's fragmented healthcare system, OSCAR offers sustained, personalized care beyond standard post-discharge services. Using a mixed-methods, non-randomized design with IPTW and matching to control for bias, the study integrates patient-reported outcomes, claims data, and SCN diary analyses. Despite ongoing evaluation, early results show OSCAR's potential as a scalable model for enhancing patient-centered care in cancer and other chronic conditions.
(Carreiro et al., 2025) (Portugal)	To analyze the mediating effects of coping styles on the relationship between satisfaction with social support (SSS) and quality of life (QoL) in breast cancer patients.	A cross-sectional structural equation modeling (SEM) approach was used to examine the mediating effects. The participants were 311 women who were breast cancer patients, aged between 27 and 86 years (M = 46.61, SD = 9.53).	SEM analyses showed that SSS was positively associated with fighting spirit ($\beta = 0.31$, $p < 0.05$), cognitive avoidance ($\beta = 0.19$, $p > 0.05$), and QoL ($\beta = 0.21$, $p < 0.05$), and negatively associated with helplessness–hopelessness ($\beta = -0.28$, $p < 0.05$). Furthermore, fighting spirit and helplessness–hopelessness showed significant relationships with QoL. Anxious preoccupation was negatively related to QoL. Furthermore, fighting spirit and helplessness–hopelessness showed significant relationships with quality of life ($\beta = 0.18$, $p < 0.05$; $\beta = -0.15$, $p < 0.05$, respectively). In addition, the mediation analysis revealed that coping styles (i.e., fighting spirit and helplessness–hopelessness) mediated the relationship between SSS and QoL.

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(Author, Year) (Country)	Purpose	Method	Results
(Chen et al., 2024) (China)	To determine the effectiveness of a Phone-Based Support Program (PBSP) for newly diagnosed women with breast cancer.	A two-group repeated measures randomized controlled trial was conducted with 94 breast cancer patients (aged 18–60) undergoing chemotherapy in a tertiary hospital in China. Participants were randomly assigned to either a control group or an intervention group that received a four-session Psychoeducational Breast Support Program (PBSP) alongside standard care. The PBSP included learning, discussion, expert Q&A, and personal storytelling. Outcomes—self-care self-efficacy, psychological distress (symptom distress, anxiety, depression), and quality of life—were measured at three points: pre-intervention (T1), post-intervention (T2), and follow-up (T3), using validated assessment tools.	After completion of the intervention, participants in the intervention group had significantly ($p < .001$) higher self-care self-efficacy (T2: Mdiff = 11.49, T3: Mdiff = 22.33), better quality of life (T2: Mdiff = 8.18, T3: Mdiff = 17.19), lower symptom distress (T2: Mdiff = -26.68, T3: Mdiff = -54.76), less anxiety (T2: Mdiff = -2.52, T3: Mdiff = -5.11), and less depression (T2: Mdiff = -3.61, T3: Mdiff = -6.71) than those in the control group.
(Chan et al., 2025) (China)	To examine the effects of an advance care planning program adopting motivational interviewing among palliative care patients.	A two-arm parallel randomized controlled trial involving 204 participants was conducted from January 2018 to December 2019 in the palliative care clinics of two hospitals. Eligible participants were mentally competent adults newly referred to palliative care with a Palliative Performance Scale score of 60 or higher. All received standard palliative care, while the intervention group also participated in an advance care planning program delivered through three home visits. The primary outcome was readiness to discuss and document end-of-life care decisions, with secondary outcomes including decisional conflict, perceived stress, and quality of life.	Generalized estimating equation analysis revealed that the intervention group showed significantly greater improvements in readiness for advance care planning behaviors at 3 months post-allocation compared to the control group. These included appointing a proxy ($\beta = 0.80$, $p = .005$), discussing with family ($\beta = 0.76$, $p = .006$), discussing with doctors ($\beta = 0.86$, $p = .003$), and documenting care preferences ($\beta = 0.89$, $p < .001$). Additionally, the intervention group had higher rates of signing advance directives (RR = 3.43) and placing do-not-attempt-resuscitation orders (RR = 1.16). They also reported greater improvements in perceived social support and life values. Both groups experienced reduced decisional conflict and perceived stress.

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(Author, Year) (Country)	Purpose	Method	Results
(Godiveau et al., 2025) (France)	To confirm the benefits of the PACThe program at six months for breast cancer women in complete remission in real-life conditions.	The PACThe Real-Life study is an observational trial involving 400 breast cancer survivors in remission who will undergo a 3-week thermal post-cancer rehabilitation program. The primary objective is to evaluate quality of life over 12 months using the SF-36 questionnaire, administered at five timepoints: baseline, end of treatment, and at 6, 12, and 18 months post-treatment. The main analysis will compare SF-36 global scores at 6 months with baseline values. Participants will be followed for 18 months.	The comprehensive overview of the program PACThe will likely contribute to enhancing thermal therapy post-cancer rehabilitation in this population in real life conditions.
(Trindade et al., 2025) (Portugal)	To test the efficacy and cost-effectiveness of an optimised version of the Mind programme in women with breast cancer.	This study will evaluate the Mind program's efficacy and cost-effectiveness in women with breast cancer. In Study 1, participants are randomized 1:1 to either the Mind program or a support group; Study 2 adds a treatment-as-usual group (2:2:1 ratio). Both interventions involve eight weekly sessions delivered in-person or online. Outcomes—measured at baseline, post-treatment, and 6-month follow-up—include cancer-specific quality of life (primary), mental health, psychological flexibility, self-compassion, health-related quality of life, and resource use. Study 1 also examines immunological and epigenetic markers. Blinded assessments and intention-to-treat analysis will be used, with moderation and mediation effects explored.	These trials examine the efficacy and cost-effectiveness of an integrative ACT and compassion-based intervention tailored for women with breast cancer. Greater improvements in psychosocial, biological and resource use are expected in the Mind group, when compared to the control group(s). Results will likely support the potential benefits of the Mind programme for breast cancer patients and highlight the clinical relevance of integrative and holistic interventions in oncology.

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(Author, Year) (Country)	Purpose	Method	Results
(Liu et al., 2025) (Australia)	To explore the motivations and perceptions towards physical activity of this group.	Qualitative, recruitment was conducted at a metropolitan cancer center between November 2019 and January 2020. Women diagnosed with metastatic breast cancer were invited to take part in semi-structured interviews exploring their experiences with physical activity, including health-related factors, personal goals, barriers, facilitators, and areas of interest. All interviews were audio-recorded, transcribed verbatim, and analyzed using thematic analysis.	Twenty-three women (median age 60; median time since metastatic diagnosis 3.3 years) participated in the interviews. Their physical activity levels varied from structured exercise to incidental movement. Thematic analysis revealed seven themes across three categories: (1) Personal context—including health status, life responsibilities, and exercise preferences; (2) Strategies for physical activity—focusing on self-efficacy and maintaining routines; and (3) Role of health services—highlighting the need for tailored education and support specific to metastatic cancer.
(Wallace et al., 2018) (USA)	To examine the trajectory of the QoL of family caregivers of hospice patients.	A secondary analysis was conducted using data from two randomized clinical trials involving 576 hospice caregivers. One trial, based in the Midwest, compared usual hospice care with an added web-based support intervention. The second, at Northwestern, compared “friendly visits” with a problem-solving intervention. Both studies followed similar protocols, assessed various patient and caregiver characteristics, and received institutional review board approval.	While hospice care improves patients' quality of life in their final days, similar benefits are not always experienced by caregivers. Data indicate that caregivers of cancer patients show the steepest decline in quality of life, likely due to limited preparation and short hospice stays (median of 19 days). This suggests the need for earlier support—potentially starting at metastatic diagnosis or palliative care referral. Addressing the unique needs of these caregivers is essential, as the negative health impacts often persist well beyond the patient's death.
(Chung et al., 2022) (USA)	To explore the impact of a concurrent palliative care intervention in patients with pancreatic cancer treated on phase I clinical trials.	This secondary analysis focused on pancreatic cancer patients enrolled in an NCI-funded randomized trial evaluating a palliative care intervention led by advanced practice nurses for solid tumor patients in phase I clinical trials. Participants received two educational sessions on quality of life (QoL) domains and completed the FACT-	Out of 479 patients enrolled in the study, 42 had a diagnosis of pancreatic cancer (26 in the intervention group, 16 in the usual care group). The intervention group showed a trend toward improvement across physical, social, emotional, and functional subscales of the FACT-G quality of life measure, as well as reduced psychological distress from baseline to 12 weeks.

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(Author, Year) (Country)	Purpose	Method	Results
		G, PRO-CTCAE, and psychological distress thermometer at baseline, week 4, and week 12. Outcomes by study arm were analyzed using a mixed model with repeated measures.	Participants also reported moderate levels of psychological and physical stress.
(Hou et al., 2020) (Taiwan)	To investigate the quality of life (QoL) of women with breast cancer in Taiwan after using the BCSMS app.	Women with stage 0–III breast cancer, newly diagnosed and recruited via social media or clinical referrals, were randomized 1:1 to either an intervention group using the BCSMS app or a control group receiving usual care. Both groups completed the EORTC QLQ-C30 and QLQ-BR23 questionnaires at baseline, 1.5 months, and 3 months. Assessments were self-administered, anonymous, and conducted using paper or web-based formats. Participants were blinded to group allocation. Data were analyzed using descriptive statistics, chi-square tests, ANOVA, and generalized estimating equations. Sensitivity analyses included handling missing data with and without multiple imputation.	A total of 112 women were randomized into the experimental group (n=53) or control group (n=59), with a follow-up completion rate of 89.3%. Both groups were demographically similar in age (50–64 years), cancer stage (stage II), marital status, employment, and ongoing treatment. At 3 months, the experimental group showed significantly higher mean quality of life scores on both the QLQ-C30 (83.45 vs 82.23, $P = .03$) and QLQ-BR23 (65.53 vs 63.13, $P = .04$) compared to the control group.

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DISCUSSION

Coping strategies, or individual approaches to adapting to illness, are recognized as key factors influencing the quality of life (QoL) among cancer patients. Those who adopt adaptive coping mechanisms—such as cultivating a fighting spirit and empowering themselves—are generally found to experience a higher QoL. This indicates that the capacity of patients to psychologically manage the stress associated with cancer significantly contributes to their overall well-being (Carreiro, Cardoso, Teques, Teques, & Pais-Ribeiro, 2025). The concept of self-efficacy frequently emerges in behavior-oriented interventions. For instance, the implementation of a Phone-Based Support Program (PBSP) has been shown to enhance patients' self-efficacy in self-care and reduce psychological distress (Chen, Qin, & Chaimongkol, 2024). Similarly, Acceptance and Commitment Therapy (ACT) has demonstrated positive outcomes by enhancing patients' self-efficacy and coping confidence, while also offering a cost-effective intervention model in the context of breast cancer treatment (Trindade, Soares, Skvarc, Carreiras, Pereira, Lourenço, & Moreira, 2025).

Self-management abilities also serve as crucial determinants in cancer care. The use of mobile health (mHealth) applications has proven effective in enhancing QoL among newly diagnosed breast cancer patients. Through these digital tools, patients can monitor symptoms, record health status, and make informed decisions about follow-up care—thereby fostering autonomy and psychological resilience (Hou, Lin, Shen, Chang, Tai, Tsai, & Dykes, 2020). Furthermore, psychological distress remains a common correlate of diminished QoL in cancer patients. Evidence from various studies has shown that interventions such as PBSP and nurse-led palliative care can significantly alleviate symptoms of anxiety, depression, and general psychological burden, which in turn directly contribute to improvements in QoL (Chen et al., 2024; Chung, Sun, Ruel, Smith, & Ferrell, 2022; Bognár, Teutsch, Bunduc, Veres, Szabó, Fogarasi, & Hegyi, 2024).

Motivation and perception regarding physical activity are additional psychosocial variables linked to improved QoL. Many female patients with metastatic cancer reported that engaging in physical activity, even at low intensity, contributed both physically and

mentally—enhancing emotional vitality and fostering a stronger sense of self-efficacy (Liu, Kilbreath, Yee, Beith, McNab, & Dylke, 2025; Gutiérrez-Santamaría, Castañeda-Babarro, Arietaleanizbeaskoa, Mendizabal-Gallastegui, Grandes, & Coca, 2023). Palliative care also demonstrates a strong association with improved QoL, especially in patients with advanced-stage cancer. Integrated palliative models have led to significant gains in physical, emotional, social, and functional domains (Chung et al., 2022), and motivational interventions have been shown to enhance readiness for end-of-life care planning (Chan, Leung, Lam, Ko, Lam, & Chan, 2025).

Technology, particularly mHealth platforms, continues to gain traction as a medium for self-care enhancement in oncology. Application-based interventions support symptom tracking and condition monitoring while promoting patient autonomy. These tools significantly improve QoL, particularly in newly diagnosed breast cancer patients (Hou et al., 2020). From an economic perspective, service efficiency and cost are increasingly relevant. ACT, for example, not only improved self-efficacy and psychological well-being but also demonstrated cost-effectiveness, highlighting its potential for broader implementation (Trindade et al., 2025).

QoL has become a central indicator in cancer care, especially during treatment and post-therapy phases. Recent literature underscores the importance of adopting a holistic approach that integrates physical, psychological, social, and spiritual care dimensions. The OSCAR program illustrates how enhancing health literacy and social support through a multidisciplinary approach can reduce patient anxiety and improve engagement. The involvement of social nurses and healthcare professionals has further amplified these positive outcomes (Frick, Schindel, Gebert, Grittner, & Schenk, 2019). Adaptive coping strategies—such as deriving meaning from illness and fostering self-empowerment—also strengthen the impact of familial support on patient morale. Interventions that engage families and consider individual coping styles are especially useful for nurses in crafting personalized care plans (Carreiro et al., 2025).

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Self-efficacy remains an essential component for sustaining well-being throughout cancer treatment. The effectiveness of telephone-based support programs in enhancing self-efficacy while mitigating anxiety and depression among breast cancer patients has been well documented (Chen et al., 2024). Digital tools such as tele-education and mHealth applications provide scalable solutions for reaching diverse patient populations, reinforcing the educational and supportive roles of nursing professionals. Another successful psychosocial intervention is motivational interviewing, which has been shown to facilitate Advance Care Planning (ACP) in palliative care by reducing stress and promoting informed decision-making. Emphasizing empathy and patient engagement, this technique empowers individuals in navigating end-of-life decisions (Chan et al., 2025).

Rehabilitation programs like the PACT initiative have proven beneficial in supporting physical and psychological recovery in post-treatment breast cancer patients. Incorporating elements such as medical spas, yoga, and hydrotherapy, these programs help reduce fatigue and improve body image—key components of palliative care and long-term survivorship. Nurses play a critical role in the success of these interventions through ongoing companionship and individualized support (Godiveau, Passildas, Thivat, Casile, Pinard, Giro, & Durando, 2025). ACT has also proven valuable in promoting psychosocial well-being by enhancing acceptance, reducing distress, and offering a meaningful, value-based framework for coping with illness.

Motivational factors and perceptions of physical activity significantly contribute to QoL, particularly in advanced cancer cases. Physical activity offers both physiological benefits and enhanced self-control, especially when combined with strong social support. These findings underscore the importance of designing personalized, empathetic physical activity interventions (Liu et al., 2025). Meanwhile, the burden borne by caregivers—both emotional and financial—must also be considered, as it indirectly impacts patient QoL. Despite improvements in patients' well-being toward the end of life, caregivers often endure prolonged psychological strain. This highlights the need for caregiver-focused interventions including education, counseling, and peer support. A family-centered care model is essential to promote mutual

well-being in palliative settings (Wallace, Oliver, Demiris, Washington, & Smith, 2018).

Digital health technologies continue to evolve as integral components of cancer care. Tools such as mHealth apps enable patients to track symptoms, log health data, and access educational content, promoting better symptom control and emotional regulation (Hou et al., 2020). Especially during global health crises like the COVID-19 pandemic, digital healthcare solutions have emerged as practical and scalable alternatives. However, successful implementation requires healthcare providers—particularly nurses—to develop strong digital literacy. Collectively, findings from various studies highlight the importance of a comprehensive, evidence-based, and patient-centered approach to cancer care. Effective interventions must address the full spectrum of patient needs—physical, psychological, social, and spiritual—and involve patients, families, and health professionals collaboratively. The use of validated tools such as QLQ-C30 and FACT-G is essential for evaluating outcomes and ensuring continuous improvement. Nurses hold a central role in delivering adaptive, technology-integrated, and psychosocially attuned care to optimize patient quality of life.

CONCLUSION

The quality of life in cancer patients is shaped by physical, psychological, social, and spiritual dimensions, necessitating a holistic and integrated approach to care. Key factors such as adaptive coping, self-efficacy, and social support significantly enhance patient well-being. Psychosocial interventions—including Acceptance and Commitment Therapy (ACT), Phone-Based Support Programs (PBSP), tele-education, mHealth tools, and motivational interviewing—have demonstrated effectiveness in reducing distress, promoting self-care, and supporting advance care planning. Complementary strategies like physical activity, relaxation, and rehabilitation further benefit physical and emotional recovery. Nurses and families play a critical role in sustaining ongoing support, while digital technologies offer accessible care solutions that must be balanced with personalized, empathetic support, including for caregivers. Ultimately, implementing evidence-based, person-centered interventions with active collaboration among patients, families, and

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healthcare professionals can significantly improve quality of life across all stages of cancer care, including palliative settings.

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