GMR
The Original

ROLE OF FAMILY SUPPORT AND ITS IMPACTS ON THE QUALITY OF LIFE OF THE BREAST CANCER PATIENT AT JAMSHORO

Farzana Soomro[1], Parveen Akhtar[2], Mairaj Hafeez[3], Munwar us salam[4], Zubaida Jabbar Khatti[5], Rashid Hussain Burdi[6]

[1]MSN Scholar, PNS LUMHS.farzanasoomro85@gmail.com
[2]Director PNS Lumhs Jamshoro parveenimdad@gmail.com
[3]Assistant Professor PNS Lumhs Jamshoro hafeezmairaj@gmail.com
[4]Associate Professor BBS-ION PUMHSW Nawabshah SBA
[5]MSN Scholar PNS LUMHS Jamshoro zubaidajabbar1@gmail.com
[6]Associate Professor BBS-ION PUMHSW Nawabshah SBA rashiddow786@gmail.com

ABSTRACT

Background: Breast cancer affects patients' physical, psychological, social, and overall wellbeing. Family support may play an important role in helping patients cope with the challenges of diagnosis and treatment and may influence their quality of life.

Objective: To assess the level of family support, determine the association between different dimensions of family support and quality of life.

Methods: An Analytical cross-sectional study was conducted among breast cancer patients attending NIMRA Jamshoro. Data were collected through a structured questionnaire assessing demographic characteristics, different dimensions of family support, and quality of life. Data were analyzed using SPSS version 27.0. Frequencies and percentages were used for categorical variables, while associations between family support and quality of life were assessed using the chi-square test. Statistical significance was considered at $p<0.05$.

Results: Most participants reported moderate levels of family support. Quality of life was low among a substantial proportion of patients. Inspiration and motivation, informational support, and spiritual support showed statistically significant associations with quality of life ($p<0.001$). However, emotional family support was not significantly associated with quality of life ($p=0.20$). Patients receiving stronger motivational, informational, and spiritual support generally demonstrated better quality of life.

Conclusion: Family support is an important component of care for breast cancer patients. Strengthening motivational, informational, and spiritual family support through family-centered nursing care may help address patients' psychosocial needs and improve their quality of life.

KEYWORDS: Breast cancer, family support, quality of life, psychosocial support, nursing care.

INTRODUCTION

Breast cancer (BC) is one of the most challenging public health problems worldwide and represents a major burden on women, families, healthcare systems, and societies.(1) Over recent decades, the incidence of breast cancer has increased substantially, making it one of the most frequently diagnosed malignancies among women. Globally, millions of new breast cancer cases are diagnosed each year, and the burden is expected to continue increasing in the coming decades.(2) Projections indicate that both the incidence and mortality associated with breast cancer may rise considerably by 2040, particularly in countries with limited healthcare resources. The Global Cancer Observatory (GLOBOCAN) has identified breast cancer as one of the leading causes of cancer-related morbidity and mortality among women worldwide.(3) The burden is particularly concerning in low- and middle-income countries, where improvements in cancer prevention, early detection, diagnosis, and treatment have not progressed at the same pace as in high-income countries. Although mortality rates have stabilized or declined in many developed countries because of advances in screening and treatment, breast cancer mortality continues to increase in many resource-limited settings because of delayed diagnosis, limited access to screening, inadequate treatment facilities, and socioeconomic barriers.(4)

The burden of breast cancer is also substantial across Asian and Middle Eastern countries. In Indonesia, breast cancer represents a considerable proportion of cancer cases among women and contributes significantly to cancer-related mortality. Similarly, breast cancer accounts for a substantial proportion of malignancies among women in Oman, Egypt, Palestine, Iran, India, and Bangladesh.7–12 In India, breast cancer represents the most commonly diagnosed cancer among women, with hundreds of thousands of new cases reported annually.(5)

Pakistan is similarly experiencing a considerable breast cancer burden.(6) Available national and international cancer statistics indicate that breast cancer is among the most frequently diagnosed cancers among Pakistani women. Despite the high burden, timely screening and early diagnosis remain inadequate.(7) Evidence suggests

that although a proportion of Pakistani women possess some knowledge about breast cancer and its risk factors, only a limited number undergo appropriate and timely screening.(8)

Family support is an important component of care for women living with breast cancer. It refers to the assistance and resources provided by family members to help an individual cope with illness and its consequences. Family support may include emotional, instrumental, informational, financial, social, and spiritual support. (9) For women with breast cancer, adequate family support can facilitate adaptation to the disease and treatment process and may improve their ability to cope with physical and psychological challenges.(10) Emotional, financial, informational, and spiritual support can help women manage the consequences of cancer, maintain hope, and participate actively in treatment-related decisions. In contrast, inadequate family support may contribute to psychological distress, poor coping, social isolation, and reduced quality of life.(11)

The benefits of family support extend beyond the management of individual symptoms. Emotional, instrumental, informational, and spiritual support may promote treatment adherence, psychological stability, coping, and adaptation while reducing stress and fear associated with cancer and its recurrence. Conversely, social stigma, familial rejection, social isolation, marital difficulties, interpersonal conflict, and financial burden associated with prolonged cancer treatment may negatively influence psychological wellbeing and quality of life. Therefore, a supportive family and social environment may play an important role in helping women maintain resilience and adapt to the challenges associated with breast cancer.(12)

Breast cancer and its treatment can result in physical discomfort, fatigue, stress, financial difficulties, occupational problems, and emotional distress among patients and their close relatives. Women with breast cancer therefore require support from family members throughout the diagnostic, treatment, and recovery processes.(13)

Breast cancer also presents unique physical and psychosocial challenges because its consequences extend beyond physical health moreover, women may experience fatigue, pain, sleep disturbances, infertility, sexual difficulties, changes in weight, uncertainty about the future, anxiety, depression, and fear of recurrence during the course of the disease and its treatment. Surgical removal of one or both breasts can be particularly distressing because the breast is closely associated with femininity, body image, sexuality, and personal identity. Mastectomy and other breast-related procedures may therefore result in embarrassment, altered body image, feelings of inferiority, reduced self-confidence, and concerns about intimate and social relationships.(14) These experiences may affect relationships with spouses, family members, friends, and the wider community and may contribute to social withdrawal and feelings of isolation. Persistent psychological distress and depressive symptoms can further interfere with daily functioning, communication with healthcare providers, treatment adherence, and participation in healthcare decisions, ultimately compromising overall wellbeing and quality of life. (15)

Quality of life (QoL) has consequently become an important patient-centered outcome in cancer care. It provides a multidimensional assessment of an individual's physical, psychological, social, and functional wellbeing and allows healthcare professionals to understand how disease and treatment affect patients beyond conventional clinical outcomes.(16) Regular assessment of QoL can help healthcare professionals identify these concerns, develop individualized interventions, improve communication, and promote patient-centered care and shared decision-making.(17)

Women often occupy central roles within families, and their illness can have consequences for Family support should not be viewed solely in terms of financial or material assistance; emotional, psychological, informational, social, and spiritual support are equally important. Family functioning is a dynamic and interconnected process in which communication, emotional stability, relationships, and behavioral patterns influence the wellbeing of individual family members. Through these interactions, family support may influence treatment adherence, coping, disease acceptance, psychological adjustment, and recovery, ultimately contributing to better QoL.(18)

Evidence from different countries supports the importance of family and social support among women with breast cancer. A study conducted in Malaysia reported that family members provided important support, particularly in treatment-related decision-making and emotional support, which may reflect the strong family relationships characteristic of Malaysian society.(19) Similarly, evidence suggests that supportive social networks are positively associated with health-related QoL among women with breast cancer.(20) Research conducted in Pakistan has also highlighted the importance of psychosocial factors in determining QoL. Studies from Lahore have reported that poor body image and psychological distress are associated with poorer QoL, whereas greater resilience is associated with better QoL. (21)

RATIONAL

Breast cancer significantly impacts women's physical, emotional and social well-being, often reducing their quality of life due to treatment burden and psychological distress. Family support plays a vital role in coping, emotional stability, and treatment adherence. In cultures like Pakistan, where family bonds are strong, understanding this relationship is crucial. However, limited research has examined how family support influences the quality of life of breast cancer patients locally. This study address this gap and align with Sustainable Development Goal 3 (Good health and well-being) by promoting family centered care to enhance overall health and well-being.

AIMS

To assess the role of family support in improving the quality of life of breast cancer patients at NIMRA Jamshoro.

OBJECTIVES

1. To assess the level of family support among breast cancer patients attending NIMRA Jamshoro.
2. To determine the association between different dimensions of family support and quality of life among breast cancer patients.

RESEARCH METHODOLOGY

STUDY DESIGN

Analytical Cross sectional design.

STUDY SETTING

Study was conducted at Nuclear Institute of Medical Radiotherapy (NIMRA) cancer hospital Jamshoro Sindh Pakistan.

DURATION OF STUDY

Duration of study was 06 months after approval of synopsis from ethical review committee LUMHS Jamshoro.

STUDY POPULATION

The study subjects were diagnosed cases of breast cancer of Nuclear institute of medical Radiotherapy cancer hospital of Jamshoro.

ELIGIBILITY CRITERIA

Inclusion criteria

- All diagnosed cases of breast cancer of all stages (I, II, III, IV) were included.
- Receiving treatment or in follow-up
- Age 18-60 years
- Able to provide informed consent.

Exclusion criteria

- Critically ill patients unable to respond.
- Having psychological issue along with breast cancer
- Unwilling to participate

SAMPLE SIZE

The sample size of study calculated as 227 through open EPI calculator with prevalence rate 24.1% from the previous studies at the level of confidence 95%.and 5% margin of error. 10% non-response rate was added and final sample size drawn as 250.(22)

SAMPLING TECHNIQUE

Non probability convenient sampling was used for eligible breast cancer patients attending oncology clinic or follow-up treatment during the study period.

DATA COLLECTION TOOLS

FAMILY SUPPORT QUESTIONAIRE FOR WOMEN WITH BREAST CANCER

Family support tool was specifically developed for women with breast cancer, based on literature review and expert guidance. It comprises 21 categorized into four domains: emotional support, inspirational and motivational support, and spiritual support. Each item is rated on a five – point Likert scale ranging from strongly disagree (1) to strongly agree (5). The content validity of tool was confirmed through expert review, and reliability was established through pilot testing, yielding a Cronbach's alpha of 0.70.

QUALITY OF LIFE INSTRUMENT –BREAST CANCER PATIENT

The quality of life instrument –breast cancer patient version (QoL-Bc) was utilized to assess the quality of life among participants. This standardized instrument includes 46 items encompassing four domains- physical, psychological, social and spiritual well-being and has demonstrated high internal consistency, with a reported Cronbach's alpha of 0.89. (23)

DATA COLLECTION PROCEDURE

The data was collected after obtaining informed consent. Study participants interviewed using structured questionnaires for both independent and dependent variables separately from diagnosed cases of breast cancer patients attending oncology clinics or follow-up visits. Age group of participants will be 18-60 years. A structured questionnaire was used for interview to record the participant's information regarding age, education status, socio-economic status, number of children, stages of cancer diagnosis date, current status of treatment, chemotherapy, radiotherapy, surgery, mammography, lobectomy, family support, low, moderate, high support, quality of life, (physical, psychological, social and spiritual well-being). Data collection was started as soon as received letter from ethical board within three months and carried out all the days in a week as Institutional permission was

granted by the Administrative authority of Nuclear Institute of medical Radiotherapy (NIMRA) oncology department of Jamshoro.

DATA ANALYSIS

The data was entered in Statistical Package for the Social Sciences (SPSS) version 27.0. The categorical variables like (family support level) were presented by frequency and percentages and continues variables like (age, QoL scores) by mean, and standard deviation. Data was displayed in tables, charts and graphs (Pie chart, Bar chart). Association of categorical variables was analyzed through chi square test; Level of significance was considered as significant according to P-Value less than 0.05.

ETHICAL CONSIDERATION

- ERC letter was obtained from ethical review board of LUMHS.
- Informed written consent was obtained from administrators of NIMRA oncology department before involving the selected subjects in study.
- Informed consent was taken from all participants.
- Confidentiality and anonymity was maintained through hiding the name of all participants.

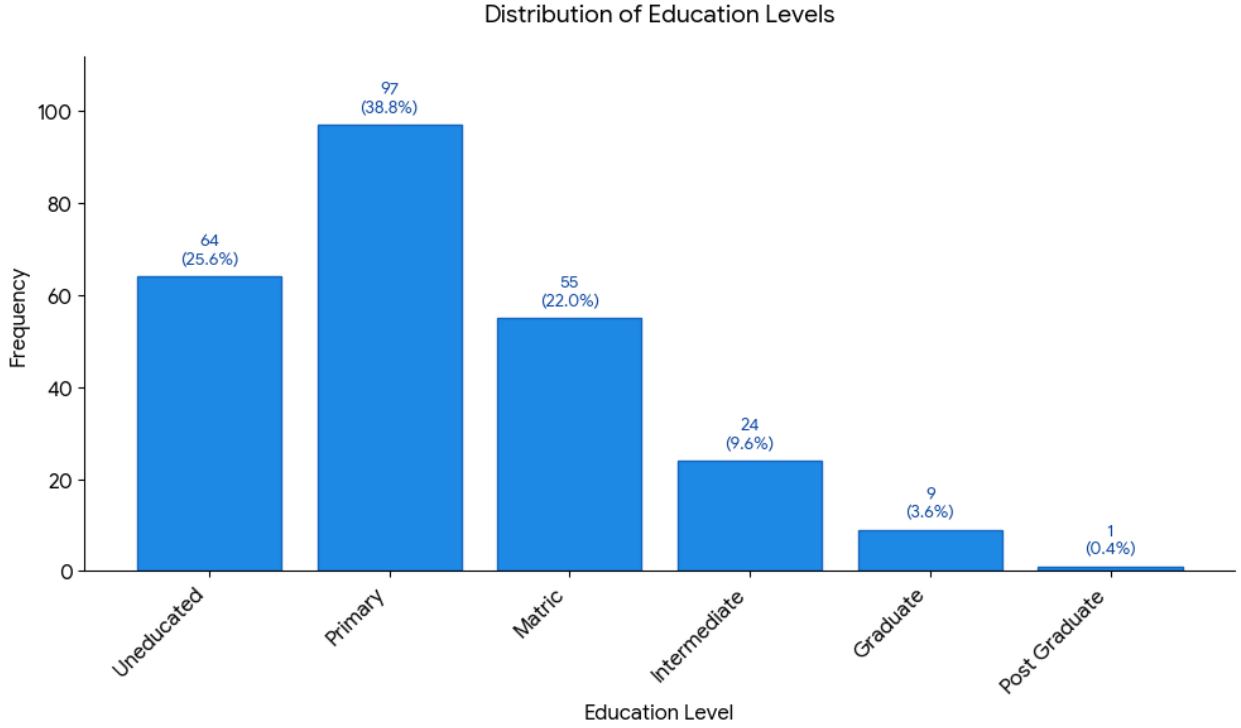
RESULTS

Table 1: Age Distribution

Age in years	Frequency	Percent
15-25	10	4.0
26-35	50	20.0
36-45	73	29.2
46-55	63	25.2
56-65	54	21.6
Total	250	100.0

The table shows the age distribution of 250 patients with breast cancer. The highest proportion of patients, 73 (29.2%), were aged 36–45 years, followed by 63 (25.2%) patients aged 46–55 years and 54 (21.6%) patients aged 56–65 years. Fifty (20.0%) patients were between 26–35 years of age, while only 10 (4.0%) patients were aged 15–25 years. Overall, the findings indicate that breast cancer was more frequently reported among patients aged 36–65 years, with the largest proportion belonging to the 36–45-year age group.

Graph 01



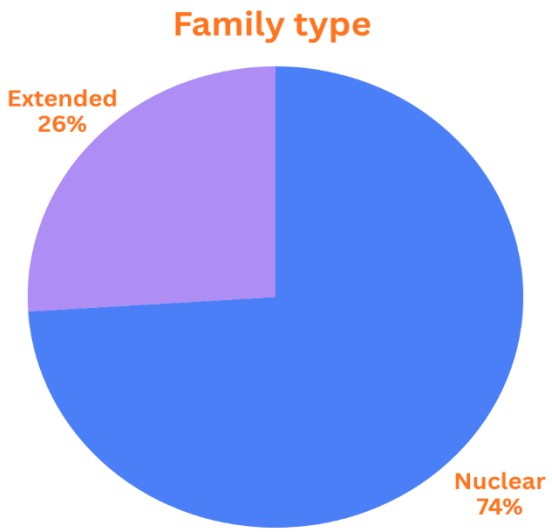
The graph presents the educational level of the patients. The majority of patients, 97 (38.8%), had primary-level education, followed by 64 (25.6%) who were uneducated and 55 (22.0%) who had completed matriculation. Twenty-four (9.6%) patients had intermediate education, while only 9 (3.6%) were graduates and 1 (0.4%) had postgraduate education. These findings indicate that most patients had relatively low educational attainment, with 64 (25.6%) having no formal education and the largest group having only primary education.

Table 2: Marital Status

Marital status	Frequency	Percent
Married	209	83.6
Unmarried	16	6.4
Divorced	12	4.8
Widower	13	5.2
Total	250	100.0

The table describes the marital status of the patients. The majority, 209 (83.6%), were married. Sixteen (6.4%) patients were unmarried, 12 (4.8%) were divorced, and 13 (5.2%) were widowers. The findings demonstrate that married patients constituted the predominant group in the study population. This may be relevant to the study because spouses can represent an important source of emotional, informational, practical, and social support for patients undergoing cancer treatment.

Graph 02



The graph shows the family type of the study participants. The majority of patients, 185 (74.0%), belonged to nuclear families, whereas 65 (26.0%) belonged to extended families. Thus, most breast cancer patients in the study were living in nuclear family settings. Family structure may influence the availability and type of support received by patients during diagnosis, treatment, and follow-up.

Table 3: Stage of Cancer

Stage of cancer	Frequency	Percent
Stage 1	1	.4
Stage 2	104	41.6
Stage 3	126	50.4
Stage 4	19	7.6
Total	250	100.0

The table presents the distribution of patients according to the stage of breast cancer. The majority of patients, 126 (50.4%), were diagnosed with Stage 3 cancer, followed by 104 (41.6%) with Stage 2 cancer. Nineteen (7.6%) patients had Stage 4 cancer, while only 1 (0.4%) patient had Stage 1 cancer. The findings indicate that most patients were diagnosed at relatively advanced stages, as 92.0% of the participants had Stage 2 or Stage 3 disease. This suggests a substantial burden of advanced breast cancer among the study participants.

Table 4: Type of Treatment

Type of treatment	Frequency	Percent
Radiotherapy	50	20.0
Chemotherapy	94	37.6
Hormonal therapy	43	17.2
Follow-up	61	24.4
Surgery	2	0.8

Total	250	100.0

The table describes the type of treatment received by the patients. Chemotherapy was the most common treatment, received by 94 (37.6%) patients, followed by follow-up care among 61 (24.4%) patients and radiotherapy among 50 (20.0%) patients. Hormonal therapy was reported among 43 (17.2%) patients, while only 2 (0.8%) patients underwent surgery. The findings indicate that chemotherapy was the predominant treatment modality among the study participants, reflecting the substantial proportion of patients receiving active cancer treatment.

Table 5: Emotional Family Support

Emotional Family Support Category	Score Range	Frequency (n)	Percentage (%)
Low	5–11	11	4.4
Moderate	12–18	152	60.8
High	19–25	87	34.8
Total	5–25	250	100.0

The table shows the level of emotional family support among breast cancer patients. The majority of patients, 152 (60.8%), reported a moderate level of emotional family support. Eighty-seven (34.8%) patients reported a high level of support, whereas only 11 (4.4%) reported low emotional family support. These findings suggest that most patients received a moderate degree of emotional support from their families, while approximately one-third experienced high emotional support. Only a small proportion reported inadequate emotional support.

Table 6: Inspiration and Motivation

Inspiration and Motivation Category	Score Range	Frequency (n)	Percentage (%)
Low	5–11	10	4.0
Moderate	12–18	148	59.2
High	19–25	92	36.8
Total	5–25	250	100.0

The table presents the level of inspiration and motivation received from family members. Most patients, 148 (59.2%), reported a moderate level of inspiration and motivation, while 92 (36.8%) reported a high level. Only 10 (4.0%) patients reported a low level of inspiration and motivation. The findings indicate that family members generally provided moderate to high levels of encouragement and motivation to breast cancer patients, which may contribute positively to their ability to cope with the disease and treatment process.

Table 7: Informational Family Support

Informational Family Support Category	Score Range	Frequency (n)	Percentage (%)
Low	6–14	12	4.8
Moderate	15–23	192	76.8
High	24–32	46	18.4
Total	6–32	250	100.0

The table shows the level of informational family support among the patients. The majority, 192 (76.8%), reported a moderate level of informational support. Forty-six (18.4%) patients reported high informational support, while only 12 (4.8%) reported low support. These findings indicate that most patients received a moderate amount of information and guidance from their families regarding their illness and treatment. However, the relatively small proportion reporting high informational support suggests that there may still be a need to strengthen families' ability to provide appropriate health-related information.

Table 8: Spiritual Family Support

Spiritual Family Support Category	Score Range	Frequency (n)	Percentage (%)
Low	12–16	32	12.8
Moderate	17–20	167	66.8
High	21–25	51	20.4
Total	12–25	250	100.0

The table presents the level of spiritual family support among breast cancer patients. The majority of patients, 167 (66.8%), reported moderate spiritual family support. Fifty-one (20.4%) patients reported high spiritual support, while 32 (12.8%) reported low spiritual support. The findings demonstrate that moderate spiritual support was most common among the participants. However, compared with the other dimensions of family support, a

relatively larger proportion of patients reported low spiritual support, indicating an area where family involvement could potentially be strengthened.

Table 9: Quality of Life

QULAITY OF LIFE	Frequency	Percent
Very High Quality	59	23.6
High Quality	27	10.8
Very Low Quality	37	14.8
Low Quality	127	50.8
Total	250	100.0

The table describes the overall quality of life of the 250 breast cancer patients. More than half of the patients, 127 (50.8%), reported low quality of life**.** Fifty-nine (23.6%) reported very high quality of life, while 27 (10.8%) reported high quality of life. Thirty-seven (14.8%) patients reported very low quality of life. Overall, 65.6% of patients reported low or very low quality of life**,** whereas 34.4% reported high or very high quality of life. These findings indicate that a substantial proportion of breast cancer patients experienced poor quality of life, highlighting the importance of family support and other psychosocial interventions in improving patients' well-being.

Table 10: Association Between Emotional Family Support and Quality of Life

Emotional Support	QULAITY OF LIFE				Total	P-Value
	Very High Quality	High Quality	Very Low Quality	Low Quality		
Low	1	1	0	9	11	0.2
Moderate	35	14	23	80	152	
High	23	12	14	38	87	
Total	59	27	37	127	250	

The table shows that patients with high emotional support had a greater proportion of very high quality of life (26.4%) compared with those with moderate (23.0%) and low support (9.1%). However, the association between emotional family support and quality of life was not statistically significant (p=0.20)**.** Overall, the findings suggest that higher emotional support may be linked with better quality of life. However, this observed pattern was not strong enough to demonstrate a statistically significant relationship.

Table 11: Association Between Inspiration and Motivation and Quality of Life

Inspiration and Motivation	QULAITY OF LIFE				Total	P-Value
	Very High Quality	High Quality	Very Low Quality	Low Quality		
Low	1	1	0	8	10	<0.001
Moderate	4	8	30	106	148	
High	54	18	7	13	92	
Total	59	27	37	127	250	

The table shows that patients with high inspiration and motivation had a higher proportion of very high quality of life (58.7%) compared with those with moderate (2.7%) and low support (10.0%). A statistically significant association was found between inspiration and motivation and quality of life **(**p<0.001). These findings suggest that greater family encouragement and motivation are significantly associated with better quality of life among breast cancer patients.

Table 12: Association Between Informational Family Support and Quality of Life

Information family support	QULAITY OF LIFE				Total	P-Value
	Very High Quality	High Quality	Very Low Quality	Low Quality		
Low	1	1	0	10	12	<0.001
Moderate	28	22	33	109	192	
High	30	4	4	8	46	
Total	59	27	37	127	250	

The table shows that patients with high informational family support had a higher proportion of very high quality of life (65.2%) compared with moderate (14.6%) and low support (8.3%). A statistically significant association was found between informational family support and quality of life **(**p<0.001**).** These findings suggest that greater

informational support from family members is significantly associated with better quality of life among breast cancer patients

Table 13: Association Between Spiritual Family Support and Quality of Life

Spiritual Support	QULAITY OF LIFE				Total	P-Value
	Very High Quality	High Quality	Very Low Quality	Low Quality		
Low	1	2	0	29	32	<0.001
Moderate	26	19	32	90	167	
High	32	6	5	8	51	
Total	59	27	37	127	250	

The table shows that patients with high spiritual support had a higher proportion of very high quality of life (62.7%) compared with moderate (15.6%) and low support (3.1%). A statistically significant association was found between spiritual family support and quality of life (p<0.001). These findings suggest that greater spiritual family support is significantly associated with better quality of life among breast cancer patients.

DISCUSSION

In the present study, the largest proportion of breast cancer patients were aged 36–45 years (29.2%), followed by 46–55 years (25.2%). This finding indicates that breast cancer was more common among middle-aged and older patients in the study population. This pattern is generally consistent with previous research showing that the, particularly during middle and later adulthood. However, the relatively high proportion of patients in the 36–45-year group may reflect differences in the demographic characteristics and healthcare-seeking patterns of the local population.(24)

Chemotherapy was the most frequently reported treatment (37.6%), followed by follow-up care (24.4%) and radiotherapy (20.0%). This finding is generally consistent with the advanced stage distribution observed in the present study, as patients with Stage 2 and Stage 3 disease commonly require systemic and/or multimodal treatment. However, treatment patterns may differ across studies depending on cancer stage, tumor characteristics, availability of treatment facilities, and institutional protocols.(25)

The present study found that 60.8% of patients reported moderate emotional family support, while 34.8% reported high support. Only 4.4% reported low emotional support. This finding suggests that most patients received at least a moderate level of emotional support from their families. Similar findings have been reported in previous research indicating that family members are an important source of emotional support for patients with cancer. However, the relatively high proportion receiving moderate rather than high support suggests that there remains an opportunity to strengthen family-based psychosocial support.(26)

In the present study, 59.2% of patients reported moderate inspiration and motivation, while 36.8% reported high levels. Importantly, inspiration and motivation were significantly associated with quality of life (p<0.001). This finding is consistent with previous studies demonstrating that encouragement, motivation, and positive involvement of family members can improve psychological adjustment and overall well-being among cancer patients. The finding therefore supports the important role of family encouragement in helping patients cope with the challenges of breast cancer and its treatment.(27)

The majority of patients (76.8%) reported moderate informational family support, whereas 18.4% reported high support. A statistically significant association was found between informational family support and quality of life (p<0.001). This finding is consistent with previous research suggesting that access to information and guidance can help cancer patients understand their illness, make treatment-related decisions, and cope more effectively with their condition. The result also highlights the importance of involving family members in patient education. However, the predominance of moderate support indicates that informational support could be further strengthened.(28)

The findings showed that 66.8% of patients received moderate spiritual family support, 20.4% received high support, and 12.8% reported low support. Spiritual support was significantly associated with quality of life (p<0.001). This finding is consistent with studies indicating that spirituality and family-based spiritual support can help cancer patients cope with emotional distress, uncertainty, and treatment-related difficulties. The finding may be particularly relevant in communities where family and spiritual practices are important components of coping. Nevertheless, the strength and nature of spiritual support may vary according to cultural and individual differences.(29)

The present study found no statistically significant association between emotional family support and quality of life (p=0.20). Although patients with high emotional support showed a greater proportion of very high quality of life than those with low support, the difference was not statistically significant. This finding contradicts studies that have reported a significant positive relationship between emotional family support and quality of life among cancer patients.(30)

A statistically significant association was observed between inspiration and motivation and quality of life ($p<0.001$). Patients with high inspiration and motivation had a substantially greater proportion of very high quality of life compared with patients with moderate or low support. This finding is consistent with previous research. (31)

The study demonstrated a statistically significant relationship between informational family support and quality of life ($p<0.001$). This finding is consistent with previous studies suggesting that adequate information and guidance help patients better understand their disease and treatment and consequently improve their ability to cope. (32)

The findings demonstrated a statistically significant association between spiritual family support and quality of life ($p<0.001$). This finding is consistent with previous research indicating that spiritual and family support may promote hope, emotional stability, coping, and psychological well-being among cancer patients. However, the specific effect of spiritual support may vary across cultures and individual beliefs.(3)

Overall, the findings indicate that family support plays an important role in the quality of life of breast cancer patients. In particular, inspiration and motivation, informational support, and spiritual support were significantly associated with quality of life, whereas emotional support did not demonstrate a statistically significant association. Thus, the findings are partly consistent and partly contradictory to previous research. The differences may be attributable to variations in study settings, cultural characteristics, disease stages, treatment modalities, sample sizes, and assessment tools.

CONCLUSION

The present study concludes that family support plays an important role in the quality of life of breast cancer patients attending NIMRA Jamshoro**.** Most patients received moderate family support, while inspiration and motivation, informational support, and spiritual support were significantly associated with better quality of life**.** However, emotional support was not significantly associated with quality of life. Overall, the findings highlight the need for strengthening family-centered and psychosocial support to improve the wellbeing and quality of life of breast cancer patients.

RECOMMENDATIONS

1. Family-centered care should be strengthened in breast cancer services to actively involve family members in patients' care and support.
2. Nurses and healthcare professionals should routinely assess family support and quality of life and identify patients who require additional psychosocial support.
3. Family education and counseling sessions should be introduced to help family members understand how they can provide effective emotional, informational, motivational, and practical support.
4. Further studies should be conducted using larger samples and multiple healthcare settings to provide broader evidence regarding the relationship between family support and quality of life.
5. Future longitudinal or intervention-based studies are recommended to determine whether strengthening family support can lead to improvements in the quality of life of breast cancer patients.

REFERENCES

1. Akram L, Abbas G, Khurram H, Aslam A, Randhawa FA, Assiri AA, et al. Association of marital and parental status with stress, support, adherence, and quality of life among breast cancer women. Plos one. 2026;21(4):e0346016.
2. Ayub F, Khan TM, Baig MR, Amin MU, Tahir H. Quality of life and wellbeing among breast cancer patients in Lahore, Pakistan. Frontiers in Oncology. 2023;13:1105411.
3. Hina HR. Perceived social support, family relationships, and health-related quality of life among women with breast cancer in Jordan. 2021.
4. Azeem T, Owais KM, Sikandar B, Saleem A. Gender Differences In Coping Strategies Among Cancer Patients And Their Psychosocial Impact: https://doi. org/10.5281/zenodo. 18140164. Research Consortium Archive. 2025;3(4):2211-20.
5. Mehrotra R, Yadav K. Breast cancer in India: Present scenario and the challenges ahead. World Journal of Clinical Oncology. 2022;13(3):209.
6. Ali A, Manzoor MF, Ahmad N, Aadil RM, Qin H, Siddique R, et al. The burden of cancer, government strategic policies, and challenges in Pakistan: A comprehensive review. Frontiers in nutrition. 2022;9:940514.
7. Abdul Rehman M, Tahir E, Ghulam Hussain H, Khalid A, Taqi SM, Meenai EA. Awareness regarding breast cancer amongst women in Pakistan: A systematic review and meta-analysis. PLoS One. 2024;19(3):e0298275.
8. Jabeen S, Zakar R, Zakar MZ, Fischer F. Experiences of family caregivers in dealing with cases of advanced breast cancer: a qualitative study of the sociocultural context in Punjab, Pakistan. BMC Public Health. 2024;24(1):1030.
9. Raffe S, Heshmati Nabavi F, Baloochi Beydokhti T. Components of family support in women with breast cancer: a systematic review. Supportive Care in Cancer. 2025;33(7):576.

10. Karimollahi M, Abazari M, Tazakori Z, Ramazanzadeh N. Caregiving burden and social support in family caregivers of patients with cancer: A cross-sectional study. International Journal of Care Coordination. 2022;25(4):115-23.
11. Chang L, Zhang S, Yan Z, Li C, Zhang Q, Li Y. Symptom burden, family resilience, and functional exercise adherence among postoperative breast cancer patients. Asia-Pacific journal of oncology nursing. 2022;9(11):100129.
12. Fernandez-Rodriguez EJ, Taboada-Taboada R, Garcia-Martin A, Sanchez-Gomez C, Saez-Gutierrez S, Rihuete-Galve MI, et al. Study on the additional financial burden of breast cancer disease on cancer patients and their families. Financial toxicity in cancer. Frontiers in public health. 2024;12:1324334.
13. Karimi Moghaddam Z, Rostami M, Zeraatchi A, Mohammadi Bytamar J, Saed O, Zenozian S. Caregiving burden, depression, and anxiety among family caregivers of patients with cancer: An investigation of patient and caregiver factors. Frontiers in Psychology. 2023;14:1059605.
14. Haq OU, Sabghatullah H, editors. HEALTH-RELATED QUALITY OF LIFE AND ITS ASSOCIATION WITH PERCEIVED SOCIAL SUPPORT IN ADULT BREAST CANCER PATIENTS: A STUDY FROM KARACHI, PAKISTAN. Oncology Nursing Forum; 2025: Oncology Nursing Society.
15. Masood HF, Kamran F. Psychological Determinants of Perceived Quality of Life of Breast Cancer Survivors in Pakistan. Human Nature Journal of Social Sciences. 2025;6(2):148-66.
16. Seelro SK, Memon M, Shah A. To evaluate the changes in Biochemical parameters of Breast cancer patients' during treatment at Larkana Sindh. JMMC. 2024;15(1):14-7.
17. Basra MAR, Saher M, Athar MM, Raza MH. Breast cancer in Pakistan a critical appraisal of the situation regarding female health and where the nation stands. Asian Pacific Journal of Cancer Prevention. 2016;17(7):3035-41.
18. Ranjha SN, Ali P, Jokhio N, Bhutto Q-U-A, Memon E, Awan SM. A COMPARATIVE STUDY OF BREAST CANCER KNOWLEDGE BETWEEN EDUCATED AND UNEDUCATED FEMALES AGED 18-50 YEARS IN A COMMUNITY SETTING. Pakistan Journal of Medical & Cardiological Review. 2026;5(2):5691-718.
19. Dahlui M, Azzani M, Taib NA, Hoong SM, Jamaris S, Islam T. Breast conserving surgery versus mastectomy: the effect of surgery on quality of life in breast cancer survivors in Malaysia. BMC women's health. 2023;23(1):607.
20. Peng Y, Ma J, Liu L, Xiao J, Gu C. Determinants of patient delay and its association with quality of life among young women with breast cancer in China: A cross-sectional study. Asia-Pacific Journal of Oncology Nursing. 2026:100846.
21. Pichetsopon P, Pokpalagon P, Butsing N, editors. Relationships Between Fear of Cancer Recurrence, Unmet Healthcare Needs, and Quality of Life Among Thai Breast Cancer Survivors Post-Treatment. Healthcare; 2026: MDPI
22. National Cancer Registry of Pakistan, "First Comprehensive Report of Cancer Statistics 2015–2019," Journal of College of Physicians and Surgeons Pakistan 33, no. 6 (2021).
23. Ferrell BR, Hassey Dow K, Grant M. Measurement of the quality of life in cancer survivors. Quality of life Research. 1995 Dec;4(6):523-31.
24. Jonsson H, Hedström M, Grauman Å. Women's perceptions of breast cancer risk and prevention: insights into knowledge gaps and lifestyle attitudes. BMC Public Health. 2026.
25. Rolle LD, Ahn S, Mezzio EM, Wheeler M, Yavelberg L, Calfa CJ, et al. The impact of exercise interventions on domains of quality of life in women diagnosed with breast cancers during chemotherapy treatment: a meta-analytic review. The Lancet Healthy Longevity. 2026.
26. Arafat HM, Shamallakh OM, Al-Astani TAD, Yahya MM, Zain WZW, Rahman WFWA. Narrative Review Male Breast Cancer Around the Globe: Epidemiological Trends, Clinical Characteristics, and Future Directions—A Narrative Review. Narrative. 2026;9(1).
27. Busschaert SL, Kimpe E, Barbé K, Gevaert T, De Ridder M, Putman K. Deep inspiration breath-hold for breast cancer radiotherapy: a modelling study of targeted versus non-targeted strategy for clinical and operational optimisation. The Lancet Regional Health–Europe. 2026;60.
28. Linge A, Ketzmerick C, Gurtner K, Hoinkis C, Löck S, Krause M. Development of a model to guide the decision for radiotherapy in deep-inspiration breath-hold in patients with left-sided breast cancer. Strahlentherapie und Onkologie. 2026;202(1):23-9.
29. Lin L, Liu L, Gao Z, Hong Y, Gong Q, Yu Z, et al. Normal tissue complication probability models of late cardiopulmonary toxicity following deep inspiration breath hold for breast cancer adjuvant radiotherapy. Precision Radiation Oncology. 2026:10.1002/pro6. 70086.
30. Sockett KA, Loffredo MK, DeMoya CD, Garman ZG, Grinstaff MW. Clickable polyamidosaccharides: accessing bottlebrush inspired hyaluronic acid glycopolymers for CD44 targeting of breast cancer cells. Biomaterials Science. 2026;14(6):1530-43.
31. Huybrechts V, Vakaet V, De Noyette R, Speleers B, Stouthandel M, Van Hulle H, et al. MRI-based analysis of organ at risk stability during prolonged voluntary deep inspiration breath-hold in prone and supine breast cancer radiotherapy. British Journal of Radiology. 2026;99(1181):898-905.

32. Zhou M, Xu T, Yuan S, Ma X, Yang X, Xie J, et al. Clinical-Inspired Design of Self-Assembled Albumin-CeO2 Nanozymes for Oxygen-Self-Sufficient and Targeted Sonodynamic-Chemotherapy in Triple-Negative Breast Cancer. Advanced healthcare materials. 2026;15(11):e04479.
33. Lastrucci A, Marrazzo L, Iosca N, Insero G, Wandael Y, Simontacchi G, et al. Learning to breathe for radiation therapy: a scoping review of deep inspiration breath-hold training. Critical Reviews in Oncology/Hematology. 2026:105313.