

Social Anxiety, Self-Acceptance, Quality of Life, and Social Support Among Cancer Patients: Basis for Psychological and Supportive Care Program

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Abstract

Background: Cancer affects physical, psychological, social, and quality of life outcomes. However, few studies have jointly examined social anxiety, self-acceptance, QoL, and perceived social support in community oncology settings, where anxiety affects 20%–50% of cancer patients and influences adjustment. This study aimed to examine the relationships among social anxiety, self-acceptance, quality of life, and perceived social support in cancer patients.

Methods: A quantitative descriptive-correlational design was employed among cancer patients. A total of six ($n = 6$) female cancer patients were selected using purposive convenience sampling based on inclusion criteria (adult diagnosed cancer patients able to consent, complete questionnaires) and exclusion criteria (cognitive impairment, severe psychiatric conditions, critical illness, or inability to respond independently). Data were collected using standardized instruments and analyzed using descriptive and inferential statistics.

Results: Respondents demonstrated mild social anxiety ($M = 41.33$), high self-acceptance ($M = 89.17$), moderate quality of life ($M = 56.36$), and high perceived social support ($M = 70.50$). Meeting strangers showed the highest anxiety score ($M = 2.83$), while friends emerged as the strongest support source ($M = 6.13$). A significant negative relationship was observed between social anxiety and perceived social support ($r = -0.84$, $p = 0.03$). Social anxiety was interpreted as mild in 100% of respondents, while high perceived social support was observed in 100% of participants.

Conclusion: The findings emphasized the importance of psychosocial support in reducing anxiety and strengthening emotional adjustment among cancer patients within community oncology settings.

Keywords: cancer patients; social anxiety; self-acceptance; quality of life; perceived social support; psycho-oncology; Neoplasms; Adaptation, Psychological.

1. Introduction

Cancer continues to represent a major global health burden, characterized by high morbidity rates and complex clinical pathways that extend beyond physical deterioration. The increasing prevalence of multiple cancer types, including breast, lung, colorectal, and cervical cancers, which collectively account for a substantial proportion of global cancer incidence, calls for a dual emphasis on survivorship and symptom management (Mollica et al., 2022). In addition to the physical effects, a cancer diagnosis often leads to significant psychological consequences, including existential distress and emotional instability (Philipp et al., 2025; Truong, 2022). These psychological burdens can negatively influence treatment adherence, recovery trajectories, and overall clinical outcomes, highlighting the need for integrated psychosocial oncology care.

Cancer treatment often affects patients' social identities, leading to withdrawal and anxiety (Chen et al., 2022). Low self-acceptance, limited access to support, and difficulty adjusting to physical and functional limitations are associated with poorer psychological adjustment and reduced well-being among cancer patients (Álvarez-Pardo et al., 2023). Low self-acceptance may hinder psychological adaptation and increase depressive risk (Askari et al., 2024; Sahan et al., 2025). These internal conflicts may negatively affect quality of life and reduce patients' engagement in treatment and social environments (Gliwska et al., 2024). In this context, social support is considered an important psychosocial resource that can help individuals cope with social anxiety, improve emotional adjustment, and enhance overall quality of life and health outcomes among cancer patients (Pasek et al., 2023; Truong, 2022). However, the effectiveness of support depends on cultural context and

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willingness to seek help (Shahjalal et al., 2023; Szkody et al., 2024).

Despite the known significance of these factors, combined studies investigating social anxiety experience, self-acceptance, quality of life, and perceived social support in the same conceptual model are still limited (Biswas et al., 2025; Ehlers et al., 2019). Current research has mainly examined these psychosocial dimensions individually rather than within a holistic model that explains their combined influence on cancer adjustment and patient recovery outcomes. In addition, few psychosocial oncology studies have focused on Filipino cancer patients, despite the strong influence of family-centered coping and collectivist cultural values on psychosocial adjustment and perceived social support (Botor et al., 2022; Campoamor-Olegario et al., 2025). Studying a Filipino population is important because cultural context may shape cancer-related psychosocial experiences differently from Western settings. This highlights the need for psychosocial intervention studies in low-resource community settings where access to specialized mental health services is limited (Liu et al., 2024; Shi & Zhu, 2025).

The current research adds a valuable contribution to the field of psycho-oncology research by using an empirical approach with a non-Western, community-based perspective (Rodrigues et al., 2025; Soong et al., 2025). This is critical for developing culturally competent and resource-standard cancer care protocols. The study indicates that it is particularly important for healthcare professionals and mental health practitioners to routinely include measures for social anxiety and self-acceptance to detect patients who are at risk (Lu et al., 2026; Ullrich et al., 2021). Furthermore, it provides insight for interventions within the community by highlighting how community-related and supportive interventions can incorporate social care systems to better facilitate long-term survivorship (Halagali et al., 2025; Heidary et al., 2023; Parmet et al., 2023). Understanding the relationship between psychological distress and social support systems is essential for holistic recovery. Thus, this study aimed to examine the relationship among social anxiety, self-acceptance, quality of life, and perceived social support among cancer patients.

2. Literature Review

2.1 Social Anxiety Among Cancer Patients

Psychological distress after cancer is often associated with increased social vulnerability and fear

of interacting with others. Distress has lately been acknowledged as more than an emotional side-effect; it is an important factor in nonadherence to treatment (Ehlers et al., 2019; Mollica et al., 2022). Studies report that anxiety symptoms affect approximately 20%–50% of cancer patients, with higher rates observed during active treatment and in patients experiencing advanced disease stages. Many patients suffer from strong social anxiety, which can come from perceptions of stigma or physical changes, resulting in significant avoidance of social activities and withdrawal from social support networks (Bu et al., 2022; Soong et al., 2025). The research has shown that anxiety is especially heightened in the context of transition from active treatment to survivorship, when the fear of negative evaluation by peers predominates (Park et al., 2021; Sahan et al., 2025). Anxiety symptoms are frequently reported among oncology patients, particularly in relation to diagnosis, treatment procedures, and fear of disease progression. However, social anxiety specifically may reduce patients' ability to engage effectively with the healthcare system (Liu et al., 2024). Addressing social interaction difficulties is essential for improving oncology outcomes.

2.2 Self-Acceptance and Cancer Adaptation

Adjustment to a 'new normal' after cancer is strongly influenced by self-acceptance. Self-acceptance is a key component of resilience and helps patients maintain psychological stability and a coherent sense of identity despite functional losses associated with cancer (Chinh et al., 2020; Guo et al., 2025). In recent studies, patients who have a higher level of illness acceptance have been found to have better coping strategies and less existential despair (Lu et al., 2026; Waleczko et al., 2025). However, low levels of self-acceptance have been linked to unhealthy adjustment patterns wherein patients view their health condition as a personal failure, rather than a medical condition (Chen et al., 2022). This internal adaptation process may influence the patient's ability to engage in rehabilitation activities.

2.3 Quality of Life in Cancer Care

In oncology, quality of life (QoL) is a multidimensional concept that includes physical, functional, and emotional dimensions. Recent oncology literature synthesis indicates that symptom burden does not necessarily reflect QoL; it is the patient's subjective perception of their overall life situation, rather than symptom severity alone, that primarily determines quality

of life (QoL) (Lewandowska et al., 2020; Mols et al., 2024; Shahjalal et al., 2023). Treatment-related fatigue commonly affects well-being. However, psychological factors such as emotional stability also play a significant role in long-term survivorship (Heidary et al., 2023; Lewandowska et al., 2020). Studies show that patients in low-resource settings face unique quality-of-life challenges. Chronic illness and socioeconomic limitations may further reduce overall QoL (Truong, 2022). In addition, the maintenance of emotional health has been recognised as an important determinant of health-related quality of life, drawing attention to the need for models of psychosocially informed care (Phoosuwan & Lundberg, 2022). Knowledge of these aspects of QoL can be used as a measure of the impact of holistic cancer care.

2.4 Social Support and Psychosocial Well-Being

Social support is viewed as an important protective factor that helps to alleviate the negative psychological impact of cancer. Emotional and instrumental supports from family, friends, and significant others enable individuals to cope with the complexity of oncological care (Craig et al., 2025; Pasek et al., 2023). Family support has been, on multiple occasions, shown to be the most

consistent predictor of a person’s well-being; however, significant others and peer groups play an important role in reducing the sense of isolation (Romanazzo et al., 2022; Ullrich et al., 2021). Strategic social support is effective in increasing patients’ self-efficacy and emotional self-regulation (Yuan et al., 2025; Zhang et al., 2023). However, the quality of support may be more important than the quantity of support, as over-protective or intrusive support may sometimes contribute to increased patient distress (Bergerot et al., 2024). This highlights the importance of supportive social networks that balance patient autonomy and empowerment.

3. Theoretical Framework

This study was based on the Psychosocial Adaptation Theory, which posits that cancer patients continuously adjust to the emotional, social, and functional challenges of illness through dynamic interactions between personal coping resources and environmental demands. The factors affecting adaptation include coping resources, resilience, and perceived social support, which influence psychological well-being and quality of life (Chinh et al., 2020; Lewandowska et al., 2020). The Social Support

Figure 1. Proposed conceptual framework showing the relationship among social anxiety, self-acceptance, quality of life, and perceived social support among cancer patients.

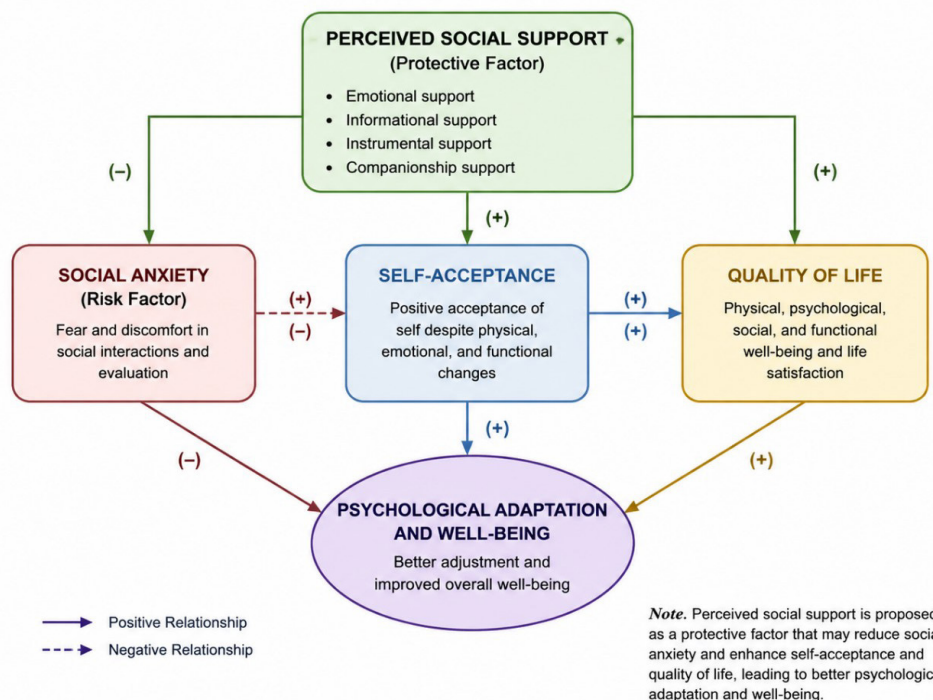


Figure 1. Proposed conceptual framework showing the relationship among social anxiety, self-acceptance, quality of life, and perceived social support among cancer patients

Theory further supports this framework by proposing that supportive interpersonal relationships act as a buffer against psychological distress and facilitate adaptive coping in chronic illness (Zhang et al., 2022). Furthermore, self-acceptance and emotional regulation are recognized as key mechanisms of effective psychosocial adjustment in cancer patients, aligning with broader coping and resilience models (Yuan et al., 2025). Accordingly, the conceptual framework proposes that perceived social support functions as a protective factor that reduces social anxiety while enhancing self-acceptance and quality of life.

4. Methodology

4.1 Research Design

This study employed a descriptive-correlational (quantitative) design conducted over March–June 2025 to

examine the relationships among perceived social support, quality of life, self-acceptance, and social anxiety in cancer patients. The non-experimental design was appropriate for examining associations among psychosocial variables.

4.2 Participants and Sampling

This study employed a target population of patients with cancer in Bulan, Sorsogon. The sampling was done by a purposive convenience sampling method. The final sample consisted of six females, of whom the majority were diagnosed with breast cancer within four years.

4.3 Eligibility Criteria

The eligibility criteria to conduct this study were as follows to ensure that participants were appropriate for assessing psychosocial variables related to cancer experience and could provide reliable and valid responses.

Table: Eligibility Criteria for Study Participation

Inclusion Criteria	Exclusion Criteria
Adult patients diagnosed with cancer	Patients with severe cognitive impairment affecting comprehension
Willingness to participate and provide informed consent	Patients in critical or terminal condition during data collection
Receiving or having completed cancer treatment	Patients with diagnosed severe psychiatric conditions (e.g., psychosis)
Able to understand and respond to questionnaires	Patients unable to communicate or respond independently
Resident of the selected community area	Patients who refused or withdrew consent
Female cancer patients (if applicable to study sample)	Incomplete or unreliable questionnaire responses

4.4 Research Instruments

The four standardized instruments with Likert-type scoring systems were used to gather the data. The Liebowitz Social Anxiety Scale (LSAS) measured social anxiety, fear, and avoidance with the use of 24 items and a high level of reliability (0.95-0.96). Unconditional self-acceptance was assessed using the Unconditional Self-Acceptance Questionnaire (USAQ), which had an acceptable reliability of 0.72, consisting of a 20-item scale. The Quality-of-Life Index for Cancer Patients (QLI) was used for an assessment of quality of life with a reliability of 0.88. The 12-item Multidimensional Scale of Perceived Social Support (MSPSS) was used to assess perceived social support in terms of family, friends, and significant others, with a reliability of 0.88.

4.5 Data Collection Procedure

Coordination activities were carried out with the community members and local authorities as part of the activity to recruit participants. The purpose of the study and the procedures were explained to eligible participants who signed informed consent forms. Questionnaires were administered in person using standardized questionnaires. To ensure privacy and protect the data, all participant responses were treated confidentially during the process of data collection.

4.6 Statistical Treatment of Data

Social, demographic, and behavioral data were analyzed using descriptive statistics, including means and standard deviations. Inferential statistical tests, including

Pearson correlation, regression analysis, and Mann-Whitney U tests, were used to examine relationships among variables and differences across demographic groups. All analyses were conducted using IBM SPSS Statistics (Version 2025). These statistical methods were selected in accordance with the descriptive-correlational design of the study and its research objectives.

4.7 Ethical Considerations

The participation was voluntary, and informed consent was obtained from all participants. The integrity of the confidentiality, anonymity, and protection of the data was preserved throughout the study. Participants were

informed of their right to withdraw from participation at any stage without consequence.

5. Results

As indicated in Table 1, all the respondents were female cancer patients (n = 6). The respondents were equally split into three age bands: 41-50, 51-60 and 61-70, two for each. The frequency of being diagnosed showed that most of the participants had been diagnosed within four years (66.66%), the others had been diagnosed at 9-12 years (33.33%). The top diagnosis reported by respondents was breast cancer (83.33%) and one of the respondents had cervical cancer (16.67%).

Table 1. Distribution of Study Participants Across Socio-Demographic Profile

Indicators	Frequency	Percentage
Sex		
Male	0	0%
Female	6	100%
Total	6	100%
Age		
41-50 years	2	33.33%
51-60 years	2	33.33%
61-70 years	2	33.33%
Total	6	100%
Length of time after Diagnosis		
4 years and below	4	66.66%
5-8 years	0	0%
9-12 years	2	33.33%
Total	6	100%
Type of Diagnosis		
Breast Cancer	5	83.33%
Cervical Cancer	1	16.67%
Total	6	100%

Table 2 indicates that respondents had an overall social anxiety score of 41.33, interpreted as mild social anxiety. Fear/anxiety scored 21.33, while avoidance scored 20.00. Meeting strangers had the highest fear score (M = 2.83), interpreted as severe, and the highest avoidance score (M = 2.50), interpreted as usually avoided. Drinking with others in public and calling unfamiliar people also produced elevated anxiety. Telephoning in public and returning goods to a store showed no reported anxiety or avoidance.

Table 3 shows an overall self-acceptance score of 89.17, indicating generally high self-acceptance among respondents. The highest-rated statement was receiving negative feedback as an opportunity for improvement (M = 6.50), suggesting openness to growth. Respondents also strongly endorsed being worthwhile simply because they were human (M = 6.17). Lower scores on comparison-based self-worth and criticism-related items indicated that participants generally did not define their personal value through failure, criticism, or comparison with others.

Table 2. Respondent's Perceived Level of Social Anxiety

	Mean	Rank	Int.	Mean	Rank	Int.
1. Telephoning in public	0.00	2.35	None	0.00	23.5	Never
2. Participating in small groups	0.33	20.5	None	0.33	20	Never
3. Eating in public places	0.50	17	Mild	0.50	16.5	Occasionally
4. Drinking with others in public places	2.33	2	Moderate	2.33	2	Often
5. Talking to people in authority	0.33	20.5	None	0.33	20	Never
6. Acting, performing, or giving a talk in front of an audience	0.67	14.5	Mild	0.50	16.5	Occasionally
7. Going to a party	0.83	11.5	Mild	1.00	7	Occasionally
8. Working while being observed	0.33	20.5	None	0.50	16.5	Occasionally
9. Writing while being observed	0.33	20.5	None	0.50	16.5	Occasionally
10. Calling someone you do not know very well	1.67	3	Mild	1.67	3	Often
11. Talking with people you do not know very well	1.33	4.5	Mild	1.33	5	Occasionally
12. Meeting strangers	2.83	1	Severe	2.50	1	Usually
13. Urinating in a public bathroom	1.17	6.5	Mild	1.50	4	Often
14. Entering a room when others are already seated	1.00	8.5	Mild	0.83	10	Occasionally
15. Being the center of attention	0.83	11.5	Mild	1.00	7	Occasionally
16. Speaking up at a meeting	0.67	14.5	Mild	0.67	13	Occasionally
17. Taking a test	0.50	17	Mild	0.17	22	Never
18. Expressing a disagreement or disapproval to people you do not know very well	1.00	8.5	Mild	0.83	10	Occasionally
19. Looking at people you do not know very well in the eyes	1.33	4.5	Mild	1.00	7	Occasionally
20. Giving a report to a group	0.83	11.5	Mild	0.33	20	Never
21. Trying to pick up someone	1.17	6.5	Mild	0.83	10	Occasionally
22. Returning goods to a store	0.00	23.5	None	0.00	23.5	Never
23. Giving a party	0.83	11.5	Mild	0.67	13	Occasionally
24. Resisting a high-pressure salesperson	0.50	17	Mild	0.67	13	Occasionally
Fear or Anxiety	21.33					
Avoidance	20.00					
Total Anxiety	41.33		Mild Social Anxiety			

Legend: Anxiety 0.0 – 0.49 (none), 0.50 – 1.49 (Mild), 1.50 – 2.49 (Moderate), 2.50 – 3.00 (Severe)
Avoidance 0.0 – 0.49 (Never), 0.50 – 1.49 (Occasionally), 1.50 – 2.49 (Often), 2.50 – 3.00 (Usually)

Table 4 presents an overall quality of life score of 56.36. The highest-rated areas were general quality of life (M = 90.83), ability to eat (M = 90.50), life satisfaction (M = 87.83), and feeling useful (M = 87.33). Lower

scores were observed for nausea, vomiting, pain, and sexual satisfaction, suggesting that physical symptoms and intimate functioning remained affected. Overall, respondents reported relatively favorable functional and

Table 3. Respondents Self-Acceptance

	Mean	Rank	Interpretation
1. Being praised makes me feel valued as a person	4.67	11.5	More often true than untrue
2. I feel worthwhile even if I am not successful in meeting certain goals that are important to me	6.00	3	Usually, True
3. When I receive negative feedback, I take it as an opportunity to improve my behavior or performance	6.50	1	Almost always true
4. Some people have more value than others	4.50	13	More often true than untrue
5. Making a big mistake may be disappointing, but it does not change my feelings	4.67	11.5	More often true than untrue
6. Sometimes, I find myself thinking about whether I am a good or bad person	3.67	14	Equally often true and untrue
7. To feel like a worthwhile person, I must be loved by the people who are important to me	2.33	16	Usually Untrue
8. I set goals for myself with the hope that they will make me happy	5.67	7	Usually True
9. Being good at many things makes someone a good person overall	3.50	15	Equally often true and untrue
10. my sense of self-worth greatly depends on how I compare with others	1.67	20	Usually Untrue
11. I believe I am worthwhile simply because I am human	6.17	2	Usually True
12. when I receive negative feedback, I often find it hard to be open to what the person says about me	2.00	19	Usually Untrue
13. I set goals that will prove my worth	5.83	4.5	Usually True
14. Being bad at certain things makes me value myself less	2.17	17	Usually Untrue
15. People who are successful in what they do are especially worthwhile people	5.33	10	More often true than untrue
16. The best part about being praised is that it helps me know my strengths	5.83	4.5	Usually True
17. I feel I am valuable even when others disapprove of me	5.50	9	Usually True
18. I avoid comparing myself to others to decide whether I am worthwhile	5.67	7	Usually True
19. when I am criticized or when I fail at something, I feel worse about myself as a person	1.83	19	Usually Untrue
20. I do not think judging my worth as a person is a good idea	5.67	7	Usually True
Overall Self-Acceptance	89.17		

Legend: 1.00 – 1.49 (Almost always untrue), 1.50 – 2.49 (usually untrue), 2.50-3.49 (more often untrue than true), 3.50 – 4.49 (equally often true and untrue), 4.50 – 5.49 (more often true than untrue), 5.50 – 6.49 (usually true), 6.50 – 7.00

emotional indicators despite persistent symptom-related concerns.

Table 5 shows that respondents reported high perceived social support, with an overall score of 70.50. Friends emerged as the strongest support source (M =

Table 4. Respondent's General Quality of Life Index

	Mean	Std. dev.
How much pain are you feeling	19.17	6.79
How much nausea do you experience	16.83	6.11
How frequently do you vomit	17.00	4.69
How much strength do you feel	75.33	18.04
How much appetite?	83.83	14.39
Are you able to work	81.33	9.33
Are you able to eat	90.50	8.43
Are you able to obtain sexual satisfaction	21.83	7.03
Are you able to sleep	85.33	14.29
How good is your quality of life	90.83	11.37
Are you having fun?	83.33	8.57
Is your life satisfying	87.83	4.92
Do you feel useful	87.33	7.74
Do you worry about	59.50	21.41
Overall Quality of Life	56.36	

Legend: (No interpretation available on the questionnaire regarding the range of scores)

Table 5. Respondent's Social Support

	Mean	Rank	Interpretation
A special person is around when I am in need	4.83	12	Mildly Agree
there is a special person with whom I can share joys and sorrows	5.67	7.5	Strongly Agree
I have a special person who is a natural comfort source	5.33	10	Mildly Agree
A special person in my life cares about my feelings	5.83	5	Strongly Agree
My family tries to help me	5.33	10	Mildly Agree
I get the emotional help and support I need from my family	5.67	7.5	Strongly Agree
I can talk about my problems with my family	5.33	10	Mildly Agree
My family is willing to help me make decisions	5.83	5	Strongly Agree
My friends try to help me	6.00	3	Strongly Agree
I can count on my friends when things go wrong	6.33	1.5	Strongly Agree
I have friends with whom I can share my joys and sorrows	6.33	1.5	Strongly Agree
I can talk about my problems with my friends	5.83	5	Strongly Agree
Significant Other	5.42	3	Mildly Agree
Family	5.54	2	Strongly Agree
Friends	6.13	1	Strongly Agree
Overall Perceived Social Support	70.50		

Legend: 1.00 – 1.49 (Very Strongly Disagree), 1.50 – 2.49 (Strongly Disagree), 2.50-3.49 (Mild disagree), 3.50 – 4.49 neutral), 4.50 – 5.49 (mildly agree), 5.50 – 6.49 (strongly agree), 6.50 – 7.00 (Very Strongly Agree)

6.13), followed by family (M = 5.54) and significant others (M = 5.42). The highest item scores were related to counting on friends during difficulties and sharing joys and sorrows with friends (M = 6.33). These findings suggest that friendships played an important role in psychosocial adjustment.

Table 6 shows that perceived social support had a significant negative relationship with overall social anxiety

Table 6. Relationship of the Respondents' Social Anxiety to Quality of Life, Self-Acceptance, and Social Support (n=6)

	Anxiety			Avoidance			Social Anxiety		
	rxy	p-value	Int.	rxy	p-value	Int.	rxy	p-value	Int.
Quality of Life	-.126	.812	NS	.097	.855	NS	.001	.998	NS
Self -Acceptance	-.615	.194	NS	-.054	.919	NS	-.325	.530	NS
Significant Other	.154	.771	NS	-.492	.321	NS	-.236	.653	NS
Family	-.643	.168	NS	-.718	.108	NS	-.755	.083	NS
Friends	-.755	.083	NS	-.393	.440	NS	-.604	.204	NS
Perceived Social Support	-.740	.092	NS	-.790	.062	NS	-.846*	.034	S

Legend: Relationship is significant at 0.05 alpha level, S = Significant, NS = Not Significant

The additional correlation findings presented in Supplementary Table S1/Table 7 showed no significant relationships among quality of life, self-acceptance, and social support. Similarly, Supplementary Table S2/ Table 8 showed no significant differences in anxiety when compared according to age, length of diagnosis, or cancer type. These non-significant findings suggest that demographic and selected psychosocial differences were not statistically evident in this sample, although limited statistical power may have influenced the results.

6. Discussion

The psychosocial adaptation component of cancer survivorship is an important but often-neglected issue that is especially pertinent to community-based patients with chronic emotional and social issues related to illness. Cancer survivorship has increasingly shifted from a purely biomedical focus to a holistic model that recognizes long-term psychological and social consequences of diagnosis and treatment (Carlson et al., 2023; Mollica et al., 2022). In low-resource community settings, limited access to specialized psycho-oncology services further intensifies these challenges and may delay emotional recovery and supportive care delivery (Halagali et al., 2025; Shi & Zhu, 2025). The present results revealed the interplay between psychological adjustment, perceived support, and quality

($r = -.846$, $p = .034$), indicating that higher perceived support was associated with lower social anxiety. Other associations involving quality of life, self-acceptance, and social support domains were not statistically significant. Although family and friends showed negative associations with social anxiety, these did not reach significance. Results should be interpreted cautiously because of the very small sample size.

of life (QoL) of cancer patient.

Respondents overall had mild levels of social anxiety with higher scores seen in unfamiliar interpersonal situations, especially in meeting strangers and engaging with less familiar persons. The results indicated that socially evaluative situations may evoke a sense of vulnerability and self-consciousness for cancer patients, possibly as a result of stigma associated with the illness, changes in body image, or the fear of negative judgement. Zhang et al. (2022) also reported that social difficulty in patients with the disease, especially increases in social withdrawal and sensitivity towards people (Zhang et al., 2022). This suggests that they were still able to function socially despite mild anxiety symptoms.

A high level of self-acceptance on self-worth, openness to feedback and decreased reliance upon external validation were displayed by the respondents. However, other studies found that cancer patients' perception of their values and coping with cancer tend to increase over time after cancer diagnosis (Lewandowska et al., 2020; Yuan et al., 2025). Respondents' refusal to devalue themselves after criticism or failure also suggests some emotional maturity and cognitive reframing strategies that contributed to their psychological stability in the face of stressors associated with living with cancer.

Respondents reported a moderate overall quality of life,

with higher scores in functional and emotional areas than in symptom-related areas. However, pain, nausea, vomiting, and reduced sexual satisfaction remained ongoing challenges. Despite these physical difficulties, respondents appeared to adapt emotionally to cancer and its treatment. Studies in oncology demonstrated that people often succeed in coping with their physical suffering and pain, despite a cancer diagnosis, without compromising their emotional status (Bovero et al., 2019; Mols et al., 2024).

High perceived social support was seen in all domains, with the strongest being from friends. Past psycho-oncology studies also showed significant inter-personal support networks' impact on emotional adjustment, coping, and psychological well-being across cancer patients (Botor et al., 2022; Kroenke et al., 2024). Friends emerged as particularly important sources of support, even compared with family members and significant others, when also considering the benefits of emotionally reciprocal social interactions, as opposed to interdependent and obligation-based ones, in the context of a chronic illness experience.

The main finding of the study was the strong negative relationship between social anxiety and perceived social support. Participants who reported higher levels of social support experienced lower levels of social anxiety. Although cautious in view of the small sample size ($n = 6$), the direction of this association was consistent with aspects of social support literature in psychosocial oncology which identified the provision of social support as a protective factor in relation to emotional distress and maladaptive coping (Chinh et al., 2020; Chirico et al., 2024). Supportive interpersonal relationships can decrease feelings of isolation, uncertainty, and emotional vulnerability which can buffer anxiety in socially challenging interactions. Previous oncology studies found comparable inverse relationships between psychosocial support and anxiety symptoms.

No significant correlations between the relationship between quality of life, self-acceptance with the majority of social support domains were found, and no significant differences were seen by age, diagnosis time and cancer type. The previous studies have reported inconsistent or mixed psychosocial outcomes, depending on the study samples and the nature of the illnesses (Bovero et al., 2019; Lewandowska et al., 2020). The results indicated a dynamic relationship between emotional resilience, perceived social support, and social anxiety in psychosocial adjustment among cancer patients overall.

7. Strengths and Limitations

The study had several strengths such as the integrated analysis of social anxiety, self-acceptance, quality of life and perceived social support in cancer patients. Using validated psychosocial tools improved the process of data collection, and selecting a community based oncology population gave a context-specific perspective relevant to community-situated cancer care. However, important limitations should be acknowledged. The extremely small sample size ($n = 6$) substantially limited statistical power and generalizability. Additionally, all participants were female and recruited from a single geographical region. This limits the generalizability of the findings to other oncology populations.

8. Conclusion

The study highlights that cancer patients demonstrated mild social anxiety, high self-acceptance, moderate quality of life, and high perceived social support. Cancer patients showed mild social anxiety, high self-acceptance, moderate quality of life, and high perceived social support. Although interpretation should remain cautious because of the limited sample size, the findings highlighted the importance of psychosocial support in oncology care. These results underscore the need for continuous psychological screening and community-based supportive interventions to improve long-term patient adjustment and well-being. Overall, strengthening family, peer, and community support systems may play a vital role in reducing distress and enhancing psychosocial resilience among cancer patients in similar settings.

9. Future Implications

The findings highlighted the importance of integrating psychosocial screening into routine oncology care to identify anxiety-related concerns and supportive care needs among cancer patients. Community-based psychoeducational programs, counseling services, and group therapy initiatives may help strengthen emotional resilience, self-acceptance, and interpersonal support systems. Healthcare providers and local health agencies may also benefit from implementing supportive care interventions that promote social connectedness and psychological well-being, particularly for patients experiencing emotional vulnerability and adjustment difficulties during cancer survivorship.

Declarations

Ethics Approval and Consent to Participate

Ethical clearance was obtained prior to data collection, and all study procedures were conducted in accordance with ethical standards for human participant research. Written informed consent was obtained from all participants before participation.

Consent for Publication

Not applicable.

Availability of Data and Materials

The datasets used and analyzed during the current study are available from the corresponding author upon reasonable request.

Competing Interests

The author declares no competing interests.

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Authors' Contributions

M. E. G. conceptualized the study, conducted data collection and analysis, interpreted the findings, and prepared the manuscript.

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