

## **Support And Role of Husbands in Post-Mastectomy Patient Care: *Literature Review***

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### **Abstract**

**Background:** Mastectomy for advanced breast cancer not only has physical but also significant psychological consequences for women. Changes in body image, feelings of loss, and limitations in activities often affect the harmony of household life, including the husband. In this situation, the husband plays the role of primary caregiver, providing support for his wife, but also faces stress, uncertainty, and psychological changes due to his wife's condition. **Objective:** To exploring the husband's experience as a caregiver for his wife in caring for her after a mastectomy. **Method:** This literature review research method used databases, namely *Pubmed, SINTA, Science Direct, Researchgate, Google Scholar*. The keyword were *post mastektomi, family support, husband support, body image, Quality of life*. Data analysis used literature selection (PRISMA) with inclusion criteria of manuscripts that could be accessed in full text in the range of 2020-2025. **Result:** The results of the journal analysis show that the majority of studies look at the perspective of cancer survivors, with support from the family in general, not from the husband as the wife's caregiver after a mastectomy. **Conclusion and suggestion:** Most studies only look at the perspective of cancer survivors, and support is provided only by families in general, with no support from the husband's perspective.

**Keywords:** Caregiver, Husband's Experience, Post-Mastectomy

### **1. INTRODUCTION**

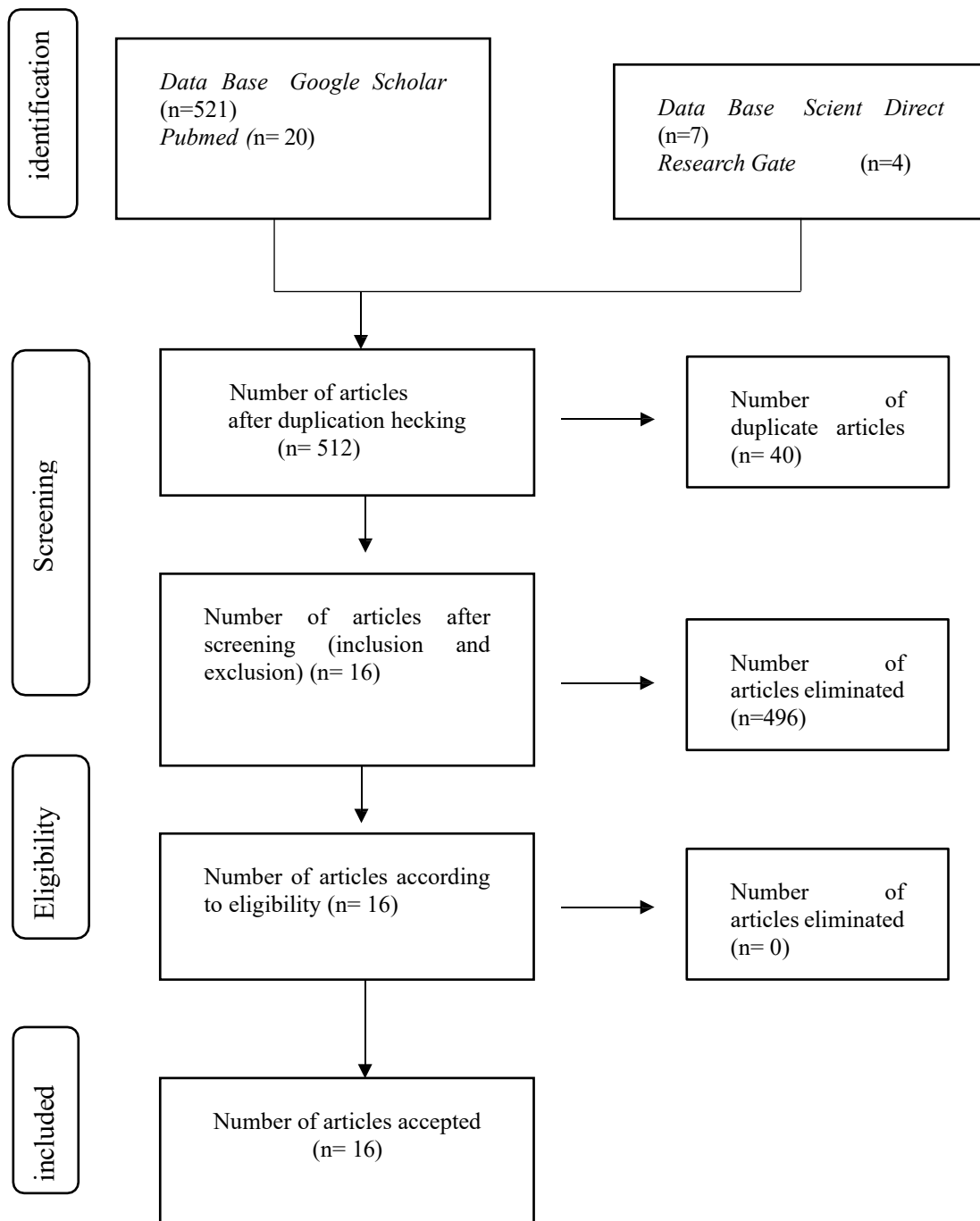
Breast cancer is the leading cause of death in women worldwide. According to data from the World Health Organization (WHO) in 2022, there were approximately 2.3 million new cases of breast cancer, with a death toll of 670,000. Indonesia is the leading cause of death (Sukartini & Sari, 2021). Most women only discover their condition at an advanced stage (Fauzi *et al.*, 2023). Mastectomy is a treatment option for breast cancer or in certain cases requiring complete breast removal (Mota *et al.*, 2023). Although mastectomy aims to save the patient's life, this procedure has complex consequences. Physical impacts include activity limitations, wound complications, and the appearance of nodules or tissue changes around the surgical site (Şandru *et al.*, 2020.; Yu Cheng *et al.*, 2023). The resulting psychological impacts cause significant changes in body image. These changes in body image make it difficult for patients to accept their condition, feel ashamed, lack self-confidence, and feel robbed of their rights as women. They also feel insecure in their relationships with their husbands (Latifee *et al.*, 2025; Thakur *et al.*, 2022). Mastectomy not only impacts the wife but also causes emotional and psychological distress for the husband, including changes in intimate relationships and fear of losing their partner, which are emotional responses of the husband (Nofiya Sari & Syafiq, 2021). Physical changes in wives can also reduce their husbands' sexual desire and attractiveness (Sun *et al.*, 2023; Xu *et al.*, 2024). Husbands adapt to their wives' new conditions and understand how to provide effective support (Swasti, 2022). Husband support is key to reducing stress and depression, and improving quality of life (Mishra *et al.*, 2023). Husbands act as a support

system, helping women emotionally (Biparva et al., 2023; Charos *et al.*, 2025). Effective communication is a crucial element in the adjustment process, partner awareness, and improving the patient's quality of life and self-care (Ainiyah & Fadllah, 2021; Wahyuni *et al.*, 2021). Therefore, this literature review aims to explore husbands' experiences as caregivers for their wives after a mastectomy.

## 2. METHOD

Literature searches were conducted using Pubmed, Science Direct, Researchgate, and Google Scholar. The keywords used were Caregiver; Husband's Experience; Post-Mastectomy; Breast Cancer database in English, Caregiver; Husband's Experience; Post-Mastectomy; Breast Cancer database in Indonesian. The time span used in this journal or article search was the last 5 years, namely from 2021 to 2025.

The research design used was journals with a quantitative research design. The feasibility test stage used descriptive JBI Critical Appraisal using the PRISMA diagram. The results of the PRISMA diagram stage were obtained from Google Scholar (n=521), Pubmed (n=20), Science Direct (n=7), and Researchgate (n=4). The number of journals obtained (n=552) included both Indonesian and English journals. The first stage carried out is a duplication check to determine whether or not there are the same journals, the results of the journals after going through duplication checking using Mendeley obtained (n = 512) journals and eliminated journals (n = 40) journals, the next stage is inclusion and elimination screening according to the inclusion and elimination criteria. The number of journals after inclusion and exclusion screening (n = 16) and eliminated journals (n = 496) because they do not meet the inclusion and exclusion criteria. Furthermore, after the journals undergo inclusion and exclusion screening, the next step is to conduct a feasibility test, this feasibility test is carried out by the researchers themselves who carry out an assessment of the descriptive critical appraisal tools. This assessment uses a table or checklist containing 11 questions whether the journal is suitable or not for use as a literature review. This assessment is assessed if the score is > 50% then the journal is accepted. The literature search process can be seen in Figure 1. PRISMA diagram.



No.	Author, Year	Research Title	Objectives	Country	Research Design	Methods and Instruments	Sampling Technique and Number of Respondents	Data Analysis Method	Research Results
1.	Aprilianto <i>et al.</i> (2021)	Family social support and the self-esteem of breast cancer patients undergoing neoadjuvant chemotherapy	To determine the relationship between family social support and self-esteem in breast cancer patients undergoing neoadjuvant chemotherapy	Indonesia	correlational with cross sectional approach	Using the family support questionnaire and self-esteem questionnaire	56 respondents were selected using random sampling	The data analysis used included first a univariate analysis describing the data in tables, followed by a bivariate Spearman's Rho analysis using SPSS 25 for Windows.	Based on the Spearman Rho statistical test, a p-value of 0.000 was found, with a correlation coefficient of 0.762. This indicates a strong positive correlation between family social support and patient self-esteem. Therefore, it can be concluded that there is a relationship between family support and self-esteem in breast cancer patients.
2.	Saragih <i>et al.</i> (2025)	hubungan dukungan keluarga dengan self esteem pada penderita kanker payudara di rumah sakit haji medan	to determine the relationship between family support and self-esteem in breast cancer patients	Indonesia	cross-sectional design	questionnaire	sampling technique with a total sampling of 32 respondents	univariate and bivariate analysis with chi square	The results showed that 18 respondents had supportive family support, and 23 respondents (71.9%) had negative self-esteem. The chi-square test yielded a p-value of 0.001 (<0.05), indicating a significant relationship between family support and self-esteem. The conclusion of this study is that family support plays an important role in improving the self-esteem of breast cancer patients.
3.	Charos <i>et al.</i> (2025)	Family Resilience, Support, and Functionality in	changes in functionality, support, and Family	Basel, Switzerland	cross-sectional	The standard instruments used were the Family Assessment Device	Total sampling with a sample size of 58 patients.	Data were analyzed using paired t-test, ANOVA, and	The scales that showed significant changes were the FS-13 (change -12 and SD = 6.9, paired t-test, p <

No.	Author, Year	Research Title	Objectives	Country	Research Design	Methods and Instruments	Sampling Technique and Number of Respondents	Data Analysis Method	Research Results
		Breast Cancer Patients: A Longitudinal pre and post operative study	resilience in breast cancer patients			(FAD), Family Crisis-Oriented Personal Evaluation Scales (F-COPES), Family Problem-Solving Communication Scale (FPSC), and Family Support Scale (FS-13).			0.001), and the "FAD Problem Solving" subscale (change -0.13 and SD = 0.44, paired t-test, p = 0.048). The other scales did not change significantly post-surgery. Social Support" (ANOVA = 0.173, p = 0.030), participants who had undergone radiotherapy on the "Seeking spiritual support" dimension (ANOVA = 0.122, p = 0.035), and the FS-13 scale in all types of treatment (ANOVA = 0.458, p < 0.001). Increased family support will improve family and psychosocial resilience of patients during treatment.
4.	Bani-Ahmed <i>et al.</i> (2024)	Variations in Depression and Anxiety among Jordanian Women Undergoing Mastectomy and Reconstruction Surgery: Impact of Familial	To examine the impact of family support on changes in levels of depression and anxiety in Yodarnia women	Yordania	This design uses cross sectional	Using the DASS questionnaire	Data collection involved sociodemographic data collection with a sample size of 43 respondents.	This statistical analysis uses r, the Fisher exact test for categorical data and the Wilcoxon rank sum test for numerical data. Linear regression	The study showed that social support was higher than depression, anxiety, and stress, with a p-value of 0.001. The correlation analysis between physical therapy and social support showed a p-value of 0.021. Patients receiving

No.	Author, Year	Research Title	Objectives	Country	Research Design	Methods and Instruments	Sampling Technique and Number of Respondents	Data Analysis Method	Research Results
		Support	undergoing metamectomy.					is used to establish the relationship between variables.	physical therapy showed lower DASS 21 scores than those receiving higher social support scores.
5.	Ammar-Shehada et al. (2023)	Perceived support, social and marital challenges in the lives of breast cancer survivors after illness: a self-administered cross-sectional survey	to find out the perceived support, social and marital challenges in the lives of breast cancer survivors	Gaza	design using cross sectional	using a validated questionnaire with 350 patient respondents	Data were collected using a questionnaire on March 30, 2021.	Statistical tests used descriptive and multinomial logistic regression analysis (SPSS, Version 28.0).	Lack of spousal support and changes in marital support significantly influenced negative marital relationships, with an OR of 5.42. P-value of 0.00.
6.	Tunjungsari et al. (2021)	The relationship of family support with decision-making duration in cancer patients to undergo a mastectomy	To determine family support for decision-making in breast cancer patients to undergo a mastectomy	Indonesia	Using a cross-sectional	Questionnaire with purposive sampling method on 50 breast cancer patients	Questionnaire with purposive sampling method on 50 breast cancer patients	Questionnaire with purposive sampling method on 50 breast cancer patients	This study shows a family relationship with the length of time taken to undergo mastectomy in breast cancer patients with a p-value of 0.000.
7.	Narsiti et al. (2023)	Family support and anxiety: A correlational study among women with stage III breast cancer	To determine the relationship to anxiety levels in stage III breast cancer patients	Indonesia	This research design uses cross sectional	Using the Sarason Social Support Questionnaire for family support and the STAI (The State Trait Anxiety Inventory)	Using purposive sampling with 41 respondents	Analysis using Spearman's rho	This analysis shows that there is a family relationship to anxiety levels in breast cancer patients, with a p-value of 0.04 and a correlation coefficient of -0.316.

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						questionnaire for anxiety levels with 41 respondents.			
8.	Wang et al. (2024)	Trajectories and influencing factors of social anxiety in postoperative breast cancer patients	To determine the factors that influence anxiety in breast cancer patients	China	This design uses a mixed method	Observations were conducted at four time points: seven days after admission, seven days postoperatively, one month postoperatively, and three months postoperatively.	Using a longitudinal design with 200 patients	This analysis uses regression analysis.	The results of the logistic regression analysis revealed that factors influencing breast cancer patient anxiety include young age, partner concerns about post-operative appearance, chemotherapy with taxol, and the possibility of undergoing MRM with a p-value <0.005.
9.	KavehFarsani & Worthington (2024)	Direct Effects of Marital Empathy, Body Image, and Perceived Social Support on the Quality of Life of Married Women with Breast Cancer and the Mediating Role of Perceived Marital Quality	To determine the effect of marital quality on the quality of life of breast cancer patients.	Iran	This study used a cross-sectional design.	Data collection used a questionnaire.	The sample was collected using purposive sampling with 160 respondents.	Data analysis in this study used descriptive statistics. Bivariate relationships between variables were analyzed using the Pearson correlation test using the Amos 24 application.	Marital empathy and social support from family, friends, and others are indirect indicators of quality of life.
10.	Swasti (2022)	Husband's Support for	To learn about husbands'	Indonesia	This study employed	Data collection used a	Data collection used a	The analysis design employed	The reliability test for husband's support yielded

No.	Author, Year	Research Title	Objectives	Country	Research Design	Methods and Instruments	Sampling Technique and Number of Respondents	Data Analysis Method	Research Results
		Wives Experiencing Breast Cancer at Haji Adam Malik Hospital Medan	support for wives experiencing breast cancer		descriptive research.	questionnaire.	questionnaire with purposive sampling, involving 41 respondents.	descriptive statistics.	a Crohn's alpha value of 0.945.
11.	Swasti (2022)	MerPsy Journal: Intimacy, Passion, and Commitment in Couples with Wives with Breast Cancer	To obtain a picture of intimacy, passion, and commitment in couples with wives with a history of breast cancer	Indonesia	Qualitative research	Using interviews and observations	Data collection techniques used were semi-structured interviews, behavioral observation, and subject triangulation	Descriptive analysis	This study found that all three couples felt that breast cancer brought their relationship closer and increased their attention
12.	Irfan & Masykur (2022)	Proses Penerimaan Diri Pada Wanita Yang Menjalani Mastektomi: Interpretative Phenomenological Analysis	This study aims to understand the process of self-acceptance in women who undergo mastectomy.	Indonesia	Phenomenological qualitative research	data collection method with semi-structured interviews	Data collection using semi-structured interviews	The analysis method uses interpretative phenomenological analysis (IPA)	The research results indicate that there are two considerations: considerations regarding undergoing a mastectomy, including all responses and medical treatment efforts made by the subjects when diagnosed with breast cancer, and adjustments after the mastectomy, which are related to the many factors that influence a woman's life after a mastectomy.

No.	Author, Year	Research Title	Objectives	Country	Research Design	Methods and Instruments	Sampling Technique and Number of Respondents	Data Analysis Method	Research Results
13.	Xu <i>et al.</i> (2024)	Evaluating Body Image Disturbance and Its Influencing Factors in Breast Cancer Patients Following Unilateral Mastectomy	Evaluation of body image acceptance in terms of aspects	China	This study uses a cross-sectional method.	data collection method with quisioner	Data were collected with a general information questionnaire, the Body Image Scale (BIS)	multivariable analysis	Based on 146 patients, it was found that 51 (34.93%) experienced post-operative body image disturbance, and 95 (65.07%) did not experience it, this was influenced by education level, visible lymphadenema, intimate relationships, self-image, self-acceptance and good social support scores.
14.	Calapai <i>et al.</i> (2024)	Effects of Physical Exercise and Motor Activity on Depression and Anxiety in Post-Mastectomy Pain Syndrome	Physical activity in breast cancer patients can improve quality of life	Italy	This method uses a monocentric cohort study.	Pain, depression and anxiety instruments	Questionnaires with 180 female patients who underwent mastectomy were selected for this study.	The Mann–Whitney U test or Wilcoxon test was used to evaluate differences between the groups.	The results of this study indicate that physical activity can improve quality of life, reduce pain intensity and inflammatory markers, and can reduce anxiety and depression.
15.	Rose <i>et al.</i> (2024)	Assessing the Impact of Mastectomy on the Quality of Life among Cancer Survivors: A Hospital-based Cross-sectional Study in Mysuru	Quality of life of breast cancer survivors	India	This study uses a cross-sectional method.	Epidemiology studies	An epidemiological study of 124 women diagnosed with histopathologically confirmed early-stage breast carcinoma who had undergone	This analysis used SPSS, with the Chi-square test used to identify relationships between domains and sociodemographic factors. A value of $P < 0.05$ was	Survivors face physical and psychological changes that will significantly impact the quality of life of breast cancer survivors.

No.	Author, Year	Research Title	Objectives	Country	Research Design	Methods and Instruments	Sampling Technique and Number of Respondents	Data Analysis Method	Research Results
							modified radical mastectomy (MRM) within the past year.	considered statistically significant.	
16.	Sudrajat et al. (2020)	Dukungan Suami, Pengetahuan dan Sikap Pasien Dapat Mempertahankan Motivasi Menjalani Program Kemoterapi	To prove the relationship between patient knowledge and attitude variables and husband's support with patient motivation to undergo chemotherapy.	Indonesia	The research method used is cross-sectional	Data collection in this study used a questionnaire on knowledge, attitudes, husband's support, and motivation.	The sampling technique used was consecutive sampling. Thirty patients were sampled on a post-mastectomy chemotherapy program.	The data analysis in this study used logistic regression to determine the strength of the relationship between the three variables and motivation.	Bivariate tests revealed a significant relationship between knowledge and motivation ( $p=0.032$ ), attitude and motivation ( $p=0.0001$ ), and husband's support and motivation ( $p=0.0001$ ). Multivariate tests revealed a correlation model in which the two independent variables (knowledge and family support) had a very strong positive relationship with patient motivation to undergo chemotherapy at a 5% significance level ( $p=0.011$ ; R-square model = 0.700).

### 3. RESULTS AND DISCUSSION

Based on the results of the first study conducted by Aprilianto *et al.* (2021), it was explained that there is a relationship between family support and the self-esteem of breast cancer patients undergoing neoadjuvant chemotherapy. The second study, conducted by Saragih *et al.* (2025), explained that family support plays a crucial role in improving self-esteem in breast cancer patients. The third study, conducted by Charos *et al.* (2025), stated that family support will improve family and psychosocial resilience in patients during treatment. The fourth study, conducted by Bani-Ahmed *et al.* (2024), stated that social and physical support can reduce anxiety in breast cancer patients. However, in the fifth paper, Ammar-Shehada *et al.* (2023) stated that the lack of spousal support and changes in marriage create problems in marital relationships, especially when accompanying patients undergoing breast treatment. In the sixth paper, Tunjungsari *et al.* (2021) stated that there is a relationship between family support and the length of time it takes to make the decision to undergo a mastectomy. Family support, therefore, helps both parties understand the conditions they will experience after surgery. Because patients undergoing mastectomy will experience anxiety, this is in accordance with the seventh journal published by Narsiti *et al.* (2023), which states that family support can reduce anxiety in breast cancer patients. This anxiety arises from several factors, according to the eighth journal published by Wang *et al.* (2024), which states that anxiety can be caused by the patient's young age, concerns about her partner's feelings about her new appearance, and the chemotherapy regimen she will undergo. However, if there is Support will reduce anxiety. In the ninth journal, Kaveh Farsani & Worthington (2024) stated that empathy in marriage, social support from husbands, family, and close friends will improve the patient's quality of life. In the tenth journal, Indra Hizkia Peranginangin *et al.* (2025) stated that family support contributes to the quality of life of breast cancer patients. This support can be emotional and can still be beneficial in encouraging wives undergoing treatment.

Based on the analysis of ten journals, the importance of spousal or family support, including informational, assessment, instrumental, and emotional support, is crucial for addressing patient anxiety and even improving the quality of life of breast cancer patients undergoing treatment. Family is a form of interpersonal relationship that encompasses attitudes, actions, and feelings of acceptance toward family members, so that other family members feel cared for and supported. Most patients undergoing mastectomy surgery are cancer patients undergoing treatment, so support is crucial for patients in this situation. This support will have a positive impact and can influence the patient's attitude, making them feel calmer and more comfortable during treatment. Moreover, this support comes directly from a husband, who is a woman's strength. This husband's support will provide a positive response, making the patient feel cared for, loved, valued, and more confident in undergoing treatment. This is expected to reduce stress levels in patients. Because post-mastectomy patients often feel worried about their partners due to changes in their body parts and new appearance. Furthermore, many women after undergoing a mastectomy will display attitudes of rejection, despair, and even fear. facing death (Indriyanto *et al.*, 2022).

One form of support that can be provided to patients is social support, which is provided by a husband or family member in the form of service, whether emotional support (attention, affection, and empathy), esteem support (appreciation), informational support (providing advice, counsel, and information), or instrumental support (financial assistance, energy, and time). This is consistent with research conducted by Nurmia & Handayani (2022), which states that the support provided includes meeting basic needs, fulfilling spiritual needs, fulfilling affective needs, managing family conflict, providing financial support, and responding positively to the patient's condition.

Information provided by the patient's family constitutes informational support, which the family obtains from hospital healthcare staff. Based on a literature review, eight of the 10 journals mentioned informational support, and two of them received support primarily from their husbands. The husband is the closest person to the patient and accompanies the patient throughout treatment. Furthermore, a husband is considered a woman's strength. Informational support provided to patients includes providing information about the disease and appropriate treatment. Other support provided includes advice and solutions. This is expected to reduce stressors and enable patients to undergo appropriate treatment (Nurmia & Handayani, 2022). Furthermore, the support provided is instrumental, which includes facilitating or assisting with patient needs, reminding them of chemotherapy schedules, and accompanying them during therapy. This aligns with journals 10 and 9, which show that with support, this will improve the quality of life for post-mastectomy patients. Support provided to patients is expected to encourage them to undergo treatment and improve their quality of life, especially for patients undergoing chemotherapy (Mishra *et al.*, 2023). Furthermore, the 12 journals state the importance of providing emotional support, which includes empathy, love, honesty, and providing a place for patients to express their concerns and feelings about their treatment, thereby reducing the burden and anxiety on them. This aligns with research conducted by Indra Hizkia Peranginangin *et al.* (2025), which states that emotional support involves expressing, empathizing, and paying attention to one's wife to make the patient feel loved and better, thus improving the patient's quality of life.

The treatment journey for mastectomy patients is lengthy and often causes problems, so there is a need for support. Assessment support within a partner serves as a validator for problem-solving. Furthermore, appreciation support in the form of praise, motivation, and encouragement from a partner is also part of the treatment process. Partners provide this support for the patient's recovery, encouraging them to regularly undergo treatment, and providing feedback on achievements to boost self-confidence, thus improving their quality of life (Syafitri & Sagala, 2024).

The effectiveness of this support depends on each patient's condition. Informational support is more beneficial for patients with limited knowledge and information about their health. However, emotional support is the most effective. This support is influential because emotional support is the primary source of support for generating other forms of support.

Furthermore, by providing emotional support, patients will feel valued, comfortable, and cared for, thus fostering a sense of calm in facing the situation and undergoing treatment. This sense of calm arises from the assurance that their husband will be by their side when they feel anxious, stressed, and traumatized. Post-mastectomy patients are more likely to experience anxiety, stress, and even depression due to their ongoing health conditions (Mishra *et al.*, 2023).

The similarities across the 12 journals are the effectiveness of family support, but the support provided by a spouse or husband plays a significant role and has a significant impact on patients. A husband is the closest person in the family to a wife, consistently providing advice, suggestions, solutions, and information related to the patient's health, as well as providing love and support. A husband's support is a source of strength for a woman in dealing with health-related issues and the chemotherapy treatment she must undergo. This is consistent with research conducted by [the authors], which states that having a spouse or husband is an important factor in the development of a healthy life. A husband's support is a key factor in improving the quality of life of post-mastectomy patients (Kumelembuai District *et al.*, 2025).

This husband's support can improve the patient's quality of life. The presence of a partner will improve the quality of life. This is consistent with research conducted by Gazadinda & Pasaribu (2021) which states that someone with a partner has a better quality of life than someone without a partner. This is because the presence of a partner during treatment is one of the reasons patients persist and undergo routine treatment according to protocol. Patients also

feel fully supported and encouraged by their partner. Post-mastectomy patients desire a good quality of life, but several factors influence quality of life, including age, mastectomy, educational status, occupation, stage of the disease, decline in physical function, and cohabitation (Herbert et al., 2023). The most influential factor in family or partner support is the socio-economic factor where the economic factor will help the family to meet the patient's needs in their treatment, not only that, middle class families in relationships will be more democratic and fair, but in lower class families the relationship will be more authoritative and autocratic.

The limitations of the journal search experienced by the researcher were the difficulty in finding journals that fit the research topic criteria. The criteria used in this literature review refer to the support and role of husbands in caring for post-mastectomy patients, which discusses specific forms of support for husbands. Whereas previous journals show many studies discussing family support in general and breast cancer without involving mastectomy procedures, so the researcher only found a few relevant journals on the topic.

#### 4. CONCLUSION

Based on the analysis and discussion of the journals above, it was found that the majority of patients received support from their families and partners or husbands, where husbands had a significant influence on patient compliance and enthusiasm in undergoing post-mastectomy and chemotherapy treatment. In addition, the support received by patients included informational support, instrumental support, and emotional support, also known as social support. Of the various forms of support provided, emotional support was the most influential because it served as the foundation for generating other forms of support. Providing emotional support will make patients believe that they are loved, cared for, appreciated, comfortable, and given more attention. This support will make patients feel calm in facing unpleasant health conditions. Factors that influence support include age, education level, knowledge level, occupation, socioeconomic and cultural background. Further research is recommended to explore more broadly the family support, such as the wife's self-efficacy regarding the husband's role in the chemotherapy journey.

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