Conference Paper

Relationship between Needs of Supportive Care with Quality of Life among Breast Cancer Patients in Dr. Wahidin Sudirohusodo Makassar

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Abstract

Background: The need of supportive care is a care to be given in order to enhance the life quality of the patients with a serious life threatening disease such as breast cancer. Generally, the patients are really worried and have severe anxiety related to their disease. The quality of life becomes really important in curing the breast cancer. The life quality is the ability to have normal life in accordance with the individual perception about the objective and hope of the breast cancer patients. **Method:** This is an observational research with cross-sectional study design. The study was conducted in 2019 and required as many as 40 respondents. The samples were selected by using purposive sampling technique. The data were gathered by questionnaire then processed by SPSS and analyzed by statistical test of *Chi-square* with the significance degree of 95% (α=0,05). **Result:** The result showed that there was significant correlation between the need of supportive care (*p*<0,000) and the life quality of the breast cancer patients. **Conclusion:** There was association of the supportive care and the life quality of the breast cancer patients with the value of p=0,000 <α 0.05.

Keywords: Breast cancer, Supportive care, Quality of life

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1. Introduction

Cancer is one of the main cause of death around the world. Lung cancer careful, the stomach, colorectal and breast cancer is the biggest cause of death from cancer every year [1]. Breast cancer is a group of abnormal cells on the breast that continues to grow exponentially. In the end sel-sel this to be a form of a bump on the breast. Breast cancer was a distraction in normal cell growth mamma aelig where abnormal cells arise from normal sel-sel, breed and subverted the limfe tissue and blood vessels. Breast cancer (carsinoma mammae) is second cause of death due to cancer in women after cancer cervix [2]. In 2017 predicted incidence of breast cancer in the whole world reach

6.232.108. Case the high incidence of breast cancer accompanied anyway with high numbers of, in 2012 recorded 521.907 deaths which occurred in [3].

Handling that can be done to improve the quality of life of patients with breast cancer is with supportive care. Cancer patients who undergo therapy require supportive care to prevent side effects of therapy and management of physical and psychosocial conditions during treatment. Supportive care needs are supportive care provided to improve the quality of life of patients who have serious or life-threatening illnesses [4].

Supportive care needs focus on the comprehensive handling of the physical, emotional, cultural and spiritual needs of patients and family members. Supportive care does not accelerate or delay death, but seeks to alleviate suffering, control symptoms and restore functional abilities [4].

Based on data from the World Health Organization (WHO) in the Indonesian Ministry of Health (2015), the incidence of cancer in 2008 to 2012 increased from 12.7 million cases to 14.2 million cases [1]. Based on Globocan Estimation data, International Agency for Research on Cancer (IARC) in 2012 [5], the incidence of cancer in women in Indonesia 134 per 100,000 population with the highest incidence in women is breast cancer by 40 per 100,000 [3].

For the 2013 Globocan Estimation, the International Agency for Research on Cancer (IARC) cancer incidence in women in Indonesia was 134 per 100,000 with the highest incidence being breast cancer by 40 per 100,000 followed by cervical cancer by 17 per 100,000 in women. Globocan's estimated mortality rate in Indonesia for breast cancer is 16.6 per 100,000, followed by cervical cancer of 8.2 per 100,000 women. Based on data from the Hospital Information System (SIRS) inpatient cases of breast cancer as many as 12,014 or (28.7%) cases [3].

According to Adam in Nursalam (2017), quality of life is a concept of analyzing the ability of individuals to get a normal life associated with individual perceptions about goals, expectations, standards and specific attention to life experienced by being influenced by values and culture in the individual environment is located [6]. Quality of life is used in the field of health services to analyze a person's emotional, social factors and ability to meet the demands of activities in normal life and the impact of illness can potentially reduce the quality of life related to health.

2. Method

The design of this study was analytic survey, using the Cross Sectional Study approach which is a form of observational study (non-experimental) to find the relationship

between the independent variable and the dependent variable where a momentary measurement was made in the study by analyzing the relationship the need for supportive care with the quality of life of breast cancer sufferers in RSUP DR. Wahidin Sudirohusodo Makassar.

The study population was all breast cancer patients in RSUP DR. Wahidin Sudirohusodo Makassar, while the total population in this study was 45 patients in October 2018. The number of samples taken from the population is 40 people using the Slovin formula. The sampling technique used in this study was purposive sampling technique. Data collection is done by using primary and secondary data. The research instrument was a supportive care questionnaire adopted from the Supportive Care Needs Suvey Short Form 34 (SCNS-SF34) questionnaire and was developed by a cancer council based in New South Wales Australia (Boyes et al dalam Malik,2016) [4] and quality of life questionnaire. Data were analyzed univariate and bivariate using the Chi Square test with a value of α <0.05.

3. Results

Supportive care needs and quality of life in breast cancer patients

TABLE 1: Distribution of respondents based on supportive care in breast cancer patients at RSUP DR. Wahidin Sudirohusodo Makassar.

Supportive Care Needs	Frequency (f)	Percent (%)
fulfilled	32	80,0
not fulfilled	8	20,0
Total	40	100,0

Based on table 1, out of 40 respondents there were 32 (80.0%) respondents with supportive care needs met and s8 (20.0%) with supportive care not met.

TABLE 2: Distribution of respondents based on quality of life in breast cancer patients in RSUP DR. Wahidin Sudirohusodo Makassar.

Quality of life	Frequency (f)	Percent (%)
Good	32	80,0
Not good	8	20,0
Total	40	100,0

Based on table 2, there were 32 (80.0%) respondents with good quality of life and 8 (20.0%) with poor quality of life.

Based on table 3, shows that out of 40 respondents, those who have Supportive care needs are met with good quality of life as many as 30 (93.8%) respondents and

TABLE 3: Relationship between supportive care needs and quality of life in breast cancer patients at RSUP DR. Wahidin Sudirohusodo Makassar.

Suportive Care Needs	Quality of life						p
	Good		Not Good		Total		
	(n)	(%)	(n)	(%)	(n)	(%)	
Fullfilled	30	93,7	2	6,3	32	100	
Not Fullfilled	2	25,0	6	75,0	8	100	0,000
Total	32		8		40		

respondents who have Supportive care needs are met with poor quality of life as much as 2 (6.3%) respondent. For respondents who have Supportive care needs not met with good quality of life as many as 2 (25.0%) respondents and respondents who have Supportive care needs are not met with poor quality of life as many as 6 (75.0%) respondents.

4. Discussion

Respondent data that have Supportive care needs are met as many as 32 (80.0%) and Supportive care needs are not met as many as 8 (20.0%) of 40 respondents. Supportive care needs are treatments that treat as early as possible the symptoms arising from the disease, including side effects caused by medication or therapy, as well as other problems related to the disease or treatment such as psychological, social, and spiritual problems. According to EJGH in Malik (2016), Supportive care needs focus on the comprehensive handling of the physical, emotional, cultural and spiritual needs of patients and family members [4].

Based on data from respondents who have quality of life with good criteria as many as 32 respondents (80%) and unfavorable criteria as many as 8 respondents (20%) of 40 respondents. Quality of life is a condition that states the level of inner satisfaction, comfort and happiness of life. According to Rahman (2017), the quality of life of breast cancer patients in the category is not good if patients who experience changes in psychological conditions that arise due to the healing process of cancer that must be lived and the lack of acceptance of physical changes[7]. Experienced by breast cancer patients.

From the results of the study, respondents whose supportive care needs were met with a good quality of life were 30 (93.7%) respondents, this was supported by the work owned by respondents, some of whom worked as civil servants (5.0%) and private employees (15.0%), so that respondents have good insight and are more receptive to

their conditions and get support from families and also have adequate living benefits. Notoatmojo (2007) states in his theory that the higher a person's education, a person has good thoughts so that they can respond positively to the stresses experienced[8]. According to Jusup in Malik (2016) the quality of life of breast cancer patients is in a good category where patients are able to accept the changes that exist in themselves and are accustomed to taking wisdom from the difficulties faced and who gets support. family so patients can be calmer in living their lives.

As for those who have supportive care needs met with poor quality of life as many as 2 (6.3%) respondents, because some respondents can accept the changes that occur in themselves because of the illness experienced but the quality of life is not good. because daily activities and activities are limited. This relates to the theory of Bayram et al in Malik (2016), where physical needs and daily activities can be interpreted as assistance needed by someone to meet the needs associated with overcoming physical symptoms, side effects of care and carrying out tasks and activities that usually done every day. Physical symptoms such as fatigue, feeling unwell can be caused by side effects from therapy programs undertaken by breast cancer sufferers such as chemotherapy or radiotherapy. Based on the therapeutic program undertaken by patients with breast cancer 100% have undergone a chemotherapy program with therapeutic cycles that vary from cycle 1 to cycle 14.

For respondents who have supportive care needs are not met with good quality of life as much as 2 (25.0%) of respondents, their quality of life is good because there is acceptance of the changes that occur in him and respondents do not feel ashamed of the physical changes experienced, this is due there are some respondents less accepting the changes that occur in themselves due to the illness experienced but the quality of life is good because they get support from family and have enough living benefits supported by respondents data with marital status (95.0%). This relates to the theory of Angriyani in Rahman (2017), stating that one of the factors that influence the quality of life is a support system, which includes support from the family, community, and physical facilities such as proper housing or homes and facilities. adequate facilities so that they can support life, while respondents who have Supportive care needs that are not met with poor quality of life are 6 (75.0%) respondents, this is due to respondents with stage IV (12.5%) who have a lack of needs that will have an impact on emotions and worry[7]. According to Pradono's theory in Malik (2018), chronic illness can be included in Supportive care where someone who has a chronic disease such as end-stage cancer that will cause anxiety to depression, then it affects the quality of life[4].

5. Conclusion

The results of this study indicate that there is a significant relationship between the needs of supportive care with the quality of life of breast cancer sufferers.

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