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Factors influencing self-acceptance in cancer patients: A systematic review

Bergita Olivia Hali Samon*, Allenidekania, Agung Waluyo, Dewi Gayatri

Program Magister, Fakultas Ilmu Keperawatan, Universitas Indonesia

Corresponding Author: *E-mail: oliviattenggas@gmail.com

Abstract

Background: A cancer diagnosis often has a significant impact on patients' psychological aspects, particularly on self-acceptance.

Purpose: To identify and summarize various factors influencing self-acceptance in cancer patients.

Method: The selection process followed the PRISMA guidelines. Literature searches were conducted in PubMed, Scopus, and Google Scholar databases for studies published between 2010 and 2025, including English-language articles with quantitative study designs (cross-sectional, cohort, case-control, or case report), involving cancer patients aged ≥ 18 years.

Results: Nine studies met the criteria for further analysis. Factors influencing self-acceptance included sociodemographic factors (age, gender, education, income, residence, marital status, employment status, social support, educational level, economic status), disease-related factors (TNM stage, metastasis status, disease duration), and psychosocial factors (social support, meaning-making, fear of recurrence).

Conclusion: Self-acceptance in cancer patients is influenced by sociodemographic, disease-related, and psychosocial factors. These findings are important for developing more targeted psychosocial interventions to improve the well-being of cancer patients.

Keywords: Cancer; Disease Factors; Psychosocial; Self-Acceptance; Sociodemographic Factors.

INTRODUCTION

Cancer is a global health problem that occurs due to dysregulation or loss of balance in the control of the cell cycle, resulting in cell proliferation, either localized in a specific organ or region or spreading throughout the body, also known as metastasis (Charnay-Sonnek & Murphy, 2019; Siegel, Miller, Wagle, & Jemal, 2022). There are 19,976,499 new cancer cases worldwide, with 9,743,832 deaths. In Indonesia, the prevalence of cancer over the past five years has been reported at 1,018,110 cases, with the three most common types being breast cancer, lung cancer, and cervical cancer, respectively (World Health Organization, 2022b).

A cancer diagnosis is considered a severe condition that triggers a grieving process because

individuals are faced with a life-threatening illness that can change their lives. The effects of grief can cause physical and psychological problems and may further worsen the patient's condition. Negative thoughts can delay decision-making regarding the treatment and care that must be undertaken, ultimately delaying the patient's treatment process (Rahmiwati, 2021).

Self-acceptance is a form of an individual's positive attitude in accepting their condition, whether good or bad, characterized by positive behaviors in which the individual chooses not to give up on their situation (Susanti, 2017). Acceptance is one of the five stages of grief according to Kubler-Ross, which states that acceptance can be used as a way to manage negative personal experiences (Rahmiwati, 2021).

A self-acceptance can reduce psychological distress in cancer patients. Cancer acceptance is an active process that changes the patient's perspective toward the disease and guides individuals in adopting a positive attitude without judgment toward their internal experiences, with the willingness to respond to cancer-related stressors, resulting in the use of coping strategies to face the illness (Secinti, Tometich, Johns, & Mosher, 2019).

Stated that factors influencing self-acceptance during grief include age, personal relationships, socioeconomic status, culture, spirituality, beliefs, and coping strategies. Several studies have attempted to link demographic characteristics with self-acceptance. In addition, clinical observations indicate that several cancer-related factors, such as disease stage, type of surgery, tumor type, metastasis stage (TNM), comorbidities, family history of breast cancer, and recurrence or metastasis, are presumed to be associated with the level of self-acceptance. However, despite these factors being identified, much remains unknown about self-acceptance among women with breast cancer and the factors associated with it (Potter, Perry, Stockert, & Hall, 2017; Chen, Liu, Zhang, & Li, 2016).

In Indonesia, several studies have examined factors influencing self-acceptance in cancer patients. Internal and external factors influence self-acceptance. Internal factors include self-perception, personal ability, and commitment, while external factors consist of support, beliefs, material, and non-material assistance (Susanti, 2017). Age and occupation significantly influence the process of self-acceptance in patients treated at the West Sumatra Provincial Hospital. Nevertheless, the study did not indicate whether these factors are applicable to patients from different belief and cultural backgrounds. Therefore, this study aims to analyze factors influencing self-acceptance in patients diagnosed with cancer (Rahmiwati, 2021).

RESEARCH METHOD

The literature search was conducted on March 12–13, 2025, through the PubMed, Scopus, and Google Scholar databases, limiting the search to

English-language studies available in full text from 2010–2025. The author included articles with adult cancer patients aged >18 years, without restriction on cancer type, and studies with cross-sectional, cohort, case-control, or case report designs. The selected studies were independently reviewed. Manual duplication checks were performed, where articles with identical titles were recorded and excluded.

The keywords used were ("cancer patients" OR "patient with malignant" OR "adult cancer" OR "individual with cancer") AND ("influence factors" OR "impact factors" OR "determining factors" OR "relationship factors" OR "associated factors" OR "contributing factors") AND ("self-acceptance" OR "Acceptance of cancer" OR "Acceptance in Illness" OR "acceptance in cancer").

All journal articles identifying factors associated with self-acceptance in cancer patients were included. The review presented measurement outcomes of variables related or correlated to patient self-acceptance, including sociodemographic factors, disease-related factors, and psychosocial factors. This systematic review also incorporated studies discussing coping strategies, patient satisfaction, and quality of life in relation to self-acceptance.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to filter and select articles for further review regarding study quality. All extracted studies were critically appraised and scored using the JBI Global Critical Appraisal Tools (2020) for cross-sectional studies, which include eight items, with a score of 1 given for "Yes" and 0 for "No or Unclear." The total score was calculated as a percentage and categorized as "Good Quality" if above 70%, and "Acceptable" if 50%. Ethical approval was not required for this systematic review (Page, McKenzie, Bossuyt, Boutron, Hoffmann, Mulrow, Shamseer, Tetzlaff, Akl, Brennan, Chou, Glanville, Grimshaw, Hróbjartsson, Lalu, Li, Loder, Mayo-Wilson, McDonald, & Moher, 2021; Nasuuna, Nanyeenya, Kibirige, Izudi, Chikwari, Kalyesubula, Castelnuovo, Tomlinson, & Weiss, 2024; Shu, Lau & Ho, 2024; JBI Global, 2020).

Bergita Olivia Hali Samon*, Allenidekania, Agung Waluyo, Dewi Gayatri

Program Magister, Fakultas Ilmu Keperawatan, Universitas Indonesia
Corresponding Author: *E-mail: oliviatenggas@gmail.com

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RESEARCH RESULTS

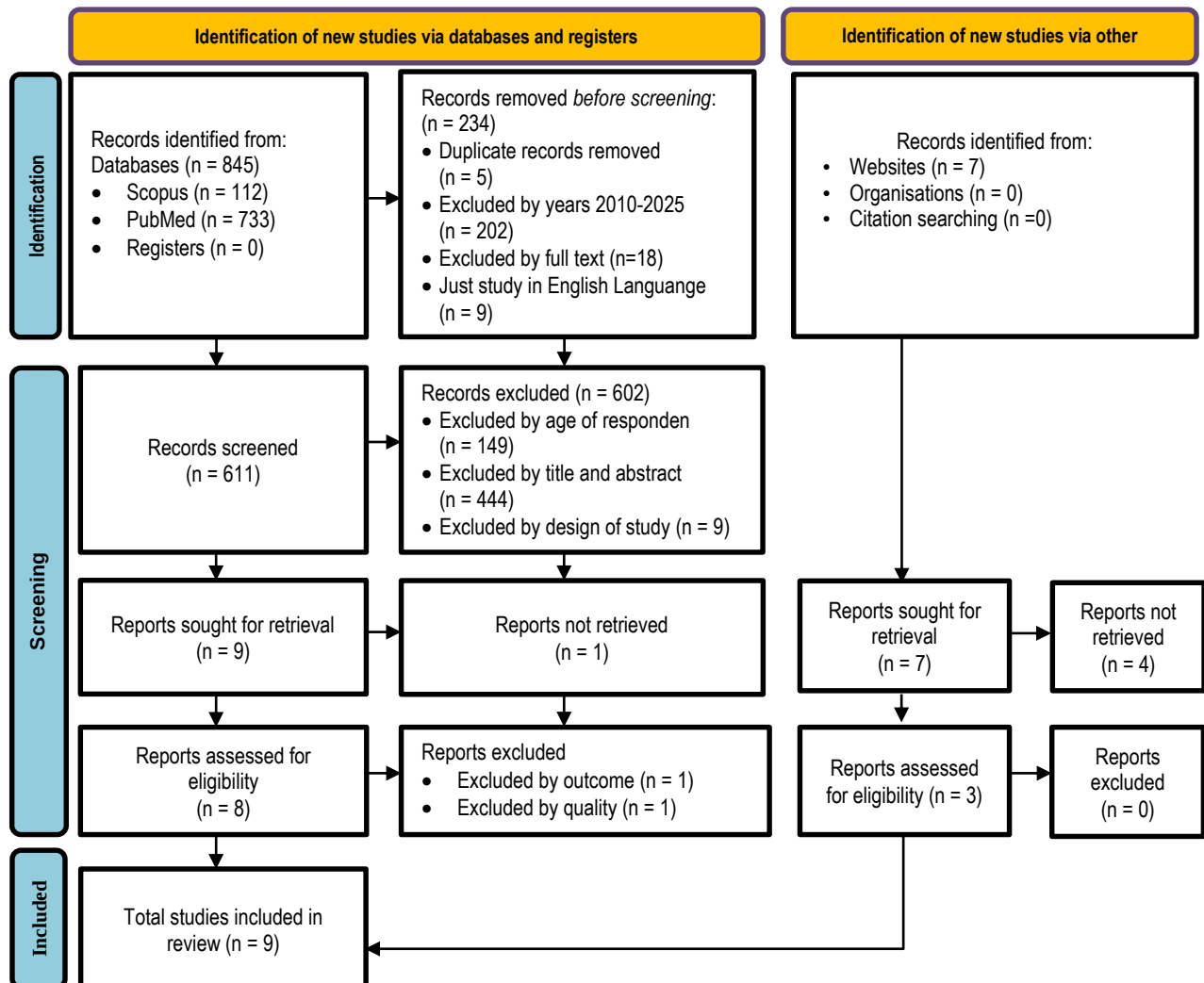


Figure. PRISMA Flow Diagram

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Table Summary of the Articles Review

(Author, Year) (Country)	Purpose	Method	Results
(Cipora et al., 2018) (Poland)	To determine the level of illness acceptance in women with breast cancer.	Involved 231 women undergoing treatment for breast cancer, aged 30 to 80 years. A cross-sectional design was applied, and the level of illness acceptance was measured using the Acceptance of Illness Scale (AIS).	Respondents' age was negatively correlated with illness acceptance ($r = -0.155$, $p = 0.018$), indicating that older patients tended to have lower levels of illness acceptance. Additionally, employment status significantly influenced the level of illness acceptance ($p = 0.005$).
(Chen et al., 2016) (China)	To identify self-acceptance and related socio-demographic and disease-related factors among Chinese women with breast cancer.	Involved 308 women with breast cancer. This study included 308 women diagnosed with breast cancer. A cross-sectional design was employed, and self-acceptance was assessed using the Self-Acceptance Questionnaire.	Self-acceptance was positively associated with time since diagnosis ($r = 0.226$; $p < 0.001$), household income ($p = 0.005$), and the presence of health insurance or government-funded medical care ($p = 0.003$). In contrast, TNM stage was negatively associated with self-acceptance ($p < 0.001$). Furthermore, employment status significantly affected self-acceptance ($p < 0.001$): retired patients demonstrated the highest self-acceptance (Mean = 41.34), patients who returned to work had a moderate level of self-acceptance (Mean = 39.83; $p = 0.052$), while those who did not return to work showed the lowest self-acceptance (Mean = 38.89; $p = 0.008$).
(Czerw et al., 2015) (Poland)	To evaluate coping strategies, pain management, illness acceptance, and adjustment to cancer among breast cancer patients.	Involved 193 breast cancer patients undergoing chemotherapy. A cross-sectional design was employed, and data were collected using the following instruments: the Beliefs about Pain Control Questionnaire (BPCQ), the Pain Coping Strategies Questionnaire (CSQ), the Acceptance of Illness Scale (AIS), and the Mental Adjustment to Cancer (Mini-MAC).	Higher income was associated with increased illness acceptance ($p = 0.01$), and patients living in large cities demonstrated better illness acceptance ($p = 0.035$).

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(Author, Year) (Country)	Purpose	Method	Results
(Czerw et al., 2016) (Poland)	To compare illness acceptance across different sociodemographic factors, including education level, gender, marital status, place of residence, net income per family member, and professional status.	Involved 74 patients diagnosed with pancreatic or colorectal cancer, aged 23 to 82 years. A cross-sectional design was used, and the level of illness acceptance was measured using the Acceptance of Illness Scale (AIS).	Mean illness acceptance score (AIS) among cancer patients was 27.56, reflecting a relatively high level of acceptance. Metastasis status was identified as the only factor influencing illness acceptance, with ANOVA results showing statistical significance ($p \leq 0.05$), indicating a meaningful difference between groups.
(Han et al., 2018) (Beijing)	To identify illness cognition among women with breast cancer and to examine the sociodemographic and clinical factors associated with it	Involved 313 women with breast cancer. A cross-sectional design was employed, and illness cognition was assessed using the Illness Cognition Questionnaire (ICQ).	Six factors were associated with illness cognition. Specifically, having no children decreased acceptance of cancer ($p = 0.015$), whereas having one child increased acceptance ($p = 0.005$). Not returning to work was associated with reduced acceptance of cancer ($p = 0.004$). Additionally, age showed a positive correlation with acceptance of cancer ($r = 0.46$; $p < 0.01$), and disease duration was also positively correlated with acceptance ($r = 0.342$; $p < 0.01$).
(Nowicki et al., 2015) (Poland)	To evaluate life satisfaction and disease acceptance among patients with a stoma following surgical treatment of rectal cancer.	Included 96 rectal cancer patients who had undergone colostomy, aged 41–87 years. A cross-sectional design was used, and data were collected using the Satisfaction with Life Scale (SWLS) and the Acceptance of Illness Scale (AIS).	Most patients with stomas in the early postoperative period had moderate disease acceptance, which was influenced by education ($p = 0.05$) and professional activity. Higher life satisfaction was associated with better disease acceptance ($p < 0.001$). Additionally, men and urban residents demonstrated higher acceptance levels ($p = 0.02$ for both), and psychological support significantly improved disease acceptance ($p = 0.02$).

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(Author, Year) (Country)	Purpose	Method	Results
(Krajewski et al., 2018) (Poland)	To evaluate pain management, illness acceptance, and adjustment to cancer in patients diagnosed with NMIBC.	Involved 367 male patients with non-muscle invasive bladder cancer (NMIBC) scheduled for TURB. A cross-sectional design was employed, and data were collected using the Acceptance of Illness Scale (AIS), Mini-Mental Adjustment to Cancer (Mini-MAC), and Coping Strategies Questionnaire (CSQ).	Most NMIBC patients demonstrated good illness acceptance (Mean = 28.8) and predominantly used constructive coping strategies, with a high level of fighting spirit (Mean = 21.73). Marital status was significantly associated with illness acceptance ($p = 0.001$), the catastrophizing coping strategy ($p = 0.01$), and the self-assertion strategy ($p = 0.005$).
(Krok et al., 2024) (Poland)	To examine whether meaning-making and fear of recurrence sequentially mediate the relationship between social support (perceived and received) and illness accep	Involved 246 adult women with breast cancer undergoing radiotherapy or chemotherapy. A cross-sectional design was employed, and data were collected using the Berlin Social Support Scales (BSSS), Meaning-Making Questionnaire (MMQ), Cancer Worry Scale (CWS), and Acceptance of Life with Disease Scale.	Meaning-making increased illness acceptance ($\beta=0.40$; $p<0.01$), whereas fear of recurrence decreased it ($\beta=-0.16$; $p<0.01$).
(Piotrkowska et al., 2023) (Turkey)	To evaluate illness acceptance and life satisfaction among cancer patients, as well as the sociodemographic factors influencing them.	Included 120 cancer patients aged 18–88 years. A cross-sectional design was used, and data were collected using the Acceptance of Illness Scale (AIS), Satisfaction with Life Scale (SWLS), Numerical Rating Scale (NRS), and an original questionnaire on sociodemographics.	A positive correlation between illness acceptance and life satisfaction, with acceptance increasing as life satisfaction rose ($p = 0.17$; $p = 0.056$). Conversely, pain ($p = 0.049$), fatigue ($p = 0.05$), and diarrhea symptoms ($p = 0.012$) were associated with decreased illness acceptance.

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DISCUSSION

A cancer diagnosis triggers a grieving process for individuals experiencing it. This disease is perceived as life-threatening, causing physical and psychological effects, and may even worsen the condition of those affected (Rahmiwati, 2021). Individuals with cancer need to adopt a positive attitude to accept and not give up on their condition (Susanti, 2017). This systematic review identified and synthesized factors related to self-acceptance in cancer patients, collected from various articles and patient experiences with different types of cancer in several countries, namely Poland, China, and Turkey.

In general, from the nine studies, the researcher categorized that self-acceptance of cancer can be influenced by three major groups of factors: sociodemographic factors, disease-related factors, and psychosocial factors. Sociodemographic factors (age, gender, education, marital status, employment, income, place of residence, number of children, and health insurance) showed varying results across studies.

The relationship between age and self-acceptance appears to vary across cultural contexts. In Poland, a negative correlation was observed (Cipora, Konieczny & Sobieszcański, 2018), whereas in China, the association was positive (Han, Liu, Qiu, Nie, & Su, 2018). The Polish findings revealed that nearly half of women with cancer who underwent mastectomy were relatively young, between 30 and 39 years of age. Despite their youth, these women still perceived themselves as valuable and needed, which supported their acceptance. Conversely, Chinese studies indicated that younger women demonstrated lower levels of self-acceptance, as they faced greater social obligations, concerns about body image, and sexual difficulties arising from the illness. These challenges made it more difficult for younger women to embrace their condition compared to older counterparts (Chen et al., 2016; Han et al., 2018).

Men were reported to adjust more readily to stoma conditions resulting from rectal cancer than women. This may stem from the fact that women tend to be more sensitive and often perceive stomas as a form of bodily disfigurement that diminishes their physical attractiveness (Nowicki, Marciniak, Farbicka, & Banaszkiewicz, 2015; Szpilewska, Juzwizyn, Bolanowska, Milan, Chabowski, & Janczak, 2018).

Educational attainment, along with employment, emerged as significant predictors of disease acceptance. Patients with lower levels of education tended to report reduced acceptance, largely due to the perception of diminished independence (Nowicki et al., 2015).

Employment was found to play a crucial role in shaping self-acceptance. In Poland, patients who either remained employed or managed to return to work after treatment demonstrated greater acceptance. This can be explained in two ways: first, unemployment—whether illness-related or not—disrupted social roles and reduced acceptance; second, continued employment provided both financial stability and psychological reinforcement, enabling better adjustment (Nowicki et al., 2015; Cipora, Konieczny & Sobieszcański, 2018). In China, similar trends were observed: retired patients and those who resumed work exhibited higher self-acceptance. Older adults tended to approach illness more calmly due to life experience, while reemployment restored a sense of usefulness and confidence that aided psychological recovery. In contrast, patients unable to return to work struggled with low self-esteem, diminished confidence, and limited social support. Barriers included social norms, such as husbands preventing wives from working due to health concerns, or employers refusing to rehire cancer survivors based on doubts about their capacity. Nonetheless, even patients who returned to work sometimes faced subtle discrimination, including being assigned fewer responsibilities, which negatively affected their mental health (Chen et al., 2016; Han et al., 2018).

Living environment also influenced acceptance. reported that urban patients exhibited higher self-acceptance compared to those in rural areas. For rural patients, the inability to perform physical labor due to illness diminished their sense of independence and hindered their adaptation (Nowicki et al., 2015).

Economic resources were another determinant of acceptance. drawing on the World Bank's perspective, argued that both health and wealth can be understood as forms of capital that accumulate over time, with wealthier individuals typically enjoying better health outcomes. Accordingly, higher income supported greater self-acceptance among cancer patients (Czerw, Religioni & Deptała, 2015). Families

Bergita Olivia Hali Samon*, Allenidekania, Agung Waluyo, Dewi Gayatri

Program Magister, Fakultas Ilmu Keperawatan, Universitas Indonesia
Corresponding Author: *E-mail: oliviatenggas@gmail.com

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with greater financial stability were better able to cope with the costs and psychological stress of treatment. Furthermore, health insurance coverage was identified as a critical factor in improving acceptance, underscoring the need for government policies to address cancer-related financial burdens and ensure the sustainability of health insurance systems (Chen et al., 2016).

Findings from China demonstrated that childlessness was negatively related to self-acceptance, whereas having at least one child enhanced it (Han et al., 2018). Children provided patients with emotional support and a sense of hope, particularly in life-threatening conditions. Similarly, marital status was shown to influence acceptance: cancer patients in committed relationships displayed stronger resilience, while those who lived alone were more likely to adopt destructive coping mechanisms (Krajewski, Mazur, Poterek, Pastuszek, Halska, Tukiendorf, Rymaszewska, & Zdrojowy, 2018).

Clinical indicators such as TNM stage and the presence of metastasis demonstrate a negative association with self-acceptance. Advanced TNM stages signify more severe cancer progression, characterized by larger tumor size, metastatic spread, greater likelihood of recurrence, and increased treatment expenses—all of which heighten vulnerability to depression. Consequently, healthcare professionals must extend their focus beyond medical care to address the psychological needs of patients as well (Chen et al., 2016; Czerw, Bilińska & Deptała 2016).

The length of illness shows a positive correlation with self-acceptance. Over time, patients gradually cultivate acceptance as they adapt to their condition and acquire a deeper understanding of life. In this context, healthcare providers play a crucial role in fostering optimism, encouraging active participation in treatment, and promoting positive thinking to strengthen resilience (Chen et al., 2016; Han et al., 2018).

Symptoms such as pain, fatigue, and diarrhea diminish both self-acceptance and overall life satisfaction. Effective pain management is essential, as chronic pain leads to significant stress and physical as well as emotional exhaustion. Fatigue, which is often underestimated, adversely affects patients' physical, psychological, and social functioning. Similarly, diarrhea—whether stemming from cancer

itself or as a side effect of therapy—disrupts treatment, undermines acceptance, and reduces quality of life. In these circumstances, family involvement and broader social support substantially enhance patients' well-being (Piotrkowska, Kruk, Krzemińska, Mędrzycka-Dąbrowska, & Kwiecień-Jaguś, 2023).

Psychosocial dimensions substantially influence levels of self-acceptance. Adequate psychological support strengthens acceptance, whereas the absence of such support leaves patients feeling constrained, ashamed, and lacking self-worth. Difficulties in adjustment are particularly evident among older adults with dementia. Conversely, consistent support from family members, mental health professionals, and the community establishes a safe environment where patients can openly share experiences, thereby foster optimism and encourage more adaptive adjustment (Nowicki et al., 2015; Widiyanti, Yona, Masfuri, & Waluyo, 2019).

Self-acceptance is further shaped by the interplay between meaning-making and fear of recurrence. Constructing personal meaning enhances acceptance, while fear of recurrence undermines it. Practices such as self-compassion, positive affirmations, reflecting on loved ones, or discussing the illness openly help patients discover deeper meaning. Through meaning-making, individuals achieve stronger acceptance, improved adjustment, and greater well-being. In contrast, fear of recurrence is strongly associated with anxiety, depressive symptoms, and diminished quality of life. Importantly, meaning-making exerts a more profound and enduring influence than fear, as it contributes to long-term emotional stability (Krok, Telka, & Kocur, 2024).

Higher levels of self-acceptance not only deepen one's sense of life meaning but also enhance overall satisfaction and alleviate psychological symptoms (Zhou & Xu, 2018). This perspective is consistent with earlier studies which demonstrated that strong self-acceptance is positively correlated with life satisfaction (Nowicki et al., 2015; Piotrkowska et al., 2023) as well as with improved quality of life (Szpilewska et al., 2018). Individuals with greater acceptance tend to develop resilience and adopt more constructive coping strategies. Such adaptive coping mechanisms play a crucial role in managing stress and contribute to a better quality of life compared to destructive coping approaches. Furthermore, coping

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Program Magister, Fakultas Ilmu Keperawatan, Universitas Indonesia
Corresponding Author: *E-mail: oliviatenggas@gmail.com

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strategies may evolve both throughout the treatment process and in the post-treatment phase. Lifestyle-related factors, including physical activity and marital status, were also found to be influential, as patients who were physically active and those with partners exhibited more favorable coping patterns (Blank & Bellizzi, 2006; Chittem, 2014; Czerw, Religioni & Deptala 2015; Krajewski, Mazur, Poterek, Pastuszek, Halska, Tukiendorf, Rymaszewska, & Zdrojowy, 2018).

Taking these findings into account, nurses are required to implement multidimensional strategies tailored to the unique characteristics, clinical conditions, and psychosocial needs of cancer patients in order to foster stronger self-acceptance. Such strategies may include providing moral support, offering relaxation therapy, creating a calming environment, and addressing patients' spiritual needs (Nuraini, Yusuf, Rahmi, & Gayatri, 2024). Additionally, skill-based interventions—particularly in coping, social interaction, and self-management—can be especially advantageous for younger individuals living with chronic illnesses such as cancer, as they facilitate the development of more adaptive coping mechanisms (Faidah, Allenidekania & Wanda, 2023).

CONCLUSION

Among individuals diagnosed with cancer, the degree of self-acceptance is shaped by a wide range of sociodemographic variables—such as age, gender, level of education, occupational status, income, marital status, number of children, and even the area of residence—where these influences may vary according to cultural norms and geographical settings. In addition, clinical characteristics of the disease, including the stage of progression or presence of metastasis, the length of time since diagnosis, and the intensity of symptoms, often contribute to a decline in self-acceptance. Conversely, psychosocial dimensions play a significant role in strengthening acceptance, with factors such as psychological support and the capacity to construct meaning in life serving as enhancers, whereas anxiety about possible recurrence of the illness tends to undermine it.

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Bergita Olivia Hali Samon*, Allenidekania, Agung Waluyo, Dewi Gayatri

Program Magister, Fakultas Ilmu Keperawatan, Universitas Indonesia
Corresponding Author: *E-mail: oliviattenggas@gmail.com

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