



SELF-CONCEPT PROBLEM IN BREAST CANCER PATIENT: A SCOPING REVIEW PROTOCOL

PROBLEMA DE AUTOCONCEITO EM PACIENTES COM CÂNCER DE MAMA: PROTOCOLO DE REVISÃO DE ESCOPO

Ni Made Merlin¹
Ibrahim Rahmat¹
Wiwin Lismidiati¹

ORCID: 0000-0002-1730-3337
ORCID: 0000-0002-5337-3252
ORCID: 0000-0002-5014-0437

¹ Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia, 55821

How to cite: Merlin NM, Rahmat I, Lismidiati W. Self-concept problem in breast cancer patient: a scoping review protocol. Online Braz J Nurs. 2025;24(Suppl 1):e20256845. <https://doi.org/10.17665/1676-4285.20256845>

RESUMO

Objetivo: O principal objetivo desta revisão de escopo é identificar, mapear e analisar as evidências disponíveis que relatam os problemas de autoconceito de pacientes com câncer de mama. **Método:** Esta revisão seguirá a abordagem de Arksey O'Malley e Levac. Além disso, os pesquisadores também utilizaram estratégias de busca do Joanna Briggs Institute. Os bancos de dados utilizados nesta revisão são Scopus, Medline via EBSCO, PUBMED, SpringerLink e ProQuest. Serão utilizados artigos publicados a partir de 2018. Além disso, também utilizamos critérios de inclusão e exclusão para determinar quais artigos serão revisados. Os estudos serão apresentados narrativamente e mapeados com base nos componentes conceituais do autoconceito. Serão identificadas lacunas e o escopo para pesquisas futuras. Os resultados da revisão serão relatados usando a extensão de revisão de escopo PRISMA.

Descritores: Neoplasias da Mama; Pacientes Internados; Autoimagem.

ABSTRACT

Objective: The key objective of this scoping review is to identify, map, and analyze the available evidence reporting on the self-concept problems of breast cancer patients. **Method:** This review will follow the approach of Arksey O'Malley and Levac. Apart from that, the researchers also used search strategies from the Joanna Briggs Institute. The databases used in this review are Scopus, Medline via EBSCO, PUBMED, SpringerLink, and ProQuest. Articles published since 2018 will be used. Furthermore, we also use inclusion and exclusion criteria to determine which articles will be reviewed. Studies will be presented narratively and mapped based on the conceptual components of self-concept. Gaps and scope for future research will be identified. Review results will be reported using the PRISMA scoping review extension.

Descriptors: Breast Neoplasms; Inpatients; Self Concept.

Editors:

Rosimere Ferreira Santana (ORCID: 0000-0002-4593-3715)
Geilsa Soraia Cavalcanti Valente (ORCID: 0000-0003-4488-4912)
Ana Carla Dantas Cavalcanti (ORCID: 0000-0003-3531-4694)

Corresponding author:

Ibrahim Rahmat
Email: ibrahim.rahmat@ugm.ac.id

Publisher:

Escola de Enfermagem Aurora de Afonso Costa – UFF
Rua Dr. Celestino, 74 – Centro, CEP: 24020-091 – Niterói, RJ, Brazil
Journal email: objn.cme@id.uff.br

INTRODUCTION

Breast cancer is a type of cancer that is often experienced by women⁽¹⁾. The development of breast cancer is increasing day by day. It is widely recognized that the treatment of breast cancer patients is included in the Sustainable Development Goals (SDGs)⁽²⁾. Cancer treatment is included in the third target of the SDG's long-term goals: ensuring healthy lives and improving the welfare of people of all ages⁽³⁾. Women with breast cancer are vulnerable to experiencing problems both physically and psychosocially⁽⁴⁾. The physical problems experienced by breast cancer patients are closely related to psychosocial problems. The psychosocial problem most often experienced by breast cancer patients is related to their self-concept.

Self-concept problems experienced by breast cancer patients can be caused by several things, including a worsening disease prognosis and physical complaints due to therapy regimens, such as fertility problems, early menopause, lymphedema, and abnormal breast shape⁽⁵⁻⁸⁾. These complaints are long-term impacts or side effects due to the therapy regimen. Apart from that, short-term problems that are often complained of are loss of appetite, loss of weight, nausea, vomiting, and alopecia. This complaint usually occurs when the patient is undergoing a therapy regimen in the hospital⁽⁹⁻¹⁰⁾.

The issue of self-concept in a woman with breast cancer manifests as a decline in self-confidence, an inability to perform social roles effectively due to physical changes, and an altered identity as a breast cancer patient⁽¹¹⁾. Self-concept has several components: self-esteem, body image disturbance, role problems, self-identity, and self-ideal. This component usually occurs in breast cancer patients. The physical appearance of breast cancer patients changes, and a decline in functionality leads to dissatisfaction with their body image⁽¹²⁾. Breast cancer patients also experience reduced independence, causing them to rely on others and engage in self-pity, which negatively affects their self-esteem⁽¹¹⁾. These factors represent the gap experienced by breast cancer patients between their self-ideal before the illness and their current condition⁽¹³⁾. The self-identity of being a breast cancer patient has negative impacts, such as disrupting their roles within the family and social environments⁽¹⁴⁻¹⁵⁾. These issues represent a comprehensive self-concept problem in breast cancer patients.

The negative impact of self-concept problems experienced by breast cancer patients is very detrimental to patients. One of the negative impacts experienced is that patients do not accept themselves well, which can even reduce the quality of life of breast cancer patients⁽¹⁶⁾. If self-concept issues are not addressed, they may lead to more significant consequences for patients, such as depression, prolonged stress, and anxiety, which have the potential to result in self-destructive behaviors⁽¹⁵⁾. What is most fearful is that the patient will drop out of the therapy regimen and come back to the hospital in a condition where the cancer has worsened⁽¹⁷⁾. Considering the importance of self-concept issues in breast cancer patients, these issues will be discussed.

We used Stuart's definition of self-concept in the review⁽¹⁸⁾. The key objective of this scoping review is to identify, map, and analyze the available evidence on the self-concept problems of breast cancer patients.

METHOD

This article describes the protocol for a scoping review currently being conducted to address the stated objectives. This scoping review uses the reporting guidelines from Arksey and O'Malley⁽¹⁹⁾ and developments from Levac, Colquhoun, and O'Brien⁽²⁰⁾. Additionally, we use the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)⁽²¹⁾ to ensure complete and transparent reporting⁽²²⁾. This scoping review has also been registered on the Open Science Framework (OSF) website as a project in progress with the address: <https://osf.io/236ns>.

Review question

The search strategy for this review followed an iterative process involving a research team and a librarian. We determined a search strategy based on the Population, Concept, and Context (PCC) framework⁽²³⁾. The review question is: What are the self-concept problems in breast cancer patients undergoing treatment in a hospital?

Inclusion criteria

Participants

The population in the study were stage 0-IV breast cancer patients.

Content

Self-concept was the problem discussed.

Context

The research site was a hospital.

Exclusion criteria

Respondents who are BRCA1/2 carriers tend to experience higher levels of worry about disease occurrence. At the same time, breast cancer survivors are excluded because they have experienced the side effects of treatment, which contribute to negative self-concept issues. Research publications on psychometric development and policy documents are excluded because this study focuses on understanding the issues rather than the measurement tools currently under development.

Types of studies

Quantitative, qualitative, and mixed-method studies will be considered for review.

Sources of information

The databases targeted for this review are Scopus, Medline via EBSCO, PUBMED, Springer Link, and ProQuest. We chose this database because it is relevant to health or nursing.

Search strategy

Initially, the search strategy we used was a preliminary study that we carried out in January 2024. This activity looked at Medical Subject Headings (MeSH) or relevant keywords used in previous research reviews. This results in MeSH being used in our review to search for primary research that answers the review objectives. In the literature search, researchers adjusted the strings or rules from each database, which we carried out from April 2024 until now, with examples as shown in Figure 1. Among them are: On the Scopus database, the screening is limited to women, presented in English, and all are open access, as well as primary

studies. The search on the ProQuest database was limited by subject: breast cancer, primary studies, presented in English, research can be in the form of a dissertation/thesis and article. The SpringerLink networking database used articles that were presented in English. The PUBMED search was restricted to species: human, articles published in English, and studies with female participants. The search in the Medline database was restricted to academic journals, and the participants were women. The article search will also be limited based on publication year, with the researcher selecting articles published from 2018 to 2024. This limitation ensures the relevance of the self-concept information in the current context.

Search string	ca mammae OR tumor mammae OR breast cancer OR breast tumors OR breast carcinoma OR mammary cancer OR breast malignant OR breast neoplasm OR breast oncology AND self-concept OR self-perception OR psychosocial OR body-image OR bodily self OR self-identify OR self-image OR self-esteem OR self-worth OR self-efficacy
MeSH Terms	ca: "Crit Arts"[Journal: _jid101662336] OR "CA Cancer J Clin"[Journal: _jid0370647] OR "ca"[All Fields] tumor : "cysts"[MeSH Terms] OR "cysts"[All Fields] OR "cyst"[All Fields] OR "neurofibroma"[MeSH Terms] OR "neurofibroma"[All Fields] OR "neurofibromas"[All Fields] OR "tumor's"[All Fields] OR "tumoral"[All Fields] OR "tumorous"[All Fields] OR "tumour"[All Fields] OR "neoplasms"[MeSH Terms] OR "neoplasms"[All Fields] OR "tumor"[All Fields] OR "tumour's"[All Fields] OR "tumoural"[All Fields] OR "tumourous"[All Fields] OR "tumours"[All Fields] OR "tumors"[All Fields] breast cancer : "breast neoplasms"[MeSH Terms] OR ("breast"[All Fields] AND "neoplasms"[All Fields]) OR "breast neoplasms"[All Fields] OR ("breast"[All Fields] AND "cancer"[All Fields]) OR "breast cancer"[All Fields] breast tumors : "breast neoplasms"[MeSH Terms] OR ("breast"[All Fields] AND "neoplasms"[All Fields]) OR "breast neoplasms"[All Fields] OR ("breast"[All Fields] AND "tumors"[All Fields]) OR "breast tumors"[All Fields] breast carcinoma : "breast neoplasms"[MeSH Terms] OR ("breast"[All Fields] AND "neoplasms"[All Fields]) OR "breast neoplasms"[All Fields] OR ("breast"[All Fields] AND "carcinoma"[All Fields]) OR "breast carcinoma"[All Fields] mammary cancer : "breast neoplasms"[MeSH Terms] OR ("breast"[All Fields] AND "neoplasms"[All Fields]) OR "breast neoplasms"[All Fields] OR ("mammary"[All Fields] AND "cancer"[All Fields]) OR "mammary cancer"[All Fields] breast : "breast"[MeSH Terms] OR "breast"[All Fields] OR "breasts"[All Fields] OR "breast's"[All Fields] malignant : "malign"[All Fields] OR "malignance"[All Fields] OR "malignances"[All Fields] OR "malignant"[All Fields] OR "malignants"[All Fields] OR "malignities"[All Fields] OR "malignity"[All Fields] OR "malignization"[All Fields] OR "maligned"[All Fields] OR "maligns"[All Fields] OR "neoplasms"[MeSH Terms] OR "neoplasms"[All Fields] OR "malignancies"[All Fields] OR "malignancy"[All Fields] breast : "breast"[MeSH Terms] OR "breast"[All Fields] OR "breasts"[All Fields] OR "breast's"[All Fields] neoplasma : "neoplasma"[All Fields] OR "neoplasmas"[All Fields] breast : "breast"[MeSH Terms] OR "breast"[All Fields] OR "breasts"[All Fields] OR "breast's"[All Fields] oncology : "neoplasms"[MeSH Terms] OR "neoplasms"[All Fields] OR "oncology"[All Fields] OR "oncology's"[All Fields] self-concept : "self concept"[MeSH Terms] OR ("self"[All Fields] AND "concept"[All Fields]) OR "self concept"[All Fields] self-perception : "self concept"[MeSH Terms] OR ("self"[All Fields] AND "concept"[All Fields]) OR "self concept"[All Fields] OR ("self"[All Fields] AND "perception"[All Fields]) OR "self perception"[All Fields] psychosocial : "psychosocial"[All Fields] OR "psychosocially"[All Fields] body-image : "body image"[MeSH Terms] OR ("body"[All Fields] AND "image"[All Fields]) OR "body image"[All Fields] self : "ego"[MeSH Terms] OR "ego"[All Fields] OR "self"[All Fields] self-image : "self concept"[MeSH Terms] OR ("self"[All Fields] AND "concept"[All Fields]) OR "self concept"[All Fields] OR ("self"[All Fields] AND "image"[All Fields]) OR "self image"[All Fields] self-esteem : "self concept"[MeSH Terms] OR ("self"[All Fields] AND "concept"[All Fields]) OR "self concept"[All Fields] OR ("self"[All Fields] AND "esteem"[All Fields]) OR "self esteem"[All Fields] self-efficacy : "self efficacy"[MeSH Terms] OR ("self"[All Fields] AND "efficacy"[All Fields]) OR "self efficacy"[All Fields]

Figure 1 - Search Strategy. Yogyakarta, YK, Indonesia, 2024

Data management and selection of studies

The researchers utilized Rayyan⁽²⁴⁾ as a supporting tool in the scoping review process to minimize research bias. Articles retrieved from databases were saved in the Research Information System (RIS) format and then imported as a new project in Rayyan. Subsequently, the researchers assessed the abstracts based on inclusion and exclusion criteria, followed by a full-text review of articles that were either considered or met the inclusion and exclusion criteria as review articles.

The selection process was conducted blindly to avoid subjectivity between the two researchers when evaluating the review articles. If disagreements arose during the selection process, a third researcher acted as the decision-maker to determine whether or not the selected article should be included in the review. Researchers have determined inclusion and exclusion criteria in deciding which articles to include in the review.

Data extraction

Charting data in this research will be explained using several tables, including the data charting form used by reviewers to extract information from each article. (a) study characteristics (i.e., sample size and research design); (b) sample characteristics (i.e., age, type of treatment/therapy regimen, and cancer stage, obtained from the hospital), type of hospital; (c) Summary (Author, year, country, population, methodology, outcome measures, causal factors, important results). Data analysis was carried out after that based on previously determined themes. However, the researcher also did not rule out the possibility of additional themes during the

review process. Two researchers will conduct the analysis, and other authors will look at and review any omissions in the analysis process.

Data summary

The research results will be reported in full in the final scoping review and presented in the PRISMA flowchart for the scoping review⁽²¹⁾ to ensure transparency and reproducibility of the research. The scoping review follows the guidelines of Arksey and O'Malley⁽¹⁹⁾ in writing results and is also based on Stuart's theory of self-concept.

Ethical considerations

As no intervention or patient recruitment will be required, research ethics board approval is not applicable.

ACKNOWLEDGMENTS

We thank Dr. Rossi Sanusi for his advice during the scoping review mentoring program.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

FUNDING

This study was supported by the Indonesia Endowment Fund for Education Agency (Lembaga Pengelola Dana Pendidikan - LPDP) under grant number LOG-5394/LPDP/LPDP.3/2023.

REFERENCES

1. Martins MAP, Sim-Sim M. Exclusive breastfeeding after breast cancer. Case study. Invest Educ Enferm. 2023;41(1):e05. <https://doi.org/10.17533/udea.iee.v41n1e05>
2. Badan Pusat Statistik. Indikator Tujuan Pembangunan Berkelanjutan Indonesia 2023 [Internet]. Indonesia: Badan Pusat Statistik; 2024 [cited 2024 Mar 3]. Available from: <https://www.bps.go.id/id/publication/2023/12/29/b949e9778a781b4727d05701/indikator-tujuan-pembangunan-berkelanjutan-indonesia-2023.html>
3. Republik Indonesia. Peta Jalan SDGs Indonesia: Menuju 2030 [Internet]. Indonesia: Kementerian Perencanaan Pembangunan Nasional; 2021 [cited 2024 Mar 5]. Available from: https://sdgs.bappenas.go.id/website/wp-content/uploads/2021/02/Roadmap_Bahasa-Indonesia_File-Upload.pdf
4. Ernstmann N, Enders A, Halbach S, Nakata H, Kehrer C, Pfaff H, et al. Psycho-oncology care in breast cancer centers: a nationwide survey. BMJ Support Palliat Care. 2020;10(4):e36. <http://doi.org/10.1136/bmjspcare-2018-001704>
5. Sopfe J, Pettigrew J, Afghahi A, Appiah LC, Coons HL. Interventions to improve sexual health in women living with and surviving cancer: review and recommendations. Cancers. 2021;13(13):3153. <http://doi.org/10.3390/cancers13133153>
6. Liang M, Chen Q, Peng K, Deng L, He L, Hou Y, et al. Manual lymphatic drainage for lymphedema in patients after breast cancer surgery. Medicine. 2020;99(49):e23192. <http://doi.org/10.1097/MD.00000000000023192>
7. Eaton LH, Narkthong N, Hulett JM. Psychosocial issues associated with breast cancer-related lymphedema: a literature review. Curr Breast Cancer Rep. 2020;12(4):216-224. <https://doi.org/10.1007/s12609-020-00376-x>
8. Seabri V, Durosini I, Mazzoni D, Pravettoni G. The body after cancer: a qualitative study on breast cancer survivors' body representation. Int J Environ Res Public Health. 2022;19(19):12515. <http://doi.org/10.3390/ijerph191912515>
9. Soleymani MM, Parvizifard A, Foroughi A, Ahmadi SM, Farshchian N. An investigation of the effect of mindfulness-integrated cognitive behavior therapy on demoralization, body image, and sexual function in Iranian women with breast cancer: a randomized controlled trial. J Cancer Res Clin Oncol. 2024;150(3):128. <http://doi.org/10.1007/s00432-024-05655-z>
10. Lima TU, Moura ECR, Oliveira CMB, Leal RJDC, Nogueira Neto J, Pereira EC, et al. Impact of a music intervention on quality of life in breast cancer patients undergoing Chemotherapy: a randomized clinical trial. Integr Cancer Ther. 2020;19:1534735420938430. <http://doi.org/10.1177/1534735420938430>

11. Olchowska-Kotala A. Body esteem and self-esteem in middle-aged women. *J Women Aging*. 2018;30(5): 417-427. <https://doi.org/10.1080/08952841.2017.1313012>
12. Chen F, Garcia OF, Fuentes MC, Garcia-Ros R, Garcia F. Self-concept in China: validation of the Chinese version of the five-factor self-concept (AF5) questionnaire. *Symmetry*. 2020;12(5):798. <https://doi.org/10.3390/sym12050798>
13. Raffard S, Michel A, Bayard S. Imagining one's personal future in women undergoing treatment for breast cancer: an exploratory study. *Memory*. 2023; 31(8):1089-1097. <https://doi.org/10.1080/09658211.2023.2221875>
14. Martino ML, Lemmo D, Gargiulo A. A review of psychological impact of breast cancer in women below 50 years old. *Health Care Women Int*. 2021;42 (7-9):1066-1085. <https://doi.org/10.1080/07399332.2021.1901901>
15. Spiropoulos A, Deleemans J, Beattie S, Carlson LE. Mothers with cancer: an intersectional mixed-methods study investigating role demands and perceived coping abilities. *Cancers*. 2023;15(6):1915. <https://doi.org/10.3390/cancers15061915>
16. Culbertson MG, Bennett K, Kelly CM, Sharp L, Cahir C. The psychosocial determinants of quality of life in breast cancer survivors: a scoping review. *BMC Cancer*. 2020;20(1):948. <http://doi.org/10.1186/s12885-020-07389-w>
17. Merlin NM, Anggorowati A, Ropyanto CB. The effects of quantum psychological relaxation technique on self-acceptance in patients with breast cancer. *Can Oncol Nurs J*. 2019;29(4):232-236. <http://doi.org/10.5737/23688076294232236>
18. Stuart GW, Keliat BA, Pasaribu J. *Prinsip dan Praktik Keperawatan Kesehatan Jiwa Stuart*. Edisi Indonesia. Singapore: Elsevier; 2016.
19. Arksey H, O'Malley L. Scoping studies: Towards a methodological framework. *Int J Soc Res Methodol*. 2005;8(1):19-32. <https://doi.org/10.1080/1364557032000119616>
20. Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. *Implement Sci*. 2010;5:69. <http://doi.org/10.1186/1748-5908-5-69>
21. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018;169(7):467-473. <https://doi.org/10.7326/M18-0850>
22. Peters MDJ, Godfrey C, McInerney P, Khalil H, Larsen P, Marnie C, et al. Best practice guidance and reporting items for the development of scoping review protocols. *JBIEvid Synth*. 2022;20(4):953-968. <http://doi.org/10.11124/JBIES-21-00242>
23. Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. *JBIE Manual for Evidence Synthesis*. Adelaide: JBI; 2024. <https://doi.org/10.46658/JBIME-S-24-01>
24. Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan—a web and mobile app for systematic reviews. *Syst Rev*. 2016;5(1):210. <https://doi.org/10.1186/s13643-016-0384-4>

AUTHORSHIP CONTRIBUTIONS

Project design: Rahmat I.

Data collection: Merlin NM, Lismidiati W.

Data analysis and interpretation: Merlin NM.

Writing and/or critical review of the intellectual content: Merlin NM.

Final approval of the version to be published: Merlin NM, Rahmat I, Lismidiati W.

Responsibility for the text in ensuring the accuracy and completeness of any part of the paper: Merlin NM, Rahmat I, Lismidiati W.



Copyright © 2025 Online Brazilian Journal of Nursing

This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.