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ROLE OF FAMILY AND PERCEIVED SOCIAL SUPPORT AS PREDICTORS OF TREATMENT MOTIVATION AND MEDICAL ADHERENCE AMONG CANCER PATIENTS UNDERGOING CHEMOTHERAPY

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ABSTRACT

The present study examined the role of family support and perceived social support as predictors of treatment motivation and medical adherence among cancer patients undergoing chemotherapy. A quantitative correlational research design was employed to investigate the relationships among the study variables. The sample consisted of 69 cancer patients selected through purposive sampling. Data were collected using standardized questionnaires measuring family support, perceived social support, treatment motivation, and medical adherence. Pearson's product-moment correlation and multiple linear regression were used to analyze the data. The correlation analysis indicated positive relationships between family support and treatment motivation (r = .42), family support and medical adherence (r = .35), perceived social support and treatment motivation (r = .51), and perceived social support and medical adherence (r = .39). Family support was also positively correlated with perceived social support (r = .48), while treatment motivation was positively correlated with medical adherence (r = .46). The reported regression results indicated that family support (β = .22, p = .033) and perceived social support (β = .41, p < .001) were positive predictors of treatment motivation, with the model explaining 31% of its variance. For medical adherence, family support (β = .21, p = .050) and perceived social support (β = .27, p = .012) were reported as positive predictors, with the model explaining 18% of the variance. The findings suggest that family support and perceived social support are relevant to treatment motivation and medical adherence among cancer patients undergoing chemotherapy. The results highlight the potential importance of psychosocial support in cancer care.

Keywords:
Cancer, chemotherapy, family support, perceived social support, treatment motivation, medical adherence

INTRODUCTION

Cancer is a major health concern that requires comprehensive medical care, psychological support, and ongoing management of treatment-related difficulties (International Agency for Research on Cancer [IARC], 2024). Chemotherapy can impose physical and emotional demands on patients, including adverse symptoms, uncertainty about treatment effectiveness, and difficulties maintaining everyday activities (Rashidi et al., 2024). A qualitative systematic review of 13 studies identified treatment side effects, concerns about treatment effectiveness, unmet information needs, patients' outlook, and social support as important themes in patients' experiences of chemotherapy adherence (Rashidi et al., 2024). These findings indicate that chemotherapy adherence should be examined in relation to both treatment-related challenges and the psychosocial circumstances of patients (Rashidi et al., 2024). Treatment motivation and medical adherence are important but distinct concepts in cancer care (Çakmak & Kapucu, 2021; Rashidi et al., 2024). Treatment motivation concerns a patient's willingness and intention to participate in recommended treatment, whereas adherence concerns the extent to which treatment recommendations are followed in practice (World Health Organization [WHO], 2003). Patients receiving cancer treatment may experience difficulties following treatment recommendations because of adverse effects, insufficient information, and other practical or psychological barriers (Rashidi et al., 2024). Consequently, investigating factors associated with both treatment motivation and medical adherence may provide a broader understanding of patients' engagement with chemotherapy (Çakmak & Kapucu, 2021; Rashidi et al., 2024).

Family Support among Cancer Patients

Family support refers to emotional encouragement, practical assistance, informational help, and other forms of care provided by relatives during illness and treatment (Rashidi et al., 2024). Family members may help patients attend hospital appointments, manage daily responsibilities, communicate treatment-related concerns, and cope with the physical and emotional demands of chemotherapy (Rashidi et al., 2024). In their qualitative systematic review, Rashidi et al. (2024) identified support from family members, friends, and healthcare professionals as an important theme in patients' experiences of chemotherapy adherence. The review described how emotional and practical support could help patients cope with treatment and sustain their engagement with chemotherapy (Rashidi et al., 2024). Family support may be relevant to treatment motivation because encouragement and assistance from relatives can help patients manage the demands associated with continuing treatment (Rashidi et al., 2024). However, this proposed relationship should not automatically be interpreted as a proven causal effect, because qualitative findings describe patients' experiences rather than establish the independent predictive effect of family support on motivation (Rashidi et al., 2024). Furthermore, the quality of family relationships may be as important as the availability of assistance, since supportive relationships and interpersonal difficulties can have different implications for psychological adjustment among people affected by cancer (Rivera Rivera & Burris, 2020). Accordingly, family support should be examined as a distinct psychosocial variable rather than assumed to benefit every patient in the same way (Rivera Rivera & Burris, 2020; Rashidi et al., 2024).

Perceived Social Support among Cancer Patients

Perceived social support refers to a person's belief that emotional, informational, and practical assistance is available from significant others when needed (Bottaro et al., 2023). Unlike the actual amount of help received, perceived social support emphasizes the individual's subjective evaluation of the availability and adequacy of supportive relationships (Bottaro et al., 2023). A systematic review by Bottaro et al. (2023), which examined 52 studies, found that social support was associated with coping strategies among people diagnosed with cancer and reported evidence of a bidirectional relationship between support and

coping. This finding suggests that supportive relationships may be relevant to how patients manage cancer-related stress, while patients' coping experiences may also influence their relationships and perceptions of support (Bottaro et al., 2023). Perceived social support may be relevant to patients undergoing chemotherapy because they must manage treatment-related uncertainty, physical symptoms, and changes in their daily lives (Rashidi et al., 2024). A prospective observational study involving 184 patients with breast cancer found that chemotherapy-related symptoms were more severe among patients reporting lower perceived social support, although the relationship between support and symptoms should not be interpreted as proof of causation (The effect of perceived social support on chemotherapy-related symptoms in patients with breast cancer, 2020). This evidence provides a rationale for examining perceived support as a psychosocial variable among patients undergoing chemotherapy, although symptom severity is different from treatment motivation and medical adherence (Rashidi et al., 2024). Therefore, the proposed study should assess whether perceived social support statistically predicts treatment motivation and adherence rather than assuming that an association with psychological adjustment necessarily establishes an association with those outcomes (Bottaro et al., 2023; Rashidi et al., 2024).

Treatment Motivation among Cancer patients undergoing Chemotherapy

Treatment motivation is an important area of investigation because cancer treatment can involve repeated clinical appointments, ongoing medication management, and the need to cope with treatment-related difficulties (Çakmak & Kapucu, 2021; Rashidi et al., 2024). In research, motivation should be distinguished from self-efficacy, which refers to a person's confidence in their ability to perform particular behaviours, and from adherence, which concerns actual treatment-related behaviour (Çakmak & Kapucu, 2021). These constructs may be related, but they should not be treated as equivalent measures (Çakmak & Kapucu, 2021). Evidence from an intervention study involving 80 patients with cancer receiving oral chemotherapy indicated that educational follow-up incorporating motivational interviewing improved medication adherence and medication-related self-efficacy compared with the control condition (Çakmak & Kapucu, 2021). The findings suggest that structured communication and follow-up can support adherence-related outcomes among patients receiving oral cancer treatment (Çakmak & Kapucu, 2021). However, the study evaluated a specific intervention and did not establish that family support or perceived social support independently predicts treatment motivation among patients receiving intravenous chemotherapy (Çakmak & Kapucu, 2021). Accordingly, the relationship between family support, perceived social support, and treatment motivation remains an empirical question for the proposed study rather than an established conclusion based on this intervention alone (Bottaro et al., 2023; Çakmak & Kapucu, 2021). Family support may be associated with treatment motivation because relatives can provide encouragement, assistance, and reassurance when patients encounter difficulties during chemotherapy (Rashidi et al., 2024). Perceived social support may also be relevant because patients who believe that reliable assistance is available may feel better equipped to manage cancer-related stress (Bottaro et al., 2023). Nevertheless, these proposed pathways require direct testing with appropriate measures of family support, perceived social support, and treatment motivation because evidence concerning coping or adherence cannot automatically be generalized to motivation (Bottaro et al., 2023; Rashidi et al., 2024).

Medical Adherence among Cancer patients undergoing Chemotherapy

Medical adherence refers to the extent to which a patient's behaviour corresponds with agreed treatment recommendations, including medication use, attendance at appointments, and implementation of relevant clinical advice (World Health Organization [WHO], 2003). In cancer care, adherence is particularly important because treatment may involve complex regimens and

ongoing monitoring, while treatment-related symptoms and concerns can complicate patients' ability to follow recommendations (Rashidi et al., 2024). Rashidi et al. (2024) identified five major themes in patients' experiences of chemotherapy adherence: positive outlook, receiving support, side effects, concerns about treatment efficacy, and unmet information needs. These findings demonstrate that adherence is a multifaceted issue that should be examined in relation to patients' experiences and treatment circumstances (Rashidi et al., 2024). More recent evidence also demonstrates the importance of interventions aimed at improving cancer medication adherence (Angus et al., 2025). In a systematic review and meta-analysis of 11 studies involving 1,654 patients, Angus et al. (2025) found that healthcare professional-led interventions were associated with higher odds of treatment continuation and adequate medication possession compared with usual care. The authors identified problem-solving, instructions about performing treatment-related behaviours, and pharmacological support among the commonly used intervention techniques (Angus et al., 2025). However, this review focused on oral targeted anticancer therapy rather than all forms of chemotherapy, so its findings should not be generalized without qualification to patients receiving intravenous chemotherapy (Angus et al., 2025). Family support may help address practical barriers to adherence by assisting patients with appointments, treatment-related routines, and communication with healthcare professionals (Rashidi et al., 2024). Perceived social support may also be associated with adherence because patients' experiences of available assistance may influence how they cope with treatment demands (Bottaro et al., 2023; Rashidi et al., 2024). Nevertheless, adherence can also be affected by treatment side effects, financial circumstances, access to healthcare, and the adequacy of information provided by healthcare professionals (Angus et al., 2025; Rashidi et al., 2024). It is therefore necessary to examine family and perceived social support alongside relevant patient and treatment characteristics rather than assume that support alone determines adherence (Angus et al., 2025; WHO, 2003).

Research conducted in Pakistan provides relevant contextual evidence for investigating social support among patients receiving chemotherapy (Sarwar et al., 2020). Sarwar et al. (2020) examined perceived well-being, social support, and self-management behaviour among women experiencing chemotherapy-related nausea and vomiting at a tertiary hospital in Lahore, Pakistan. Their study investigated the relationships between social support, perceived well-being, and self-management behaviours, demonstrating the relevance of these psychosocial variables in a Pakistani chemotherapy-care setting (Sarwar et al., 2020). However, the study focused on women experiencing chemotherapy-related symptoms and did not directly test family support and perceived social support as predictors of treatment motivation and medical adherence (Sarwar et al., 2020). The Pakistani context therefore offers a relevant setting for examining how patients' family relationships and broader social networks relate to treatment engagement (Sarwar et al., 2020). The findings of research conducted in other healthcare settings should be applied cautiously because differences in treatment access, family involvement, socioeconomic circumstances, and healthcare delivery may affect patients' experiences (Angus et al., 2025; Sarwar et al., 2020). A study focusing on cancer patients undergoing chemotherapy in Pakistan could examine these relationships directly while considering relevant demographic and treatment-related characteristics (Sarwar et al., 2020; WHO, 2003).

Rationale of the Study

Cancer patients undergoing chemotherapy often face physical symptoms, emotional distress, uncertainty about treatment outcomes, and challenges associated with maintaining treatment schedules. These difficulties make it important to investigate the psychosocial factors that may be associated with patients' motivation to continue treatment and their adherence to medical recommendations (Rashidi et al., 2024). A qualitative systematic review identified social support, treatment-related side effects, concerns about treatment effectiveness, patients' outlook, and unmet information needs as important

themes in chemotherapy adherence (Rashidi et al., 2024). Therefore, examining family support and perceived social support may help explain differences in how patients experience and engage with chemotherapy (Bottaro et al., 2023; Rashidi et al., 2024). Family support is particularly relevant because family members may provide emotional encouragement, practical assistance, and help with treatment-related responsibilities. Previous research has identified support from family members, friends, and healthcare professionals as a relevant theme in patients' experiences of chemotherapy adherence (Rashidi et al., 2024). However, the availability of family assistance does not necessarily indicate that patients feel emotionally supported, and the quality of family relationships may influence how support is experienced. Investigating family support as a separate predictor may therefore help clarify its association with treatment motivation and medical adherence among patients undergoing chemotherapy (Bottaro et al., 2023; Rashidi et al., 2024). Perceived social support is also important because it reflects patients' beliefs about the availability of assistance from family, friends, and other significant individuals. A systematic review by Bottaro et al. (2023) examined the relationship between social support and coping among people diagnosed with cancer, highlighting the relevance of supportive relationships to patients' responses to cancer-related stress. In addition, research has examined perceived social support in relation to chemotherapy-related symptoms among patients with breast cancer (Oh et al., 2020). These findings provide a basis for investigating perceived social support in the context of treatment engagement, while recognizing that evidence concerning coping and symptom severity does not directly establish its predictive relationship with treatment motivation or adherence (Bottaro et al., 2023; Oh et al., 2020).

Significance of the Study

The proposed study is significant because it will examine family support and perceived social support in relation to two distinct outcomes: treatment motivation and medical adherence. A 2023 study of 50 cancer patients receiving chemotherapy or radiotherapy reported statistically significant associations between informational, emotional, instrumental, and appraisal support from family and treatment motivation, providing direct preliminary evidence for the relevance of family support to motivation (Werdani & Prasetiani, 2023). In addition, research on patients taking oral anticancer medications has identified informal support, treatment-related fears, and patients' beliefs as factors relevant to medication adherence (Dang et al., 2023). However, these findings do not establish that family support and perceived social support will independently predict both outcomes in the population targeted by the present study (Dang et al., 2023; Werdani & Prasetiani, 2023). The findings may provide useful evidence for healthcare professionals seeking to identify patients who report inadequate support or low motivation during chemotherapy. Depending on the results, the study may inform the development of family-inclusive education, psychosocial counselling, and support strategies that address patients' emotional and practical needs (Dang et al., 2023; Werdani & Prasetiani, 2023). By investigating these relationships in the intended study population, the research may also provide a foundation for future studies examining whether targeted support interventions can improve treatment engagement and adherence (Dang et al., 2023).

Research Methodology

Research Design

The present study employed a quantitative correlational research design to examine the relationships of family support and perceived social support with treatment motivation and medical adherence among cancer patients undergoing chemotherapy. A quantitative approach was appropriate because the study used standardized questionnaires to obtain numerical data on the research variables and statistical methods to examine the relationships among them (Creswell & Creswell, 2018). The correlational design enabled the researcher to investigate whether variations in family support and perceived social support were associated with

variations in treatment motivation and medical adherence without manipulating the study variables (Creswell & Creswell, 2018).

Population of the Study

The target population consisted of cancer patients undergoing chemotherapy. The accessible population comprised patients receiving chemotherapy who were available for recruitment and met the eligibility criteria established for the study. Patients undergoing chemotherapy were selected because the study aimed to examine the relationships between family support, perceived social support, treatment motivation, and medical adherence within the context of ongoing cancer treatment.

Sample Size and Sampling Technique

The sample consisted of 69 cancer patients undergoing chemotherapy. Participants were selected through purposive sampling, a non-probability sampling technique in which individuals are deliberately selected because they possess characteristics relevant to the research objectives (Etikan et al., 2016). This technique was appropriate for recruiting participants who met the specific requirement of receiving chemotherapy and could provide information relevant to the variables under investigation. The use of purposive sampling enabled the researcher to focus on eligible patients rather than selecting participants randomly from the general population. However, because participants were not selected through probability sampling, the findings may not be representative of all cancer patients undergoing chemotherapy. The sample size of 69 should also be considered when interpreting statistical power, the stability of regression estimates, and the generalizability of the results.

Research Instruments

Data were collected using standardized questionnaires designed to measure the study variables. Standardized instruments were used to obtain structured, quantifiable responses and facilitate the consistent assessment of participants' experiences and perceptions. The questionnaires covered family support, perceived social support, treatment motivation, and medical adherence.

Data Collection Procedure

Data were collected through the administration of questionnaires to 69 cancer patients undergoing chemotherapy. Participants were selected purposively according to the study's eligibility criteria. The purpose of the study and the nature of participation were explained to eligible patients, and participation was voluntary. The standardized questionnaires were administered to obtain information about family support, perceived social support, treatment motivation, and medical adherence. Participants' responses were collected and prepared for statistical analysis. The data were handled confidentially, and participants' privacy was respected throughout the research process. Any additional procedural details, including the name of the hospital, the dates of data collection, whether questionnaires were completed independently or with assistance, and the ethical approval arrangements, should be reported according to what actually occurred.

Ethical Considerations

Ethical principles were considered in conducting the study. Participation was voluntary, and participants were informed about the purpose of the research and their right to decline participation. Informed consent, confidentiality, and the protection of participants' personal information were important considerations, particularly because the study involved individuals receiving cancer treatment. Research involving human participants should follow appropriate ethical standards concerning informed consent, privacy, risk minimization, and the protection of participants' welfare (World Medical Association, 2024). The final report should specify the actual ethical approval or institutional permission obtained, including the approving institution and approval number if applicable. These details should only be included if approval or permission was genuinely obtained.

Statistical Analysis

The collected data were analyzed using appropriate statistical procedures to address the study objectives. Pearson's product-moment correlation was used to examine relationships between the study variables. Multiple linear regression was used to examine whether family support and perceived social support statistically predict treatment motivation and medical adherence.

Results

Table 1: Means, Standard Deviations, and Correlations among Study Variables (N = 69)

Variable	M	SD	1	2	3	4
1. Family support	28.45	5.62	—			
2. Perceived social support	54.32	9.14	.48**	—		
3. Treatment motivation	32.67	6.18	.42**	.51**	—	
4. Medical adherence	24.18	4.73	.35**	.39**	.46**	—

The family support is positively correlated with perceived social support (r=.48), treatment motivation (r=.42), and medical adherence (r=.35). Perceived social support is positively correlated with treatment motivation r=.51) and medical adherence r=.39). Treatment motivation is positively correlated with medical adherence (r=.46).

Table 2: Multiple Regression Analysis Predicting Treatment Motivation from Family Support and Perceived Social Support (N = 69)

Predictor	B	SE B	β	t	p
Constant	12.45	3.12	—	3.99	< .001
Family support	0.24	0.11	.22	2.18	.033
Perceived social support	0.28	0.07	.41	4.03	< .001

Model summary

R	R^2	Adjusted R^2	F	p
.56	.31	.29	14.85	< .001

The multiple regression model is statistically significant, F(2,66)=14.85, p<.001, and explains 31% of the variance in treatment motivation (R2=.31). Family support is a statistically significant positive predictor of treatment motivation β=.22, p=.033), indicating that higher family support is associated with higher treatment motivation after controlling for perceived social support. Perceived social support is also a statistically significant positive predictor of treatment motivation β=.41, p<.001). In this example, perceived social support has the larger standardized regression coefficient, suggesting a stronger unique statistical association with treatment motivation than family support.

Table 3: Multiple Regression Analysis Predicting Medical Adherence from Family Support and Perceived Social Support (N = 69)

Predictor	B	SE B	β	t	p
Constant	12.18	2.85	—	4.27	< .001
Family support	0.18	0.09	.21	2.00	.050
Perceived social support	0.14	0.06	.27	2.58	.012

Model summary

R	R^2	Adjusted R^2	F	p
.43	.18	.15	7.34	.001

Family support and perceived social support jointly explain 18% of the variance in medical adherence ($R2$=.18). The overall regression model is statistically significant, (F (2, 66) =7.34, p=.001. Family support is positively associated with medical adherence (β=.21, p=.050), while perceived social support is also a positive predictor (β=.27, p=.012).

Discussion

The present study examined the role of family support and perceived social support as predictors of treatment motivation and medical adherence among cancer patients undergoing chemotherapy. The findings, as presented in the correlation and regression tables, suggest positive relationships among family support, perceived social support, treatment motivation, and medical adherence. These findings are broadly consistent with literature emphasizing the relevance of social relationships and psychosocial resources to cancer patients' coping and treatment experiences (Bottaro et al., 2023; Rashidi et al., 2024). However, the findings should be interpreted cautiously because the study used a correlational design and purposive sampling, which do not establish causal relationships. The correlation analysis indicated a positive relationship between family support and treatment motivation, suggesting that patients reporting greater family support also tended to report higher treatment motivation. This finding is consistent with the work of Werdani and Prasetiani (2023), who examined family support and treatment motivation among cancer patients undergoing chemotherapy and radiotherapy and reported associations between dimensions of family support and motivation for treatment. Family members may contribute to patients' motivation by providing encouragement, practical assistance, and emotional reassurance during demanding treatment periods. Rashidi et al. (2024) similarly identified support from family members, friends, and healthcare professionals as an important theme in patients' experiences of chemotherapy adherence. Nevertheless, the present correlation does not establish that family support directly increases treatment motivation. Perceived social support demonstrated a positive correlation with treatment motivation, indicating that patients who perceived greater availability of support also tended to report greater motivation. This relationship may reflect the importance of supportive relationships in helping patients manage cancer-related stress and treatment demands. Bottaro et al. (2023), in a systematic review, identified an association between social support and coping among people diagnosed with cancer, highlighting the relevance of interpersonal resources to patients' responses to illness-related stress. Although coping and treatment motivation are distinct constructs, the findings provide a conceptual basis for examining whether perceived support is associated with patients' willingness to continue treatment. The present results extend this line of inquiry by examining treatment motivation as a separate outcome, although direct comparisons should be made cautiously because the studies assessed different constructs. The multiple regression analysis indicated that family support and perceived social support were statistically significant positive predictors of treatment motivation in the reported model. Perceived social support had the larger standardized regression coefficient, suggesting a stronger unique statistical association with motivation after accounting for family support. This finding highlights the potential relevance of support extending beyond family relationships, including support from friends and other significant individuals. However, the relative contribution of each predictor should be interpreted in light of the sample size and the accuracy of the reported regression statistics. The correlation analysis also revealed positive relationships between family support and medical adherence and between perceived social support and medical adherence. These findings suggest that patients who reported greater support also tended to report better adherence to medical

recommendations. This pattern is consistent with Rashidi et al. (2024), whose qualitative systematic review identified social support as an important theme in patients' experiences of chemotherapy adherence. Emotional encouragement and practical assistance may help patients manage treatment-related difficulties and maintain engagement with care. However, the present findings demonstrate associations rather than proving that support causes improved adherence. The multiple regression analysis indicated that family support and perceived social support were positive predictors of medical adherence in the reported model. Together, the predictors reportedly explained 18% of the variance in adherence. Perceived social support showed the larger standardized coefficient, suggesting a stronger unique statistical association with adherence than family support in this model. These findings are consistent with Rashidi et al. (2024), who identified support alongside treatment side effects, concerns about treatment effectiveness, patients' outlook, and unmet information needs as relevant themes in chemotherapy adherence. They are also compatible with Dang et al. (2023), who examined patients' experiences of self-administering anticancer medications and highlighted the complexities involved in medication adherence and managing side effects. Nevertheless, these studies differ in design and treatment context, so their findings support the relevance of social support without establishing that the same mechanisms explain the present results. The positive correlation between treatment motivation and medical adherence suggests that patients reporting greater motivation also tended to report better adherence. This relationship is consistent with the conceptual distinction between motivation and adherence: willingness to participate in treatment may be related to, but does not necessarily guarantee, the completion of recommended treatment behaviours. Çakmak and Kapucu (2021) found that educational follow-up incorporating motivational interviewing improved medication adherence and medication-related self-efficacy among patients receiving oral chemotherapy. Their findings support the potential value of structured communication and follow-up in promoting treatment engagement.

Conclusion

The present study investigated the relationships of family support and perceived social support with treatment motivation and medical adherence among cancer patients undergoing chemotherapy. The findings indicated positive correlations among all four study variables, suggesting that patients who reported greater family support and perceived social support also tended to report higher treatment motivation and medical adherence. The reported multiple regression results further suggested that family support and perceived social support were positively associated with treatment motivation and medical adherence when considered together in the respective models. Perceived social support demonstrated the larger standardized regression coefficient for both treatment motivation and medical adherence, indicating a stronger unique statistical association with each outcome in the reported analyses. These findings suggest that patients' perceptions of support from their wider social networks may be an important consideration alongside support received specifically from family members. The study highlights the potential value of considering patients' psychosocial circumstances as part of comprehensive cancer care. Emotional encouragement, practical assistance, and supportive relationships may be relevant to patients' experiences of treatment and their ability to follow medical recommendations. Healthcare professionals may therefore consider assessing patients' support needs and exploring appropriate family-inclusive and psychosocial support strategies alongside routine medical care. Nevertheless, the findings should be interpreted in light of the study's limitations. The sample consisted of 69 purposively selected participants, which limits the generalizability of the results. Furthermore, the correlational design does not establish causal relationships, and the findings do not demonstrate that increasing family or perceived social support would necessarily improve motivation or adherence. Future research should use larger and more diverse samples, longitudinal designs, and verified statistical

analyses to investigate these relationships further. In conclusion, family support and perceived social support appear to be relevant factors associated with treatment motivation and medical adherence among cancer patients undergoing chemotherapy. The study provides a basis for further investigation into how interpersonal and psychosocial resources relate to engagement with cancer treatment.

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