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## The Relationship Between Family Support And Quality Of Life Of Cervical Cancer Patients In Rumah Singgah Sasana Marsudi Husada Indonesia

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### ABSTRACT

**Introduction:** Patients with cervical cancer are in need of support from people around them, especially families, sometimes they need hospital treatment also required encouragement and motivation of family members to reduce psychological burden and quality of life of patients with cancer increases. The purpose of this research is to determine the relationship between family support and quality of life of cervical cancer patient at Rumah Singgah Sasana Marsudi Husada Yayasan Kanker Indonesia (YKI), East Java, Indonesia.

**Methods:** The research design used correlation analysis with cross sectional study design. Thirty patients with cervical cancer were involved through purposive sampling technique. The independent variable was family support and dependent variable was quality of life. The instrument used in this research was the WHOQOL-BREF questionnaire. The data were analyzed by Spearman Rank (Rho) test with  $\alpha < 0.05$ .

**Results:** Statistical result showed that family support significantly relate to quality of life of cervical cancer patient with a value of  $p = 0,000$  and correlation coefficient ( $r$ ) = 0,994 which means it has a strong relationship.

**Conclusion:** There is a positive and strong relationship between family support and the quality of life of cervical cancer patients. The higher the family support, the better the quality of life felt by cervical cancer patient. All staffs of the institution or foundation is expected to encourage families to support and care for sick family members (cervical cancer patient). Thus, health workers must also enhance their knowledge and skills to detect any changes in the life situation (especially family support) experienced by cancer patients, because this will affect their quality of life.

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## 1. INTRODUCTION

Humans as social beings cannot live alone without the help of others (Hoffmann, 2021). Physical needs (clothing, food and shelter), social needs (relationship, recognition and psychological needs including curiosity, a sense of security, feelings of religiosity), cannot be fulfilled without the help of others (Werdhiastutie et al., 2020). Likewise, people with chronic disease such as cancer need to receive more social support, because social support from close people, especially their families, can reduce the psychological burden associated with

their illness (Kim et al., 2019). But, in fact, sometimes cancer patients even come to health care unit alone without any support from their families. As a result, this has a negative impact on the patient's psychologic, such as a lack of motivation and enthusiasm for treatment. Therefore, this study aimed to identify the relationship between family support and quality of life of cervical cancer patient at Rumah Singgah Sasana Marsudi Husada Yayasan Kanker Indonesia (YKI), East Java, Indonesia.

A person's quality of life is generally seen from several aspects including general state of health, functional abilities and perceived symptoms. The

cancer itself and its treatment can cause physiological, psychological and social problems for patients. Changes in body image due to physical changes as a side effect of the treatment is one of most stressful psychological response for people with cancer (Melisa et al., 2012). This condition makes the patients experience anxiety about the treatment process so that it tends to affect self-concept and affect relationships with other people and including with their spouse. Thus physical, psychological and spiritual disturbances will simultaneously affect the quality of life of cancer patients. Therefore, the needs of patients are not only physical treatment, but also the importance of family support for psychological, social and spiritual needs. In this context, family support become a priority in order to increase the quality of life of cancer patients (Nyoni et al., 2019; Schnabel et al., 2023; Supatmi et al., 2019; Zuardin et al., 2019).

According to data from the WHO (2020), cancer is the second leading cause of death in the world after cardiovascular disease. The incidence of cancer increased from 12.7 million cases in 2008 to 14.1 million cases in 2012. Meanwhile, the number of deaths increased from 7.6 million people in 2008 to 8.2 million in 2012. Indonesia Ministry of Health data for 2013, shows cervical cancer is a disease with the highest prevalence rate in Indonesia, which is 0.8% or an estimated absolute number of 98,692 cases, for East Java the doctor's diagnosis is 1.1% or an estimated absolute number is 21,313 cases. According to Dr. Brahmana in the 2014 eHealth article, said that, at RSUD dr. Soetomo, the biggest referral hospital in Eastern Indonesia, there are 8 to 10 new cervical cancer patients every day, and 70% are already in an advanced stage with a poor prognosis of recovery. In 2016, there were 84 cervical cancer patients at the Yayasan Kanker Indonesia Jawa Timur, one of cancer foundation in East Java province, and then in September-February 2017, the number of cancer survivors as many as 46 patients. In addition, the interviews result also showed that there were cancer patients who were left behind by their families, especially by their husbands when they were diagnosed with cervical cancer, thus when they came to health facilities they were always alone and no family accompanied them (Brahmana, 2020).

Many studies that discuss the quality of life of cancer patients, most find that there is a decrease in the quality of life in cancer patients. When a person with cancer experiences a decrease in the quality of life, it will affect many things and the most prominent is the outcome of the treatment being undertaken, due to the inability to undergo cervical cancer treatment cycles and also the side effects of treatment which can reduce the work of therapy. Quality of life is influenced by the mindset of patients towards their illness, personality, receiving information about the disease they are experiencing, access to health services besides social support from both the family and from the community

environment to be able to accept their situation and continue to get optimal roles and functions in their environment will significantly affect the patient's quality of life (Chowdhury & Chakraborty, 2017). There are many things that can be done to improve the quality of life for cervical cancer patients, including providing good care that involves biopsychosocial and spiritual including cancer wound care, palliative care and spiritual assistance by religious leaders. However, nurse need to motivate families to always provide a support for family members with cervical cancer.

## 2. METHODS

### Study Design

The research design is corelational analysis with a cross sectional approach that was conducted in May to June 2017. Two research variables were measured, including family support and quality of life of cervical cancer patients

### Population, Samples, and Sampling

The population in this study were all cervical cancer patients at the Jawa Timur of the Sasana Marsudi Husada Shelter in January - June 2017. There were 30 cervical cancer patients through purposive sampling who were at the Rumah Singgah Sasana Marsudi Husada, Yayasan Kanker Indonesia (YKI) East Java, Indonesia with inclusion criteria: cooperative, cervical cancer patients at stages I-IV and registered as member. While the exclusion criteria were patients who experience memory and vision loss.

### Instruments

The instruments used in this study were a questionnaire of family support and World Health Organization Quality of Life - BREF (WHOQOL - BREF).

### Procedure

Data collection began since the research permit was granted by the Yayasan Kanker Indonesia (YKI) East Java, Indonesia. The researchers ensured that all cervical cancer patients who were willing to be involved as research respondents signed an informed consent (after being given a comprehensive explanation about the research being conducted). After obtaining informed consent, the researcher asked respondents to fill out a questionnaire regarding family support and quality of life according to the respondent's perception. All procedures are carried out at the YKI shelter while maintaining the confidentiality of the respondent's data.

### Data Analysis

Data analysis used the Spearman Rank Test to examine the relationship between family support and quality of life for cervical cancer patients with the value of  $\alpha = 0.05$ .

### 3. RESULTS

Table 1. Family support of cervical cancer patients at the Rumah Singgah Sasana Marsudi Husada, Yayasan Kanker Indonesia (YKI) East Java, Indonesia on 5 May-28 June 2017

Quality of Life	f	%
Good	16	53,3
Moderate	12	40,0
Poor	2	6,7
Total	30	100

Table 2. Quality of life of cervical cancer patients at the Rumah Singgah Sasana Marsudi Husada, Yayasan Kanker Indonesia (YKI) East Java, Indonesia on 5 May-28 June 2017

Quality of Life	f	%
Good	13	43,3
Moderate	15	50,0
Poor	2	6,7
Total	30	100

Table 3. Cross-tabulation and statistical result

Family Support	Quality of Life			Total
	Poor	Moderate	Good	
Poor	2 (6.7%)	0 (0%)	0 (0%)	2 (6.7%)
Moderate	0 (0%)	12 (40%)	0 (0%)	12 (40%)
Good	0 (0%)	3 (10%)	13 (43.3%)	16 (53.3%)
Total	2 (6.7%)	15 (50%)	13 (43.3%)	30 (100)
Spearman Rank Test ( $\alpha$ 0.05) $\rho$ = 0.000 and $r$ =0.994				

Based on table 1, the results showed that more than half (53.3%) of respondents showed a family support in "excellent" category, while as many as 12 respondents (40%) had a moderate family support, and only 6.7% showed a poor family support.

Based on table 2, half (50%) of the respondents showed a moderate quality of life, while as many as 13 respondents (43.3%) showed a good quality of life and only few respondents (6.7%) have a poor quality of life.

Table 3 showed that respondents with a poor family support showed a poor quality of life too (6.7%), while respondents with moderate family support showed a moderate quality of life (as many as 40%), as well as the respondents with a good family support showed a moderate to good quality of life (53%). In line with it, the Spearman's Correlation Rank statistical test showed that there is a significant relationship between family support and the quality of life of cervical cancer patients with a correlational coefficient value of 0.994, which means that it has a positive and strong relationship.

### 4. DISCUSSION

It shows that of 30 cervical cancer patients at the Rumah Singgah Sasana Marsudi Husada Yayasan Kanker Indonesia had good family support in majority. Here the family has an important role, namely being able to care for family members who are sick, either by accompanying them during health checks or looking after the family while at the foundation. So that this support can make them strong and enthusiastic in living their lives.

In research conducted by Tanjung Karang health polytechnic students, they said that living with family can affect family support, which should be the family as the closest person, which should provide adequate support (Susilowati & Mu'in, 2015). In this study, family support was good because it might be influenced by marital status, most of whom were married and had husbands. Therefore Friedman Narr & Kemmery (2015) explained that marital status is one of the factors that influence family support, associated with an increase in family members, family support for sick family members will also increase. Those who have a life partner will feel that there is someone who cares for them, who wants healing and well-being in their life. Apart from that, from the demographic data obtained, almost all patients live with family members. In addition, education also influences good family support, as the results obtained show that most of the last education of the respondent's husbands had high school education.

Table 3 shows that the quality of life for cervical cancer patients is mostly have a moderate quality of life and almost half of them having good education level. According to the research of (Barbareschi et al., 2011), level of education is one of the factors that can affect the quality of life, the results of the study show that the high significance of the comparison of highly educated patients increases in functional limitations related to emotional problems from time to time. Patients with high level of education compared to patients with low education found a better quality of life for patients with higher education in the physical and functional domains, especially in physical functioning, energy/fatigue, social functioning, and limitations in functioning roles related to emotional problems. In addition, age and marital status also affect quality of life according to the previous study. The study conducted by AlBuhairan et al. (2016) found that there are differences related to age in aspects of quality of life that are important to individuals (AlBuhairan et al., 2016). Based on research conducted by Ryff & Singer (1998) in Troy et al. (2023), on adult individuals express higher well-being in middle adulthood. Glenn and Weaver conducted empirical research in America in general showing that married individuals have a higher quality of life than individuals who are not married, divorced, or widowed or widowed as a result of a spouse's death (Veenhoven, 1989 in Moradi & Hezarjaribi, 2019).

From the study above, it was found that the greatest percentage of the quality of life was moderate (50%), this was because there was a comparative effect of patients with higher education in high school. Age also affects the quality of life of cervical cancer patients, the results obtained are that most of the respondents are aged between 47-49 years. In addition, the cancer stage of patient also affects the patient's quality of life where there are differences in early and advanced stage patients, early stage patients cannot accept their situation and are still unstable with their decisions, while advanced stages are starting to be able to accept their situation. In this case, it was found that most of the respondents were stage 3 (Schallock, 2004 in Vanleerberghe et al., 2017).

Based on the Spearman's Correlation Rank statistical test means that there is a relationship between family support and the quality of life of cervical cancer patients which means there is a positive and strong relationship. Family social support is a process that occurs throughout the life span, the nature and type of social support varies at various stages of the life cycle. However, at all stages of the life cycle, family social support enables the family to function with a variety of intelligences and intellect. As a result, this improves family health and adaptation (Friedman Narr & Kemmery, 2015).

Quality of life is directly affected by good parenting experiences, negative parenting experiences, and chronic stress. Economic resources and social resources have a direct impact on quality of life. Four domains that are very important for quality of life, namely health and functioning, socio-economic, psychological, spiritual, and family. The domain of health and functioning includes aspects such as usefulness to others and physical independence. The socio-economic domain is related to living standards, environmental conditions, friends, and so on. Domain Psychological/spiritual includes happiness, peace of mind, control over life, and other factors. The family domain includes family happiness, children, spouse, and family health. Although it is difficult to exclude all elements of life, the four domains cover most of the elements considered essential for quality of life (Schallock, 2004 in Vanleerberghe et al., 2017).

The results showed that family support was good and the quality of life for patients was moderate. The results showed that majority of respondents showed a moderate family support and also a moderate quality of life. This is in accordance with the theory from Friedman Narr & Kemmery (2015), states that family support is an attitude, an act of family acceptance of family members, in the form of informational support, appraisal support, instrumental support and emotional support. So family support is a form of interpersonal relationship that includes attitudes, actions and acceptance of family members, so that family members feel that someone is paying attention.

Social changes that occur are shown in social relations in the family and surrounding community, contributions made to other people (work, income and results of work), and so on. The quality of life will be disrupted when a person suffers from an illness so that it attracts him in an 'isolated' situation and makes the social environment allow the sufferer to be free from his social role. However, this can cause burdens for other people, including the financial burden of paying for treatment, the inability to be passionate about their environment and others (Thornton & Lin, 1994 in Yan, 2020). Patients should be reminded to report the changes of life situation they are experiencing, including changes in their sexual life activities. Therefore, health workers must be sensitive to changes in patients, both physically, psychologically, socially and spiritually, because this will quickly affect their quality of life.

## CONCLUSION

There is a positive and strong relationship between family support and the quality of life of cervical cancer patients. The higher the family support, the better the quality of life felt by cervical cancer patient. All staffs of the institution or foundation is expected to encourage families to support and care for family members with cervical cancer. In addition, health workers must also enhance their knowledge and skills to detect any changes in the life situation (especially family support) experienced by cancer patients, because this will affect their quality of life.

## REFERENCE

- AlBuhairan, F., Nasim, M., Al Otaibi, A., Shaheen, N. A., Al Jaser, S., & Al Alwan, I. (2016). Health related quality of life and family impact of type 1 diabetes among adolescents in Saudi Arabia. *Diabetes Research and Clinical Practice*, 114, 173-179.  
<https://doi.org/10.1016/j.diabres.2016.01.001>
- Barbareschi, G., Sanderman, R., Leegte, I. L., Van Veldhuisen, D. J., & Jaarsma, T. (2011). Educational level and the quality of life of heart failure patients: a longitudinal study. *Journal of Cardiac Failure*, 17(1), 47-53.  
<https://doi.org/10.1016/j.cardfail.2010.08.005>
- Brahmana, N. R. (2020). *Kajian Faktor Dalam Skor Infertilitas Pada Kasus Rujukan dan Non Rujukan Yang Menjalani Tindakan In Vitro Fertilization (IVF) di Klinik Fertilitas Graha Amerta Rsud dr. Soetomo Surabaya Periode 2014-2016*. Universitas Airlangga.
- Chowdhury, S., & Chakraborty, P. pratim. (2017). Universal health coverage - There is more to it than meets the eye. *Journal of Family Medicine and Primary Care*, 6(2), 169-170.  
<https://doi.org/10.4103/jfmpc.jfmpc>
- Friedman Narr, R., & Kemmery, M. (2015). The

- nature of parent support provided by parent mentors for families with deaf/hard-of-hearing children: Voices from the start. *Journal of Deaf Studies and Deaf Education*, 20(1), 67–74. <https://doi.org/10.1093/deafed/enu029>
- Hoffmann, A. (2021). Humans are not meant to live alone. *European Journal of Preventive Cardiology*, 28(16), e14–e14. <https://doi.org/10.1177/2047487320920757>
- Kim, G. M., Lim, J. Y., Kim, E. J., & Park, S. M. (2019). Resilience of patients with chronic diseases: A systematic review. *Health and Social Care in the Community*, 27(4), 797–807. <https://doi.org/10.1111/hsc.12620>
- Melisa, P. T., Jeavery, B., & Frenly, M. U. (2012). hubungan dukungan sosial dengan kualitas hidup pada pasien tuberkulosis paru di poliparu RSUP Prof DR. RD Kandou Manado. *E-Jurnal Keperawatan*, 1(1). <https://doi.org/10.35790/jkp.v1i1.2202>
- Moradi, S., & Hezarjaribi, J. (2019). The study of effective factors and strategies for improve happiness in Illam. *Journal of Applied Sociology*, 30(1), 39–72. <https://doi.org/10.22108/jas.2018.110800.1374>
- Nyoni, T., Nabunya, P., & Ssewamala, F. M. (2019). Perceived social support and psychological wellbeing of children orphaned by HIV/AIDS in Southwestern Uganda. *Vulnerable Children and Youth Studies*, 14(4), 351–363. <https://doi.org/10.1080/17450128.2019.1634855>
- Ryff, C. D., & Singer, B. (1998). The contours of positive human health. *Psychological Inquiry*, 9(1), 1–28.
- Schalock, R. L. (2004). The concept of quality of life: what we know and do not know. *Journal of Intellectual Disability Research*, 48(3), 203–216.
- Schnabel, A., Lordick, F., Oberth, P., Neuschulz, M., Lehmann-Laue, A., Mehnert-Theuerkauf, A., & Hinz, A. (2023). Supportive care needs and health-related quality of life in cancer patients receiving palliative care. *Frontiers in Psychology*, 14, 1–12. <https://doi.org/10.3389/fpsyg.2023.1166801>
- Supatmi, Mayangsari, W. I., Sumara, R., & Yunitasari, E. (2019). The relationship between family support and self-esteem among cervical cancer patients undergoing chemotherapy. *Indian Journal of Public Health Research and Development*, 10(8), 2666–2670. <https://doi.org/10.5958/0976-5506.2019.02271.X>
- Susilowati, A., & Mu'in, M. (2015). *Hubungan Dukungan Keluarga dengan Konsep Diri Pasien Kanker Mamae di RSUP dr Kariadi Semarang*. Diponegoro University.
- Thornton, A., & Lin, H.-S. (1994). *Social change and the family in Taiwan*. University of Chicago Press.
- Troy, A. S., Willroth, E. C., Shallcross, A. J., Giuliani, N. R., Gross, J. J., & Mauss, I. B. (2023). Psychological resilience: An affect-regulation framework. *Annual Review of Psychology*, 74, 547–576.
- Vanleerberghe, P., De Witte, N., Claes, C., Schalock, R. L., & Verté, D. (2017). The quality of life of older people aging in place: a literature review. *Quality of Life Research*, 26, 2899–2907.
- Veenhoven, R. (1989). National wealth and individual happiness. *Understanding Economic Behaviour*, 9–32.
- Werdhiastutie, A., Suhariadi, F., & Partiw, S. G. (2020). Achievement Motivation as Antecedents of Quality Improvement of Organizational Human Resources. *Budapest International Research and Critics Institute (BIRCI-Journal): Humanities and Social Sciences*, 3(2), 747–752. <https://doi.org/10.33258/birci.v3i2.886>
- WHO. (2020). Doing What Matters in Times of Stress: An Illustrated Guide. In *Oms*.
- Yan, Y. (2020). *The individualization of Chinese society*. Routledge.
- Zuardin, Razak, A., Maidin, M. A., Tamar, M., & Yani, A. (2019). Patterns of family support in cervical cancer survivors with high resilience. *International Journal of Innovative Technology and Exploring Engineering*, 9(1), 1604–1606. <https://doi.org/10.35940/ijitee.A4572.119119>