

Domain of Quality of Life for Breast Cancer Survivors

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ABSTRACT

Post-treatment care and ongoing care plans for breast cancer sufferers can reduce the quality of life. Breast cancer patients who are hospitalized have negative factors, such as being away from their family and loved ones, unfamiliar hospital environment, getting diagnosis and treatment that is difficult so that the patient feels afraid of every procedure that will be given to him and makes quality his life was getting low. This study aims to identify the domains of quality of life in breast cancer sufferers. This research uses descriptive research with the sampling technique in this study using purposive sampling. The number of samples is 44 respondents in the age range 24-68 years. This research uses descriptive research using the WHO QoL BREF instrument. Based on the results of the study, it was obtained data that the physical health of breast cancer patients (79.5%) had very poor - moderate physical health categories. The psychological domain shows 66% are in good category. The domain of social relations shows 70.4% are in the medium-bad category. The Environmental Domain shows 63.6% have the environmental domain in the good-very good category. The physical health domain has the lowest score compared to other quality of life domains

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1. Introduction

A person who is diagnosed with cancer, from the moment it is diagnosed and tries to continue living is called a cancer survivor. Breast cancer diagnosis and treatment challenges a woman and raises physical, psychosocial, behavioral, and spiritual concerns (Jafari, Farajzadegan, Zamani, Bahrami, Emami, & Loghmani, 2013). A person will experience fear and uncertainty when diagnosed with cancer. Their lives are suddenly turned upside down as they struggle to understand the world of cancer treatment, how to enter that world, and how to emerge from it as fully human beings. Worry can lead to feelings of isolation so that people with breast cancer desperately need other people⁷.

Breast cancer is the second leading cause of death in the world. The number of new cases and deaths from cancer worldwide based on WHO data (2015), from 2008 to 2030 is estimated to reach 17 million deaths and 26 million people in the category of illness. Globocan also stated that the prevalence of breast cancer varies, in Western Europe 177.5 per 100,000 women, East Asia 38.7 percent per 100,000 women, East Africa 26.4 percent per 100,000 women, and Japan 92.3 percent per 100,000 women. Data from the Global Cancer Observatory shows that the most common cancer cases in Indonesia are breast cancer, which is 58,256 cases or 16.7 percent of the total 348,809 cancer cases.¹⁶ Globocan also stated that breast cancer ranks first of all cancers in women with a prevalence rate of 56.5 per 100,000 women in the world.⁸ The Indonesian Ministry of Health (2019) stated that the breast cancer rate in Indonesia reached 42.1 people per 100,000 population. The average death rate from this cancer is 17 people per 100,000 population. Riskesdas 2018 show The prevalence of cancer rose from 1.4% to 1.8%.

The form of suffering experienced by cancer patients, one of the significant experience problems is the fear of inevitable death². The diagnosis and treatment of breast cancer has a considerable psychological impact on women. After the diagnosis of breast cancer, the fear of death, hopelessness and fear associated with the expected life changes, together with the impaired quality of life due to treatment can lead to negative perceptions in the patient.⁹ Cancer patients perceive it as a serious disease and threaten women's lives, but this good perception does not make them immediately decide to have an examination¹⁵ Patients are expected to have a positive attitude towards healing.

Quality of life in hospitalized cancer patients is much lower⁴. Since admission to the hospital, there are negative factors for the patient, namely he is separated from his family and loved ones, the hospital environment is not well known, getting diagnosis and treatment is difficult so that the patient feels afraid of every procedure that will be given to him and makes his quality of life worse.

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Getting lower. Cancer patients really need social support from the people around them to increase the enthusiasm of cancer patients to continue living their lives¹¹.

The WHOQOL-100 Quality of life assessment was developed by the WHOQOL Group together with fifteen international field centers, simultaneously, in an effort to develop a Quality of life assessment that will apply cross-culturally. According to WHO (1996), there are four domains that are used as parameters to determine Quality of life. Each domain is described in several aspects, namely the physical health domain, the psychological domain, the social relationship domain and the environmental domain. The domain of physical health includes aspects of: activities of daily living, dependence on drugs and medical aids, energy and fatigue, mobility, pain and discomfort, sleep and rest, and work capacity. The psychological domain includes aspects: body shape and appearance, negative feelings, positive feelings, self-esteem, spiritual religion or personality beliefs, thinking, learning, memory, and concentration. The domain of social relations, includes aspects: personal relationships, social support and sexual activity. Environmental domain, covering aspects: financial resources, freedom, security, and physical comfort, health and social care: accessibility and quality, home environment, opportunities to acquire new information and skills, participation and opportunities for recreation and new skills, physical environment (population or noise or traffic or climate), and transportation.

Breast cancer sufferers often stop medical therapy and turn to alternative medicine, which is currently booming. According to Kuntari (2008), the paradigm of understanding alternative medicine is actually an expression of frustration and public response to the high costs of medical treatment and health. In fact, if it is calculated carefully, efforts to seek healing by going to shamans, paranormal and other services cost more, when compared to scientific medical treatment and not a few also end up with unwanted things such as the disease getting worse and worse. death. Often patients only return to medical treatment when the effects of the treatment show symptoms are getting worse.

2. Method

2.1 Sample

The sample in this study were 44 breast cancer survivors. Sampling technique using purposive sampling with inclusion criteria of breast cancer survivors who run a series of therapies in Medan City

2.2 Design

This research uses a descriptive method.

2.3 Procedure

The implementation procedure includes the preparation stage by conducting a survey of research sites, obtaining research permits, studying literature, determining research methods, approaching the management and the room where the research will be conducted to request access permission to contact respondents.

2.4 Instrument

The questionnaire in this study used the standard WHOQOL-BREF (World Health Organization Quality Of Life - BREF) questionnaire. The questionnaire consisted of 26 items, which were divided into 5 aspects, namely physical health, psychological, social relations, and the environment. Questions 1 and 2 on the questionnaire assess the overall quality of life and health in general. Domain 1 - Physical is on questions number 3, 4, 10, 15, 16, 17, and 18. Domain 2 - Psychological is on questions number 5, 6, 7, 11, 19, and 26. Domain 3 - Social relationships exist on questions number 20, 21, and 22. Domain 4 - Environment is on questions number 8, 9, 12, 13, 14, 23, 24, and 25. This instrument also consists of positive questions, except for three questions, namely number 3, 4, and 26 which are negative.

The results of respondents' answers to questions in WHOQOL - BREF are calculated scores for each domain according to the equation to calculate domain scores so that a raw score is obtained. After obtaining the raw scores for each domain. The researcher then transformed the score according to the transformation table in the WHOQOL-BREF, namely transformed score 4 - 20 and transformed score 0 -100. The score for each domain obtained from the WHOQOL-BREF measuring instrument (raw score) must be transformed so that the score value of this measuring instrument can be compared with the score value used in the WHOQOL-100 measuring instrument (WHO,

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2008). The score for each domain (raw score) is transformed on a scale of 0-100 using the standard formula that has been set by WHO. The scoring of the quality of life domain uses the following criteria:

2.5 Analysis Techniques

Respondents' answers collected were processed using descriptive statistics and presented in a frequency distribution table.

3. Results and Discussion

3.1 Overview of Research Subjects

Based on the results of research from 44 respondents, data on demographic characteristics of respondents was obtained based on the highest age of breast cancer survivors in the age range of 46-56 years (52%), Work as a Housewife (50%), and High School Education (59.10%). In detail can be seen in table 1.

Table 1.
Demographic Characteristics of Breast Cancer Survivors

Demographic Characteristics	Frequency	Percentage (%)
Age		
24-34	2	5.00
35-45	13	29.00
46-56	23	52.00
57-68	6	14.00
Total	44	100
Work		
Farmer	2	4.50
Retired	1	2.30
entrepreneur	12	27.30
PNS/POLRI	7	15.90
IRT	22	50.00
Total	44	100
Education		
SD	3	6.80
senior High School	26	59.10
PT	15	34.10
Total	44	100

Source: Primary Data, 2020

The domain of breast cancer survivors' quality of life is broken down into 4 domains, namely physical, psychological, social and environmental health. The details are described in table 2.

Table 2.
Breast Cancer Survivor Physical Health Domain

Physical Health Domain	Score Range	Amount	Percentage (%)
Very good	81-100	2	4.5
Well	61-80	7	16
Currently	41-60	20	45.5
Bad	21-40	13	29.5
Very bad	0-20	2	4.5
Sub-Total		44	100

Table 3.
Breast Cancer Survivor Psychological Domain

Psychological Domain	Score Range	Amount	Percentage (%)
Very good	81-100	7	16
Well	61-80	29	66
Currently	41-60	8	18

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Psychological Domain	Score Range	Amount	Percentage (%)
Bad	21-40	0	0
Very bad	0-20	0	0
Sub-Total		44	100

Table 4.

Breast Cancer Survivor Social Relations Domain

No	Social Relations Domain	Score Range	Amount	Percentage (%)
1	Very good	81-100	3	6.8
2	Well	61-80	10	22.8
3	Currently	41-60	28	63.6
4	Bad	21-40	3	6.8
5	Very bad	0-20	0	0
	Sub-Total		44	100

Table 5.

Breast Cancer Survivor Environmental Domain

Environmental Domain	Score Range	Amount	Percentage (%)
Very good	81-100	3	6.8
Well	61-80	25	56.8
Currently	41-60	15	34.1
Bad	21-40	1	2.3
Very bad	0-20	0	0
Sub-Total		44	100

3.2 Discussion

The domain of breast cancer survivors' quality of life is broken down into 4 domains, namely physical, psychological, social and environmental health.

Based on table 2, it is obtained data that the physical health domain is a small part (20.5%) of the respondents have very good and good categories. 79.5% of predominant breast cancer patients had a very poor to moderate physical health domain. This can happen because the series of breast cancer treatment requires removal of the breast (mastectomy), chemotherapy and radiotherapy. Breast cancer requires a series of surgical therapies and medications. In addition to surgical therapy, chemotherapy or radiotherapy is needed to kill the roots of breast cancer. Side effects of chemotherapy vary depending on the chemotherapy regimen given. Based on the National Cancer Institute, side effects that can occur due to anthracycline-based chemotherapy (adriamycin / doxorubicin) are grouped into nausea, vomiting, diarrhea, stomatitis, alopecia, susceptible to infection, thrombocytopenia, neuropathy, and myalgia (Partridge, Burstein, & Winer, 2001). One of the side effects that are often found due to chemotherapy is alopecia. Research conducted by Kiebert et al, obtained data that more than 80 percent of women undergoing chemotherapy said that alopecia was the most traumatic aspect of the chemotherapy they underwent and 8 percent of patients even stopped chemotherapy because of their fear of experiencing alopecia.³ Cancer patients undergoing chemotherapy experience various symptoms as a result of the disease or the chemotherapy itself (Eda & Puguh K, 2012). Lubis and Elysabet (2017) stated that the side effects of chemotherapy can cause a decrease in self-concept. Low self-concept can affect the anxiety of breast cancer patients undergoing chemotherapy at RSUD Dr. Pirngadi Medan¹².

The psychological domain shows that a small percentage (16%) of respondents have a very good category and most (66%) are in a good category. Psychosocial experiences in patients undergoing therapy, they have doubts about healing or the risk of disease recurrence (feeling regret, resignation, and fear). Health services in hospitals can provide good service to chemotherapy patients and there is a pastoral care team where they can pray, provide motivation in undergoing chemotherapy, patients really hope for healing from illness, and have a positive self-concept to be able to accept changes in themselves, the patient's family always gives love, motivates.⁵ said that the mental state leads to whether or not the individual is able to adapt to various developmental guidelines in accordance with his abilities, both internal and external demands, is more dominant in determining the quality of one's life. values that will lead to a

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meaningful life.

In the domain of social relations, data shows that a small portion (6.8%) of respondents have a domain of social relations with a very good category, a small portion (22.8%) in a good category and most (70.4%) in a moderate-poor category. Surgery creates feelings of inferiority for breast cancer sufferers because they have lost one of the organs of the body which is aesthetic for a woman. p .successBreast cancer treatment reaches 100% at stage 0, but at stage 1 it drops only 90% and continues to fall until stage 4. If someone has passed the stage of loss, it will improve their quality of life. Quality of life can be improved with the support of relatives or social friends. Kim, Cho and Yoo (2016) stated that dAdequate social support from family members, friends and neighbors, showed higher scores. Puliafico (2019) revealed that the risk factors for depression were having experienced depression before, difficulty accepting or adjusting to a cancer diagnosis, age, having problems with alcohol and drugs, and not getting support from family or peers. Nurjayanti (2019) Family support is highly expected by breast cancer patients with emotional support which includes empathy (feeling what other individuals feel), appreciation, love and attention (providing time to listen and be heard). Support from family, friends and the provision of health services is of value to patients undergoing chemotherapy¹¹

The Environmental Domain shows that most (63.6%) respondents have an Environmental domain in the good-very good category and a small portion (36.4%) in the medium-Poor category. The environmental conditions provided by the hospital are support that can improve the patient's quality of life. Comfortable hospital conditions, patients will feel calm and follow all the therapy series well. Patients who undergo a series of therapies in health facilities state that they feel comfortable with the spiritual services that have been provided and room facilities such as TV, a clean environment, adequate medical equipment. Patients feel comfortable with the services provided by the health team, get clear information during treatment,

The environment is an individual's place of residence including the condition and availability of a place to live to carry out life activities, including facilities and infrastructure that can support life. To achieve a good quality of life, namely getting health services is easily achieved by the community⁶. Patients who have health insurance (BPJS) to help and make it easier for patients to seek treatment, even though sometimes they have sufficient costs for treatment, exposure to information about cancer will be greater than those of the lower economic group, this encourages patients to be more motivated to recover.

This research was supported by (Setiyawati et al., 2016) stated that the quality of life is good for respondents who have good concentration skills, someone who has a positive psychological outlook, has emotional well-being, good physical and mental health, has the physical ability to do what they want to do, has good relationships with family, friends, participate in social and recreational activities, insurance that can help with medical expenses and shelter and a safe environment and good facilities.

4. Conclusions

Based on the results of the study, it was found that the physical health of breast cancer patients mostly (79.5%) had a very poor - moderate physical health category. Psychological domain shows most (66%) in good category. The data for the domain of social relations shows that most of them (70.4%) are in the moderate-poor category. Environmental Domain shows that most (63.6%) respondents have Environmental domains in the good-very good category. The physical health domain has the lowest score compared to the other quality of life domains. The physical health domain has the lowest score because breast cancer patients will undergo surgery or breast removal and continue with chemotherapy and radiation. The effects of chemotherapy and radiotherapy cause cell degeneration in patients, so that the patient's physical condition looks weak. The order of the quality of life domain after the physical health domain is the social relationship domain, the psychological domain and the environmental domain.

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