

RESEARCH ARTICLE

RELATIONSHIP BETWEEN SELF-ACCEPTANCE AND SELF EFFICACY AMONG LIVER CANCER PAKISTANI FEMALE PATIENTS

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Abstract

Introduction: It is agreed all over the world that liver cancer can influence a woman's approach of self-acceptance and self-efficacy. Limited literature addressing levels of self-acceptance and self-efficacy separately among women with liver cancer is available in Pakistani population. **Objectives:** The aim was to study the role of self-acceptance and self-efficacy among women with liver cancer, and to analyse the influence of socio-personal characteristics of women with their self-efficacy. **Data Source and Settings:** To address the objectives, a sample of 60 women (N=60) was selected from different hospitals of Islamabad. **Period:** The duration of the study was 6 months. **Methods:** The present study made use of the two scales *i.e.*, self-efficacy scale and Self-Acceptance. Clinical group was selected through random sampling to collect data from different hospitals of Islamabad. **Results:** To determine the psychometric properties; alpha correlation, and t-test analysis and ANOVA were computed. Self-acceptance and self-efficacy was found significantly associated with each other. Results indicated that the low sense of identity as a whole, leads women to be low self-efficacy regarding their abilities in their daily lives. There was also a significant difference in demographic variables on Self-acceptance and self-efficacy. **Conclusion:** It is concluded from the finding of the current study that women suffering from liver cancer demonstrated low level of Self-Acceptance. Several associated factors with self-acceptance and self-efficacy were also found among female liver cancer patients of Islamabad. *ASEAN Journal of Psychiatry, Vol. 22(8), October 2021: 1-5.*

Keywords: Liver Cancer, Self-Acceptance, Self-Efficacy, Females, Islamabad

Introduction

One of the foremost organs of the human body is liver that resides just under the ribcage and performs vital functions. It helps to remove toxins from the human body. Liver diseases not only cause many complications in human body, they may also affect an individual's psychological wellbeing. Different kinds of liver diseases are increasing day by day and one of the foremost concerning liver diseases is Liver cancer. According to American Cancer Society (ACS) estimates 42,030 people including 29,480 men and 12,550 women were expected to diagnose with liver cancer in 2019 [1]. In lieu of

liver cancer, health related quality of life is linked with an individual's self-efficacy and well-being [2]. This perception concerns with level of physical, mental and social dysfunctioning caused by the disease. It has been observed that most women suffering from liver cancer return to the same level of quality of life as the general population after treatment [3].

Self-efficacy often reflected a distinct facet of quality of life and abilities of a woman, concerning with an individual's consideration of life in an aspirational manner. [4]

Self-efficacy is a concept that women have strong belief on their abilities of doing work, when the level of efficacy is brought to consciousness among women with this disease; the individual relates hedonic influence to internalized daily life roles. Efficacy may be sphere of influence specific or characterize abilities as a whole [5]. Prognosis and survival rates differ considerably depending on type of cancer, stage and treatment, and patients' regional location. Overall recovery rates in the West are better than that the developing states where survival rates are much less specially among lower class area [6]. Self-acceptance is concerned with approval of one's own self accepting all inadequacies and in-competencies. Researchers designated the term in respect of positive and negative self-concepts. Self-acceptance is also explained in terms of the degree to which an individual feels contented with his own-self. It is considered an essential aspect of high quality of mental health. Therefore, it could be said that self-acceptance is a unique intellectual perception of self-cognizance and recognition of one's potential which make him understand that he is of excellent value. This is related to an individual's pleasure and contentment with himself, and is thought to be important for better psychological health [7]. Self-efficacy can be reflected through ability experiences that affect an individual in a pleasant and satisfying manner regarding his abilities. These experiences are powerful enough to encourage and motivate people to pursue and attain their goals [7]. It is also observed that accumulation of behavioural problems in liver cancer patients post diagnosis. Researchers found that liver cancer patients encounter various challenges regarding self-concept [8]. Liver cancer victims report difficulties dealing with

numerous factors of self-concept, including social, personal, and physical aspects. Deaths occurred in women, about 40 years of age or above were due to 92% of new cases and 91% of liver cancer. The most dreaded ailment among women in liver cancer is because of its long-lasting and recurring psychological and emotional impacts. It greatly destroys the self-image [9]. So in this study we studied important psychosocial aspects of liver cancer victims specifically among women.

Materials and Methods

Objectives

- To find out the role of Self-Acceptance and Self-Efficacy among Liver Cancer patients.
- To find out whether demographic variables such as: duration of illness and marital status affects the Self-Acceptance and Self-Efficacy among Liver Cancer patients.

Hypotheses

- There will be a Positive correlation between Self-Acceptance and Self-Efficacy between Liver Cancer Patients.
- Married women will low Self-Acceptance and Self-efficacy as compared to unmarried women.
- There will be a significant difference of illness duration on Self-Acceptance and Self-Efficacy among Liver cancer Patients.

Sample

The sample consisted of 60 liver cancer female patients (N=60, aging between 20-50 years) collected through random sampling technique. Liver cancer patients were taken from different hospitals of Islamabad within time period of 6 months.

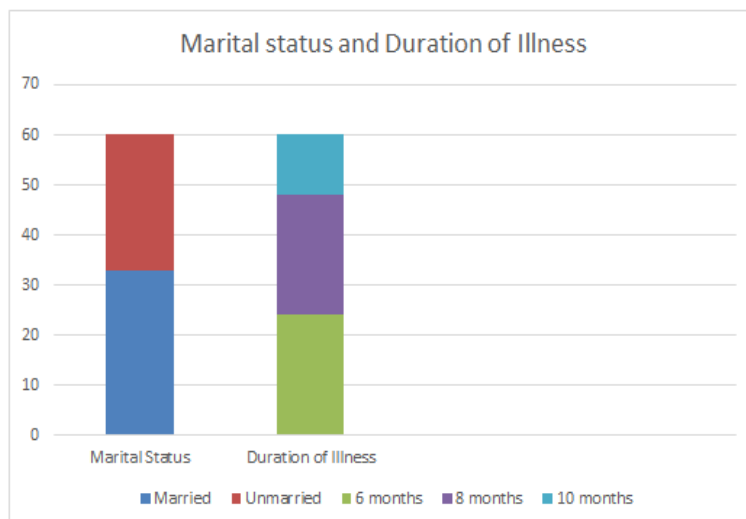


Figure 1. Marital status and duration of illness among sample

Instruments

The Self-Acceptance scale developed by Horowitz [10] was used to measure self-acceptance, with 5 items on a 10-point Likert scale and measures low and high self-acceptance. General Self-Efficacy Scale (GSE) is a self-

report measure consisting of 10 items used to determine one’s level of self-efficacy. Reliability of the scale lies between .76 and .90. The total score ranges between 10 and 40, with a higher score indicating more self-efficacy [11].

Results

Table 1. Correlation between self-acceptance and self-efficacy among liver cancer female patients (N=60)

	Self-acceptance	Self- efficacy
Self-Acceptance	-	0.78**

*: p<0.01

Table 2. Means, standard deviations and t-value of married and unmarried women on self-acceptance scale

Groups	n	M	S.D	t	p	Cohen's d
Unmarried	27	10.55	2.63	2.79	0.002	0.474
Married	33	11.95	3.04			

*: p<0.05

Above table result illustrates a significant difference between Married and unmarried liver cancer women on self-acceptance. Married

female have low self-acceptance as compare to unmarried women.

Table 3. Mean, standard deviation, t and p value of married and unmarried women on self-efficacy

Groups	n	M	SD	t	p	Cohen's d
Unmarried	27	10.95	2.84	3.26	0	0.204
Married	33	11.55	3.03			

*: p<0.05

Above table result depicts a significant difference between Married and unmarried liver cancer women on self-efficacy. Result shows

that unmarried women are dissatisfied with their self-efficacy as compare to married women.

Table 4. One way analysis of variance of liver cancer women on illness duration on self-efficacy

Groups	Sum of Squares	df	Mean Square	f	Sig
Between Group	33.91	2	9.64	1.04	0.38
Within Group	106.05	26	12.97		
Total	115.75	32	22.67		

Above table result depicts a non-significant difference between illness duration in liver cancer women on their self-efficacy. Since the results on ANOVA were non-significant, no further analyses were carried out.

Discussion

Results deduced from the study are indicative of a significant influence of self-acceptance on self-efficacy among liver cancer patients. This finding was consistent with those obtained in other researches [12,13], which established self-acceptance as a steadily increasing process among liver cancer patients and it lead them to self-efficacy. As the time passes, women become adaptive to the changes and pressures carried out by liver cancer and fetched a new hope. In addition, their understanding of life became more profound, and thus, the level of self-acceptance also increased. There was a significant correlation between Self-acceptance and self-efficacy [13]. The findings of the study reflect a considerable inconsistency on self-efficacy between female liver cancer patients in response to demographic variables. Outcomes of the study proposed that the level of self-acceptance in woman is greatly influenced by their marital

status. Unmarried women possess a higher level of self-acceptance as compared to the married ones. Results suggest that there is a noteworthy distinction between married and unmarried liver cancer women on self-efficacy. Result revealed that married women are more pleased and satisfied with their life rather than unmarried women. This is in contrast to previous research which was one of the few studies about self-efficacy shortly after onset of a serious disease and about self-efficacy among cancer patients and which ruled out the probability that the difference of illness duration among married women has significant effect on self-efficacy in liver cancer patients [14].

Conclusion

Present study suggests a significant correlation between self-acceptance and self-efficacy among liver cancer patients. There were inconsistent results on self-acceptance and self-efficacy with respect to demographic variables, for example, self-acceptance among married women was higher than the unmarried women but on the other hand they did not differ with respect to duration of illness.

Suggestions and Limitations

Government can raise the awareness program on Liver cancer which can facilitate liver cancer patients as well as provide education to people who are living with these patients. Our sample was restricted to only one city, which makes it hard to actually generalize the results to other parts of the Pakistan, so in future studies it would be better if one can compare and contrast the data from other cities and may be even better from multiple cities of Pakistan. By doing so sample size could be increased which might help overcome the issues with sampling and ultimately on results. Another area which might be of interest is the rural versus urban comparison of the variables.

References

1. DeFlorio ML, Massie MJ. Review of depression in cancer: Gender differences. 1995; 3: 66-80.
2. Howard J, Bower JE, Stanton AL. Quality of life, fertility concerns, and behavioral health outcomes in younger breast cancer survivors: A systematic review. *Journal of the National Cancer Institute* 2012; 104(5): 386-405.
3. Fiszer C, Bolbeault S, Sultan S, Bredard A. Prevalence, intensity, and predictors of the supportive care needs of women diagnosed with liver cancer: A systematic review. *Psychiatric Oncology* 2014; 23(4): 361-74.
4. Moons P, Budts W, Geest S. Critique on the conceptualization of quality of life: A review and evaluation of different conceptual approaches. *International Journal of Nursing Education* 2006; 43(7): 891-901.
5. Campbell A, Converse PE, Rodgers WL. *The quality of American life*: New York; 1976.
6. Taylor SE, Falke RL, Shoptaw S, Lichtman R. Social support, support group, and the cancer patient. *Journal of Consulting Psychology* 1986; 54: 608-15.
7. Shepard LA. Self-acceptance: The evaluative component of the self-concept construct. *American Educational Research Journal* 1979; 16(2):139-60.
8. Bailey T, Eng W, Frisch MB, Snyder CR. Hope and optimism as related to life satisfaction. *Journal of Positive Psychology* 2007; 2(3):168-0.
9. Seligman M. *Positive emotions undo negative ones*. New York: Authentic Happiness, New York. 2002.
10. Horowitz MJ, Sonneborn D, Sugahara C, Maercker A. Self-regard: A new measure. *American Journal of Psychiatry* 1996; 153(3): 382-5.
11. Diener E, Emmons RA, Larsen RJ, Griffin S. The satisfaction with life scale. *Journal of Personality Assessment* 1985; 48: 71-75.
12. Cheng R, Wang AP. Research progress on influence of psychosocial adaptation on quality of life of cancer patients. *Chinese Nursing Research*. 2010; 24: 1320-2.
13. Ying Q, Xue D. Effect of payment manner of medical expenses on the survival rate in patients with cancer. *Chinese Journal of Prevention and Control of Chronic Non-communicable Diseases*. 2004; 12: 166-70.
14. Massie JM (2004). Prevalence of Depression in Patients With Cancer, *JNCI Monographs* 32: 57-71.

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