



LITERATURE REVIEW: PSYCHOSOCIAL ASPECTS AS DETERMINANTS OF CANCER PATIENTS' QUALITY OF LIFE

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ABSTRACT

Cancer is a chronic disease that not only affects patients physically, but also causes significant psychosocial distress. These psychosocial aspects have been shown to reduce patients' quality of life, yet are often overlooked in clinical practice. In fact, psychosocial-based interventions can strengthen emotional resilience and improve overall therapeutic outcomes. This review aims to evaluate the contribution of psychosocial aspects to cancer patients' quality of life based on recent scientific literature. This study was a systematic literature review by searching articles from two major databases, namely PubMed and Google Scholar, within the period 2020-2025. The search strategy was organized based on the PICO framework using keywords such as "psychosocial factors", "quality of life", and "cancer patients". From a total of 180 articles found, 28 duplicate articles were eliminated, leaving 152 unique articles. The next stage of screening was done by reviewing the titles and abstracts, so 79 irrelevant articles were excluded and 73 articles continued to the next stage. At the eligibility assessment stage, 32 articles were selected after full-text reading and evaluation based on the inclusion criteria, which included discussing the relationship between psychosocial aspects and the quality of life of cancer patients, being available in full-text format, and written in either English or Indonesian. Finally, an in-depth evaluation of the quality and relevance of the articles was conducted, resulting in only 10 articles being deemed eligible for analysis in this literature review. The literature review indicated that psychosocial aspects such as anxiety, depression, coping, social support, and spirituality were shown to determine the quality of life of cancer patients. Psychosocial aspects are important determinants of cancer patients' quality of life.

Keywords: cancer patients; psychosocial factors; quality of life

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INTRODUCTION

Cancer is one of the chronic diseases that continues to increase, not only in terms of mortality, but also prolonged morbidity. Global Cancer Observatory data shows that the global incidence of cancer reaches more than 19 million new cases per year, with around 10 million deaths. In Indonesia alone, based on Globocan 2020 data, there are around 396,914 new cases of cancer with deaths reaching 234,511 (Sung et al., 2021). Behind these data lies a complex clinical reality: cancer patients face not only physical suffering, but also significant psychological, social and spiritual burdens. In the last decade, quality of life (QoL) has become a key parameter in cancer patient management, parallel to clinical parameters such as survival rate or tumor response. The holistic paradigm of care demands attention not only to the biomedical aspects, but also to the psychosocial determinants that may influence patients' perception of the disease, coping ability, as well as their engagement in the treatment process. However, there is still a gap in clinical practice and research that emphasizes in-depth psychosocial aspects as an integral part of cancer therapy interventions (Ladesvita & Sari, 2023; (R. et al., 2021).

Psychosocial aspects include various factors, including: social support, economic status, spirituality, anxiety, depression, self-image, interpersonal relationships, and meaning of life. Empirical evidence shows that cancer patients who experience psychosocial distress tend to have low therapy adherence, high psychosomatic complications, and significantly reduced quality of life (Tresnawati & Erwandi, 2021;Zhu et al., 2024).Unfortunately, in many healthcare systems, especially in developing countries, attention to the psychosocial dimension is still not optimal. This aspect is often considered secondary to curative approaches, even though psychosocial determinants have been shown to contribute directly to prognosis, treatment adherence and even life expectancy. This highlights the importance of a critical and systematic exploration of the literature that addresses psychosocial aspects as determinants of quality of life, both in terms of theory, empirical evidence, and practical implications. Against this background, this literature review aims to identify, evaluate and synthesize current scientific evidence on the role of psychosocial aspects in determining the quality of life of cancer patients.

METHOD

This study uses a systematic literature review design that aims to identify and analyze various psychosocial aspects that act as determinants in the quality of life of cancer patients. Literature searches were conducted on national and international scientific publications published in the period 2020 to 2025. The articles reviewed came from two major databases that have high credibility in the health field, namely PubMed and Google Scholar. These two databases were chosen because they provide extensive collections of scientific journals and support open access to many full-text publications, which allows for optimal data transparency and validation. The literature search strategy referred to the PICO (Population, Intervention, Comparison, Outcome) approach, with a combination of keywords such as “psychosocial aspects”, “cancer patients”, and “quality of life”. The article selection process was based on PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, which included the stages of initial identification, screening, eligibility assessment, and final article inclusion. In the initial identification stage, articles were searched through two electronic databases, namely PubMed and Google Scholar, using the main relevant keywords such as "psychosocial aspects", "cancer patients", and "quality of life". This resulted in 180 articles identified as relevant based on title and keywords.

Next, the filtering stage was carried out by eliminating duplicate articles found in both databases. A total of 28 duplicate articles were identified and removed from the list, leaving 152 unique articles. Then, further screening was done by reading the titles and abstracts. Articles that did not explicitly address psychosocial aspects, were not relevant to the cancer patient population, or did not address quality of life were excluded. From this stage, 79 articles were eliminated, leaving 73 articles for the next stage. The next stage was eligibility assessment. At this stage, all remaining articles were read thoroughly in full-text format to assess whether they met the inclusion criteria. These criteria included: (1) addressing the relationship between psychosocial aspects and cancer patients' quality of life; (2) available in full-text and open access format; (3) published within 2020-2025; and (4) written in English or Indonesian. From the results of this assessment, 41 articles were excluded because they did not meet one or more of the above criteria, leaving 32 articles. The final stage was their inclusion in the final analysis. Of the 32 articles that had passed the eligibility assessment, a more in-depth evaluation of methodological quality, context relevance and strength of findings was conducted. After this final selection, only 10 articles were decided to be analyzed in depth in this literature review. These articles were considered to be the most representative in describing various psychosocial aspects such as social support, anxiety, depression, coping, and spirituality, and their relationship with cancer patients' quality of life.

RESULT

The process of searching and selecting scientific articles in this study was carried out systematically with a literature review approach that refers to the PRISMA guidelines. Article sources were obtained from two credible scientific databases in the health sector, namely PubMed and Google Scholar, with a publication time limit between 2020 and 2025. From the initial search results, 180 articles were found. Then 28 duplicate articles were eliminated, leaving 152 unique articles. The next screening stage was carried out by reviewing the title and abstract, so 79 irrelevant articles were excluded and 73 articles continued to the next stage. At the eligibility assessment stage, 32 articles were selected after reading the entire text and conforming to the inclusion criteria, i.e. discussing the relationship between psychosocial aspects and quality of life of cancer patients, available in full-text, and using English or Indonesian language. Finally, an in-depth evaluation of the quality and relevance of the articles was conducted, resulting in only 10 articles being deemed eligible for analysis in this literature review. The articles were further analyzed and presented in matrix form to facilitate understanding of the study design, variables studied, instruments used, as well as the main results related to the relationship between psychosocial aspects and quality of life of cancer patients.

Table 1.
Results of the article search

Research Title	Researcher (Year)	Research Result
Quality of life in patients with non-metastatic breast cancer: evolution during follow-up and vulnerability factors	(Lantheaume et al., 2022)	Thirty women with non-metastatic breast cancer were asked to complete a number of questionnaires evaluating QoL and its dimensions, symptoms of anxiety and depression, body image, social support, and coping strategies immediately after breast cancer diagnosis (T1), at the end of treatment (T2), and 6 months after the end of treatment (T3). Education level, mastectomy, and hormone therapy all had an impact on QoL. QoL and its dimensions changed over time. Coping strategies, social support, body image, and symptoms of anxiety and depression were predictive factors for QoL.
Path Analysis on the Biopsychosocial Factors Affecting the Quality of Life in Patients with Breast Cancer	(Dewi et al., 2020)	Breast cancer patients' quality of life was directly improved by high family income (b= 3.27; 95%CI= 1.67 to 4.87; p<0.001), strong social network (b= 2.61; 95%CI= 0.96 to 4.26; p= 0.002), length of diagnosis ≥24 months (b= 2.68; 95%CI= 0.98 to 4.39; p= 0.002), good coping strategies (b= 1.65; 95%CI= 0.12 to 3.19; p= 0.034), and completed chemotherapy (b=1.32; 95%CI= -0.22 to 2.87; p= 0.093). Breast cancer patients' quality of life was directly decreased by depression (b= -2.78; 95% CI= -4.41 to -1.15; p= 0.001) and advanced stage (b= -2.43; 95% CI= -4.04 to 0.83; p= 0.003). Quality of life was indirectly influenced by coping strategies, marital status, chemotherapy, knowledge, length of diagnosis, age, occupation, and education.
Quality of Life of Breast Cancer Patients Undergoing Chemotherapy and Factors Affecting It at Gianyar Hospital	(Yuliawati Nila Agustina et al., 2024)	The findings showed that the majority of respondents were <60 years old (84.4%), female (100.0%), had completed primary school (46.7%), were employed (56.2%), lived far from health facilities (75.6%), had stage 2 cancer (48.1%), received treatment >3 times per month (51.9%), had no comorbidities (96.3%), underwent a combination of injection and oral chemotherapy (37.8%), and had an average QOL score of 93.2±8.9. The type of chemotherapy and comorbidities correlated with patient QOL (p<0.001), while sociodemographic characteristics did not. Positive support from health workers, family, and the patient's environment were thought to contribute to good QOL.
Evaluation of quality of life and socio-	(Mustață et al., 2024)	Our results show that breast cancer surgery and chemotherapy have an important impact on patients' quality of life. In addition, the results reflect the importance of medical care and social support as resilience-building strategies

Research Title	Researcher (Year)	Research Result
emotional impact of oncological treatment among patients with breast cancer		in managing and improving patients' quality of life.
Psychological symptoms and quality of life in Chinese early-stage breast cancer patients throughout chemotherapy.	(Lan et al., 2022)	The results showed that throughout the entire course of chemotherapy, the incidence of anxiety and depression was 35.2% and 44.1%, respectively. 31.4% of patients had an increased risk of anxiety disorders before chemotherapy, which decreased to 29.0% after 2 cycles of chemotherapy and slightly increased to 29.3% after completion of chemotherapy. 20.0% of patients had an increased risk of depression before chemotherapy, which shifted to 25.2% and 24.8% after 2 cycles and the entire course of chemotherapy, respectively. Through multivariable analysis, age (p=0.042), surgical method (p=0.009), social support (p=0.001) and family history of breast cancer (p=0.045) were significantly associated with depression. No variables were significantly associated with anxiety. Patients with higher HADS depression/anxiety scores had lower FACT-B scores during chemotherapy (p < 0.001).
Social relationships and their impact on health-related quality of life in a long-term breast cancer survivor cohort	(Belau et al., 2024)	Results The majority of participants reported high levels of social integration and social support and moderate levels of GHS. Social integration 5 years after diagnosis was associated with GHS 5 years after diagnosis ($\beta = 1.12$; 95% CI, 0.25-1.99), but no longitudinal effect was found. Social support 5 years after diagnosis was associated with better GHS 5 years ($\beta = 0.42$; 95% CI, 0.36-0.48) and 10 years after diagnosis ($\beta = 0.12$; 95% CI, 0.02-0.22), whereas social support 10 years after diagnosis was associated with GHS 10 years ($\beta = 0.29$; 95% CI, 0.20-0.39) and 15 years after diagnosis ($\beta = 0.10$; 95% CI, 0.01-0.21).
The role of cognitive emotion regulation strategies in health related quality of life of breast cancer patients	(Kovac et al., 2020)	Positive refocusing had a positive effect on the physical [a = -0.83, b = 0.50, ab = -0.42, standard error (SE) = 0.14; 95% confidence interval (CI) = 0.17 - 0.83] and emotional well-being (a = -0.83, b = 0.29, ab = 0.24, SE = 0.13; 95% CI = -0.01 - 0.58) of patients. Rumination negatively impacted patients' emotional well-being (a = -0.75, b = -0.33, ab = -0.25, SE = 0.16; 95% CI = -0.71 - -0.01). Catastrophizing negatively impacted patients' social (a = 0.96, b = 0.12, ab = -0.12, SE = 0.13; 95% CI = -0.33 - -0.13) and functional (a = 0.96, b = -0.16, ab = -0.15, SE = 0.09; 95% CI = -0.32 - -0.01) well-being.
The Effectiveness of Quality of Life Therapy on Psychological Well-Being and Social Adjustment in Breast Cancer Patients	(Khalilnejad et al., 2025)	The results showed that QoLT significantly improved psychological well-being (F=115/70) and social adjustment (F=45/78) in breast cancer patients (P<0/001). Moreover, the effect sizes of these therapies were high, with 80% for psychological well-being and 61% for social adjustment, and the effects lasted up to two months after treatment.
Assessment of Psychosocial Effect and Quality of Life in Breast Cancer Patients	(Rahi Singh Bhim & Chaudhary Sunil, 2022)	The majority of patients (93%) had high self-esteem and social support (90%). A significant association was found between self-esteem and social support (0.001). Global health status and functional scores were high. Patients had increased complaints of fatigue, side effects of systemic therapy, and arm symptoms. Participants experienced increased financial difficulties. It was observed that participants' sexual activity and sexual pleasure decreased. Breast cancer patients' self-esteem and social support were high. Overall quality of life in breast cancer patients appeared good. The participants felt more tired, had difficulty lifting the arms. Therefore, higher self-esteem and social support were strongly associated with overall good quality of life.

DISCUSSION

Cancer is not just a medical condition, but a complex life experience that often triggers profound psychosocial crises. A cancer diagnosis brings psychological impacts such as shock, denial, anxiety, depression and fear of death, all of which can worsen the physical condition and interfere with the healing process. Studies show that lung cancer patients experience high levels of emotional distress due to changes in social roles and dependence on others (Ding et al., 2024). Quality of life (QoL) in cancer patients is a subjective measure that reflects a person's level of physical, psychological, social, and spiritual well-being during cancer treatment. WHO defines quality of life as an individual's perception of their position in life in the context of the culture and value system in which they live, as well as in relation to their goals, expectations, standards and concerns. Study by (Zhu et al., 2024) underlines that cancer patients' quality of life is strongly influenced by non-medical factors, especially social support, positive emotions, and psychological adaptability

Psychosocial issues in cancer patients cover a wide and complex spectrum, significantly affecting their quality of life. One of the main issues is anxiety and depression; more than 30-40% of cancer patients are reported to experience significant symptoms of anxiety and depression, which can worsen their physical condition and hinder the healing process (Dong et al., 2025). In addition, emotional distress arising from the fear of disease recurrence or death often leads to sleep disturbances, decreased motivation to live, and a sense of hopelessness (Ebob-Anyah & Bassah, 2022). Patients also often experience social isolation, both due to changing roles in the family and due to the social stigma still attached to cancer, which ultimately encourages them to withdraw from the social environment (Ebob-Anyah & Bassah, 2022). Equally important, spiritual issues such as existential anguish, loss of meaning in life, and crisis of faith also worsen the psychosocial condition of patients. These aspects, if not managed appropriately, can significantly reduce the quality of life and overall well-being of cancer patients.

Unfortunately, access to psychosocial services is still low in many countries, especially in developing countries like Indonesia. Lack of health workers competent in psychosocial approaches and limited health system support exacerbate the inequality of services (Bergerot et al., 2024) stated that health policies should systematically integrate psychosocial aspects in cancer services, not just as a complement. Psychosocial issues in cancer patients, especially breast cancer, are proven to have a very significant role in determining quality of life (QoL). One of the main issues is the high level of anxiety and depression experienced by patients during therapy. Lan et al. (2022) noted that during the chemotherapy period, 35.2% of patients experienced anxiety and 44.1% experienced depression, which consistently negatively impacted quality of life scores. Lantheaume et al. (2022) also confirmed that these symptoms were strong predictors of reduced QoL, along with other factors such as coping strategies, social support, and body image perceptions.

Social support is emerging as one of the most influential protective factors in improving the quality of life of cancer patients. Dewi et al. (2020) showed that strong social support can significantly improve QoL, both directly and through indirect pathways such as marital status and coping strategies. Long-term research by Belau et al. (2024) supported these findings, showing that social integration and social support remained influential on quality of life up to 15 years after diagnosis. Similarly, Agustina et al. (2024) emphasizes the importance of support from family, health professionals and the environment in helping patients maintain a positive perception of their treatment. Coping strategies, especially adaptive ones, also play an important role in dealing with psychological distress. Dewi et al. (2020) found that patients with good coping strategies showed significant improvement in QoL scores. Kovac et al.

(2020) added that strategies such as positive refocusing contributed to improved emotional and physical well-being, whereas rumination and catastrophizing decreased social and functional aspects of QoL. This shows the importance of psychological interventions such as cognitive behavioral therapy (CBT) in helping patients develop healthy coping mechanisms. The effectiveness of psychosocial interventions is also confirmed through the findings of Khalilnejad et al. (2025) who showed that Quality of Life Therapy (QoLT) significantly improved patients' psychological well-being and social adjustment, with short-term effects lasting up to two months post-intervention. In addition, several studies have also highlighted the influence of socioeconomic factors on quality of life. Dewi et al. (2020) reported that high family income and length of stay after diagnosis had a positive impact on QoL. Meanwhile, Agustina et al. (2024) noted that although demographic factors such as age and education have no direct effect, environmental factors such as distance to health facilities and the presence of comorbidities remain important issues.

Other psychosocial aspects that also have a major impact are perceived body image and existential suffering. Lantheaume et al. (2022) noted that patients who experience physical changes due to mastectomy or chemotherapy side effects often feel a loss of self-esteem, which then triggers depression and social isolation. Research by Rahi Singh Bhim and Chaudhary (2022) showed that although patients' overall quality of life was relatively good, they still experienced decreased sexual function, fatigue, and physical discomfort that affected social relationships and self-perception. Based on these overall findings, it can be concluded that psychosocial issues are a major determinant in the quality of life of cancer patients. Anxiety, depression, coping strategies, social support, and existential and spiritual aspects are important elements that must be integrated in oncology care. Therefore, a multidisciplinary approach involving psychologists, nurses, social workers and medical personnel is important to ensure holistic and patient-centered care, not only to prolong life, but also to improve meaning and quality of life during and after cancer treatment.

CONCLUSION

Based on the review of ten scientific articles analyzed in this literature review, it can be concluded that psychosocial aspects have a significant role in determining the quality of life of cancer patients. Factors such as social support, coping strategies, anxiety, depression, spirituality, and emotional well-being were consistently found to correlate with the physical, psychological, social, and environmental dimensions of cancer patients' quality of life. Patients who have strong social support, are able to manage stress with adaptive coping strategies, and have good levels of emotional and spiritual well-being, tend to report higher quality of life. In contrast, psychological disorders such as anxiety and depression were shown to negatively impact perceived quality of life, both during treatment and in the survivorship phase. These findings emphasize the importance of a holistic and multidisciplinary approach in the care of cancer patients, where psychosocial aspects should be an integral part of nursing interventions and therapy management. The role of health workers, especially nurses, is very strategic in identifying patients' psychosocial needs and providing appropriate support to improve overall quality of life. Thus, efforts to improve the quality of life of cancer patients depend not only on medical therapy, but also on planned and evidence-based psychosocial interventions.

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