

OPTIMIZATION OF FAMILY SUPPORT IN IMPROVING RESILIENCE OF
CERVICAL CANCER CLIENT POST RADICAL HYSTERECTOMY + BILATERAL
SALPINGO OOPHORECTOMY WHICH IS GETTING CHEMOTHERAPY

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Introduction: Cervical cancer is now still being first ranked and highest cause of death among cancers in women in Indonesia with the highest incidence at 27 percent. The incidence of productive age's women who infected cervical cancer increase by 60 percent. Treatment of cervical cancer at the early stage is surgery, whereas in moderate or advanced stages is chemotherapy, radiotherapy or chemoradiation. Chemotherapy has some side effects such as nausea, vomits, stomatitis, hair loss, physical weakness and anemia (Dunleavy, 2009). Overall patients complaint about side effects of chemotherapy, such as nausea, sometimes vomits, fatigue and lethargy. National Comprehensive Cancer Network NCCN (2009) stated that approximately 70% -100% of cancer patients has some fatigue experience. Fatigue complaints are difficult to explain and many patients describe it in some variety ways such as complaining tired, weak, exhausted and lethargic, feel heavy and sluggish.

Method: Increasing case amount will also increase the cervical cancer patients who will get chemotherapy. Various side effects occur as a result of chemotherapy related to the mechanism of chemotherapy that affects the hematologic toxicity (Langhorne, Fulton, & Otto, 2007). Fatigue and lethargy can make cervical cancer patients have difficulty in adaptation causing a decrease patient's conditions post-chemotherapy that will affect the quality of life of these patients. Under these conditions the coping mechanisms of a cervical cancer patient must be adaptive, so that someone who is suffering from cervical cancer can take chemotherapy program that has been set up, so the obedience to a program of chemotherapy as a treatment of cervical cancer can be successful which is expected to reduce mortality and morbidity in cervical cancer patients in particular stages.

Result: It can be anticipated by increasing the resilience of cervical cancer patients post radical hysterectomy bilateral salpingo oophorectomy. Resilience in cervical cancer patients who are receiving chemotherapy is very necessary, so that the person who undergoing chemotherapy can adapt to the effects of chemotherapy that is being undertaken and can do the post-chemotherapy treatment by their self. Resilience according to Lazarus (1993, in Tugade and Fredricson, 2004) is defined as an effective coping and positive adaptation to adversity and pressure. According to Richardson (2002), resilience is the process of coping with stressors, difficulties, changes, and challenges that are affected by a protective factor.

Discussion: Effective coping mechanisms is important for cervical cancer patients when they had chemotherapy so that the treatment become optimal. Effective coping for increase the resilience of cervical cancer patients is necessary so that patients who had chemotherapy can get physical health, psychological health, freedom of activity, social relations and environment. There are several factors that influence a person's coping mechanisms and resilience such as personalities, experiences, knowledge, beliefs, values, attitudes, social support. From those factors, the nurse who do the care needs to know the most dominant factor affecting the resilience of cervical cancer patients in order to contribute optimally to increase the resilience of cervical cancer patients who is receiving chemotherapy.

Keyword: Cervical Cancer, Chemotherapy, Fatigue

A. BACKGROUND

Cervical cancer is now still being first ranked and highest cause of death among cancers in women in Indonesia with the highest incidence at 27 percent. The incidence of productive age's women who infected cervical cancer increase by 60 percent. Treatment of cervical cancer at the early stage is surgery, whereas in moderate or advanced stages is chemotherapy, radiotherapy or chemoradiation. Chemotherapy has some side effects such as nausea, vomits, stomatitis, hair loss, physical weakness and anemia (Dunleavey, 2009). Overall patients complaint about side effects of chemotherapy, such as nausea, sometimes vomits, fatigue and lethargy. National Comprehensive Cancer Network NCCN (2009) stated that approximately 70% -100% of cancer patients has some fatigue experience. Fatigue complaints are difficult to explain and many patients describe it in some variety ways such as complaining tired, weak, exhausted and lethargic, feel heavy and sluggish. This complaints are unacceptable for some other people and they claim that they want to dismiss the chemotherapy that has been taking. The side effects of chemotherapy make some people are reluctant to do chemotherapy, decided not to do some further treatment so that the treatment was declared incomplete and malignancy reappeared with the broader metastatic that cause mortality and morbidity rates are high due to the incidence of cervical cancer. Fifty percent of cervical cancer patients who undergoing chemotherapy are die. The patient's death caused by high stage of cancer, metastases of malignancies, and complications that caused by malignancy. That mortality rate is quite high.

Increasing case amount will also increase the cervical cancer patients who will get chemotherapy. Various side effects occur as a result of chemotherapy related to the mechanism of chemotherapy that affects the hematologic toxicity (Langhorne, Fulton, & Otto, 2007). Fatigue and lethargy can make cervical cancer patients have difficulty in adaptation causing a decrease patient's conditions post-chemotherapy that will affect the

quality of life of these patients. Under these conditions the coping mechanisms of a cervical cancer patient must be adaptive, so that someone who is suffering from cervical cancer can take chemotherapy program that has been set up, so the obedience to a program of chemotherapy as a treatment of cervical cancer can be successful which is expected to reduce mortality and morbidity in cervical cancer patients in particular stages.

It can be anticipated by increasing the resilience of cervical cancer patients post radical hysterectomy bilateral salpingo oophorectomy. Resilience in cervical cancer patients who are receiving chemotherapy is very necessary, so that the person who undergoing chemotherapy can adapt to the effects of chemotherapy that is being undertaken and can do the post-chemotherapy treatment by their self. Resilience according to Lazarus (1993, in Tugade and Fredricson, 2004) is defined as an effective coping and positive adaptation to adversity and pressure. According to Richardson (2002), resilience is the process of coping with stressors, difficulties, changes, and challenges that are affected by a protective factor. Opinion about the definition of resilience is almost the same between the experts with other experts. Basically, resilience is a dynamic process that includes a positive adaptation on facing difficult situations and danger as well as significant obstacles.

Effective coping mechanisms is important for cervical cancer patients when they had chemotherapy so that the treatment become optimal. Effective coping for increase the resilience of cervical cancer patients is necessary so that patients who had chemotherapy can get physical health, psychological health, freedom of activity, social relations and environment. There are several factors that influence a person's coping mechanisms and resilience such as personalities, experiences, knowledge, beliefs, values, attitudes, social support. From those factors, the nurse who do the care needs to know the most dominant

factor affecting the resilience of cervical cancer patients in order to contribute optimally to increase the resilience of cervical cancer patients who is receiving chemotherapy.

B. ANALYSIS OF RESULTS

Data was collected while the patient is doing chemotherapy in Irna Obgyn dr. Sutomo Surabaya not only patients who will do chemotherapy but also patients who are undergoing chemotherapy.

Respondents Characteristic

Table 1: Characteristics of Patients with Cervical Cancer Respondents Post radical hysterectomy bilateral salpingo oophorectomy that gets Chemotherapy Obgyn dr. Soetomo Surabaya 2015 (n: 150)

No	Characteristics	Amounts	Percents
1	Socio-Demography		
	Ages		
	< 35 y.o	13	9
	35 - 45 y.o	39	26
	46 - 55 y.o	62	41
	56 - 65 y.o	33	22
	> 65 y.o	3	2
Total	150	100	
2	Occupation		
	Housewife	88	59
	Civil servant/retired	20	13
	Private company employees	22	15
	Farmer/entrepreneur	20	13
	Total	150	100
3	Marital Status		
	Married	107	71
	Widowed	43	29
Total	150	100	
4	Education		
	Primary school	44	29
	Middle school	41	27
	High School	48	32
	University	17	12
	Total	150	100

5	Stadium		
	I	30	20
	II	120	80
	Total	150	100
6	Concomitant diseases		
	Yes	44	29
	No	106	71
	Total	150	100

The table above shows that the age range of women suffered cervical cancer is between 46-55 years old who have a presentation by 41%. This is consistent with the theory that the most women's age who suffered from cervical cancer were early age elderly although this paradigm slowly changed that women who suffered from cervical cancer were women in productive age. The majority of respondents job are housewife (59%). Majority of the marital status of respondents are married (71%). This is consistent with the largest risk factor of cervical cancer are women who are married. The most suffered respondent's education were high school (32%), although primary school also high (29%) and the smallest amount is University (12%). Highest stadium of the respondents with post radical hysterectomy bilateral salpingo oophorectomy that gets Chemotherapy receiving chemotherapy is the stage II (80%). This conditions illustrated a situation that majority a person came to the Health services when they are in stage II or above even the most common patients is an advanced stage or stage III and above. There are 29% of respondents with concomitant diseases such as anemia, diabetes, hypertension. Most of the anemia suffered as the effects of chemotherapy and vaginal bleeding due to cervical cancer. Most of respondents (88%) had been done the chemotherapy 1-3 times.

Table 2 Results of the software analysis using AMOS 5.0

Variable			Initial Analysis (First)		Fourth Analysis (Last)	
			p	Estimate	p	Estimate
(1)		(2)	(3)	(4)	(5)	
Coping	← Fam Sup	0,00	0,75	0,00	0,743	
Coping	← Stim Eks	0,32	-0,04			
Coping	← Internal	0,06	-0,15	0,047	0,150	
Resilience	← Fam Sup	0,00	0,47	0,00	0,501	
Resilience	← Coping	0,00	0,47	0,00	0,480	
Resilience	← Internal	0,42	-0,04			
Resilience	← Stim Eks	0,19	-0,04			
Personality	← Internal		0,36		0,362	
Experiences	← Internal	0,00	0,84	0,00	0,836	
Knowledge	← Internal	0,00	0,58	0,00	0,576	
Confident	← Internal	0,00	0,73	0,00	0,731	
Value	← Internal	0,00	0,85	0,00	0,850	
Gesture	← Internal	0,00	0,82	0,00	0,815	
Emotion	← Fam Sup		0,96		0,964	
Infor	← Fam Sup	0,00	0,64	0,00	0,638	
Instrument	← Fam Sup	0,00	0,90	0,00	0,899	
Appreciat	← Fam Sup	0,00	0,61	0,00	0,619	
Meaning	← Resilienc		0,94		0,943	
Equanim	← Resilienc	0,05	-0,11	0,05	-0,113	
Persev	← Resilienc	0,00	0,96	0,00	0,953	
Self rel	← Resilienc	0,03	-0,12	0,04	-0,123	
Existen	← Resilienc	0,00	0,86	0,00	0,860	

The table above shows that the contribution of the family as emotional support at 0.964 is the highest value among other that can be interpreted that emotional support is the highest indicator that can contribute to family support.

C. DISCUSSION

Family support can make the positive and significant impact on coping mechanisms. Friedman (1998) in Murniasih (2007) stated that family support is an attitude, action and family acceptance of its members. Family member is seen as an integral part of family's environment. Family members saw that the people who are supportive are always ready to provide help if it is needed. Family support is the verbal information, targeted, real help or

behavior given by people who are familiar with the subject in the social environment or the form of the presence and things that can provide emotional benefits or influence on the behavior of its recipient. Family support is defined by Gottlieb (1983) in Zainudin (2002), is the verbal information, targeted, real help or behavior given by people who are familiar with the subject in the social environment or the form of the presence and things that can provide emotional benefits or influence the behavior of its recipient. In this case, people who get social support, emotionally will find that they relieved for being payed, got advice or a pleasant impression on their self. Sarason (1983) in Zainudin (2002) said that family support is an objection, sadness, concern from people who can be relied, appreciate and love. The same point of view expressed by Cobb (2002), He defines that family support as the comfort, attention, appreciation or helping people by accepting their condition, family support were obtained from individuals or groups.

Family function defined as a result or consequence of the family structure. The function of the family is (Fridman, 1999: 24): 1) Affective function (the function of personality maintenance): to fulfill the needs of psychosocial care for each other and giving love, also accepting and supporting. 2) Socialization and social placement function: development process and individual change in family, the place where the family members have social interaction and learn how to play a role in the environment. 3) reproductive function: to continue the human ancestry and increase human resources. 4) economic function: to meet family needs, such as clothing, food, and shelter. 5) health care function: to care of family members who suffer from health problems.

Family task in health sector based on the functions of health care, family has tasks in health sector that need to be understood and carried out. Friedman (1981: 12) divide 5 family tasks that have to do in the health sector such as: 1) Know the health problems of each member. The smallest change experienced by family members are indirectly be a

concern and responsibility of the family, so if they concern about the changes, it should be noted when it happens, what kind of change and how big the changes. 2) Take the decision to do the right thing for the family. This is the main family task for seeking right help based on family condition, with consideration which one of family member who have an ability to decide the action immediately so that health problems can be reduced or solved. If families have limited ability, they should be ask for help from other members in the family. 3) Giving care to the family members who are suffering or who can not help themselves because of disability or the ages are too young. This treatment can be done at home if the family has the ability to do first aid or health care to get further action so that a serious problem does not occur. 4) Maintain an atmosphere that really good for health at home and for personal development of family members. 5) Maintain the relationship between families and health institutions (optimalization of existing health service).

Forms of Family Support: 1) Emotional Support. The family as a safe and peaceful place to rest and recovery also helping emotion control, Including expression of empathy, care and attention to family members who suffered from cervical cancer (for example: feedback and confirmation) (Marlyn, 1998). 2) Appraisal Assistance : Family as a guidance of feedback, guiding and mediating troubleshooting and as a source also member identity validator. Occurs via expression of positive respect (awards) for leprosy patients, with the approval of individual ideas or feelings and a positive comparison between cervical cancer patients with another patients such as people who are less able or worse (Marlyn, 1998). 3) Material Support (Tangible Assistance): The family is a source of practical and concrete help, including direct help such as money, equipment, time, modification of the environment also helping in stress-time. 4) Information Support: family serves as a collector and Disse minator (spreader) information about the world, including advice, hints, suggestions or feedback. Forms of family support from the family

member are the encouragement, advice or supervise the administration of the daily diet and medication. Family support is also an individual feeling that gets the attention, liked, respected and included as part of the community.

Support that given by the family to the cervical cancer patients post radical hysterectomy bilateral salpingo oophorectomy who receiving chemotherapy is influenced by several factors, including : information owned by the family that transferred to the patient, the condition conduciveness a caregiver, sociocultural, etcetera.

The coping mechanism of cervical cancer patients post radical hysterectomy bilateral salpingo oophorectomy can be influenced by the family support that received by the patient while doing chemotherapy. Family support is a part of social support. That is why this study investigated social support such as: family support, not other social support such as peer support and etcetera, because patients with cervical cancer are all women, their marital status are married or divorced, have a husband and children, so that patients have impaired function and the role as a woman. Functions as women is become a wife, besides the role of women is become a mother. Changing in the health status of women because of cervical cancer will affect the status of the role and function as a woman, so that in this case family member takes part by support any changes that affect the function and role as a women. Statistic correspondent analysis shows that emotional support is the most contributed given to patients with cervical cancer. Emotional support is the support that given to individual with the intention to enhance the comfort, love even when they feel depressed, form of spirit, empathy, trust, attention so that the individual who receive them feel precious. This study showed that the most important emotional support is the support that come from the husband if the patient still has a husband. If the patient does not have a husband by divorced or had been passed away, the child support is the most important of family support. Husband and children are people which have great impact on

a person's psychological. Husband is a life partner for wife or father of the children . Husband has a full responsibility in a family and he has an important role, not only become an income earner, but also as a motivator or person who give support in every decision, including family planning. Husband's support is form of interaction that contains of giving and receiving relationship between husband and his wife.

Husband's support is the form of social interaction including mutual giving and receiving relationship, that is real, put individuals in social system that will be able to create love, attention and sense of attachment either on families and partner (Ingela, 1999). Moral support from husband to his wife is necessary and highly recommended to provide support or give a greater motivation to his wife. Factors that affect husband's support According Cholil et al in Bobak (2004) such as: 1) Culture: people in various region in Indonesia are generally still follow the tradition (patriarchal), they thought that women are not equal than men and the duty of women just to serve what the husband needs and desires. This point of view can affect how husband thread his wife. 2) 75% -100% of community income used to fund the whole life. It can be argued that the husband's empowerment should be linked with the family economical empowerment so that the husband should pay attention about the health of their family member. 3) Education level: educational level will affect the knowledge of the husband as a leader in his house. The lower the husband's education, the lower the access to health information for the family so he will find it hard to take the decisions effectively.

Negative attitudes about cancer sets newly diagnosed patients responds the condition with anxiety and fear. even when the prognosis is good, psychological and physiological effect leads changes in self-concept include body image and lifestyle. Family support has an important role for the individual who suffered the disease to face everyday's life, including cervical cancer patient. Besides family support, a patients mechanism can affect their

psychologic condition. So, family members and health care professional have to support and give the motivation to increase the cervical cancer patient's passion post radical hysterectomy bilateral salpingo oophorectomy that gets chemotherapy.

Low social support especially family support to patients with chronic diseases can affect individual behavior, such as an increased sense of stress, helplessness and despair, these things are eventually can reduce their health status. Declining health status means decreased quality of life of patients. Study about the relationship between social support, stress level and health status of someone had been conducted all over the world. Several studies shows that people who get social support have a fair to poor levels of health problems higher than someone who earns high social support (Yu et al, 2010). The mechanism of social support that can give some good impact to health is not known, but social support especially family support can reduce stress levels (Kornblith et al., 2001).

Family support can fulfill patients needs, better access to health care, improving the psychosocial status, nutritional status, and increase immune system (Patel, Paterson, Kimmel, 2005). Another study in breast cancer patients by Kornblith et al. (2001) showed that fair or poor family support can affect psychosocial because of stress. Low family support can increase effects of a severe psychological disorder. Family support is necessary for individuals who are experiencing stress or for people who do not experience stress. The function of social support when individuals experience stress is becoming the source to protect individuals from severe stress.

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