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Relationship between Family Support and Quality of Life in Breast Cancer Patients: A Cross Sectional Study

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Abstract

Breast cancer is still a major problem in the world of health. This is evidenced by the many cases of functional physical complications that occur. Efforts to provide support for cancer patients are very important to do in order to improve their quality of life. High family support will make the quality of life better so that the health status will be better. Individuals with high quality of life will have a strong desire to recover so that they can improve their health. ***Objective:*** *This study aims to determine the relationship between family support and quality of life in breast cancer patients at the Kalijudan, Pacar Keling, and Mulyorejo health centers.* ***Methods:*** *The research design is quantitative with a cross-sectional approach. The research sample was 44 respondents. The questionnaire used the Family Support Scale (FSS) and The Quality of life a Breast Cancer Patient (QOL-BC).* ***Data Analysis:*** *Data were analyzed using Spearman rank with a significant level of 0.05.* ***Results:*** *The results showed that breast cancer patients who had family support in the good category were 39 respondents (88.6%), the moderate category was 5 respondents (11.4%), while the quality of life in breast cancer patients was in the good category as many as 26 respondents (59 .1%), moderate 17 respondents (38.6%), and poor 1 respondent (2.3%). The results of the Spearman Rank test show that there is a relationship between family support and quality of life with a p value of 0.029 < (α) 0.05.* ***Discussion:*** *Good family support affects the quality of life of breast cancer patients. Lack of family support given to breast cancer patients will result in poor quality of life of patients and vice versa good family support will make quality of life better.*

Keyword:

Family Support, Quality Of life, Breast Cencer

INTRODUCTION

Breast cancer is still a major problem in the world of health, as evidenced by various cases of functional physical complications and can also cause impaired quality of life. The decline in the quality of life of women with breast cancer can be seen from the physical health, psychological status, social relationships, independence and spirituality. When someone is diagnosed with cancer, they generally assume that the cancer they suffer from is a chronic disease condition that makes someone have unpleasant and even frightening thoughts, starting from a decline in physical condition to the fact that the disease can cause death (Hopman & Rijken, 2014). The family has a duty to provide care for family members who are sick. Hospital care will be successful if assisted by the role of the family. Based on the results of research conducted by Husni, et al (2015), family support given to patients is still little or lacking. This is influenced by several factors including income, employment and education (Husni et al., 2015). In accordance with the theory put forward by Friedman (2010) that negative family support will affect the health of clients, especially those related to chronic diseases. Therefore, family support is needed to help family members recover

Problems that usually occur in breast cancer patients are frequent depression, anxiety, anger, bad mood, social withdrawal, isolation and aggression (Di Giacomo et al., 2016). Based on research conducted by Irawan, et al., (2017) said that cancer patients experience physical changes that result in feelings of shame which affect the quality of life of cancer patients. Breast cancer is a producer of milk glands, or can also start from the ducts that flow milk from the lobes to the nipples. In addition, breast cancer can also start from the stromal tissue, which contains fat and fibrous breast tissue (National Breast Cancer Foundation, 2011). Conditions in breast cancer patients experience many changes in themselves and their daily lives, namely physical and psychological conditions such as pain, fatigue, sleep rest, while in their psychology such as appearance, self-concept, positive and negative feelings.

According to the findings of the Health Organization International Agency For Research Center (IARC), the global death toll from cancer increased to 8.2 million in 2012 and around 43,500 deaths from breast cancer each year, making this disease the second largest cause of death after lung cancer in women in the United States (Ministry of Health of the Republic of Indonesia, 2015). In Indonesia, the highest incidence for women is breast cancer, which is 42.1 per 100,000 (Ministry of Health of the Republic of Indonesia, 2019). The incidence of breast cancer in East Java Province in 2019, the number of women examined and found lumps was 1,243 women (0.5%) (East Java Provincial Health Office, 2020). The incidence of breast cancer in the city of Surabaya in 2018, the number of women examined and found lumps was 262 women (1.93%). Based on the results of research conducted by Irawan (2017) on breast cancer patients at the Shelter, 21 people (63.6%) had family support in the sufficient category, 10 people (80.0%) in the high category, and 2 people (6.1%) in the low category. The results obtained are possible high family support due to high socio-economic factors. In the quality of life variable, almost all of them have a good quality of life, namely 30 people (90.9%), 3 people (9.1%) in the sufficient category and no respondents have a poor quality of life. The possibility of a good quality of life is due to marital status, where out of 30 people 27 of them have married status (Irawan et al., 2017). A very important thing to note for breast cancer patients is physical problems and quality of life, because individuals will experience a drastic physical decline which will affect their quality of life.

Treatment and therapy for breast cancer patients cause changes both physically and psychologically. This is because the problems experienced by breast cancer patients are long-term and affect their quality of life (Eccleston, et.all., 2015). Quality of life is an individual's perception of their position in the context of the culture and value system in which they live that is related to their goals, expectations, standards and concerns (Nursalam, 2014). There are several factors that influence the quality of life of breast cancer patients such as family support and the surrounding environment. Cancer patients who undergo treatment certainly experience side effects such as fatigue, anemia, skin reactions, and experience psychological stress such as depression, anxiety, and others (Tsitsis & Lavdaniti, 2014 in Witdiawati, 2018). Efforts made by both breast cancer patients themselves and their families are solely to maintain their quality of life (Witdiawati, 2018).

Humans are generally social creatures who are dependent on others. Likewise with breast cancer patients, they have a dependency in meeting the needs to maintain their health and quality of life. Therefore, cancer patients have a high dependence on their surroundings, especially family (Lopez, et al, 2011; Graves, 2012; Kroenke, et al, 2013, in Witdiawati, 2018). Family is part of the patient's life. Someone who is bound by marriage, has blood ties, lives in one house, communicates and interacts with each other, and has their respective roles is said to be a family (Kaakinen, 2010 in Witdiawati, 2018). Family is an important part of the treatment process for breast cancer patients because the culture of the family says that disease is one of the factors that influences the quality of life of breast cancer patients. Efforts by the family to seek information about treatment and therapy for breast cancer patients become positive coping for the family and become an effort by the family to provide support for patients while caring for patients (Rankin, 2011 in Witdiawati, 2018). Friedman (2010) said that family support is the attitude, action and acceptance of the family towards their family members. Family members are seen as an inseparable part of the family environment, family members view that supportive people are always ready to provide help and assistance if needed (Friedman, 2010). Quality of life is a condition where patients who experience the disease they suffer from can still feel comfortable physically, psychologically, socially, and spiritually and are optimally able to utilize their lives for the happiness of themselves and others (Suhardin, et al., 2016). Family support consists of assessment support, instrumental support, informational support and emotional support. The family plays a role in providing assessment support by guiding, supporting and assessing the situation that occurs by solving problems together. The family also plays a role in providing instrumental support such as providing services to patients, providing financial and material assistance. In addition, the efforts made by the family to overcome existing problems are by seeking information to overcome these problems. This support is called informational support. Emotional support provided by the family, namely the family provides a comfortable place so that patients have good coping (Friedman, 2010).

In breast cancer patients with high family support will make the quality of life higher. A good quality of life is very necessary so that individuals are able to get good health status and maintain optimal physical function and ability as long as possible, individuals who have a high quality of life will have a strong desire to recover and can improve their health. Conversely, if the quality of life decreases, the desire to recover also decreases (Sasmita, 2016). Efforts to provide support for cancer patients are very important to improve the quality of life of individuals. Therefore, the family plays a very important role in the patient's treatment process because it helps patients to reduce anxiety, stress or depression when undergoing treatment therapy (Benerje, Aloysius, Platonos, & Deirel, 2018). Based on the description above, the researcher is interested in conducting research on the Relationship between Family Support and Quality of Life in Breast Cancer Patients.

METHODS

The research design used in this study is non-experimental using analytical correlation to determine the relationship between variables, which will later be analyzed, estimated and tested according to theory. The sample used in the study must represent the existing population. Determination of the sample in this study is based on sample criteria. The existence of sample criteria can help researchers reduce bias. These criteria consist of inclusion and exclusion criteria (Nursalam, 2016). as many as 44 breast cancer patients in three health centers. Sampling was carried out using non-probability sampling techniques with purposive sampling and proportional random sampling. Sampling using the purposive sampling method because researchers only seek samples in breast cancer patients who live with their families. The independent variable in this study is family support. The dependent variable in this study is quality of life. The independent variable is family support which is measured using the Family Support Scale (FSS) questionnaire. The questions in the questionnaire consist of 20 questions and answers using a Likert scale with the criteria: No (0), Little (1), Some (2) and Many (3). The results of the reliability test of the Family Support Scale (FSS) questionnaire conducted by (Uddin & Bhuiyan, 2019) obtained a Cronbach's Alpha value of 0.94, which means that the questionnaire is reliable for use. The results of the study (Uddin & Bhuiyan, 2019) stated that the Family Support Scale (FSS) questionnaire is reliable for use in developing countries. The dependent variable,

namely quality of life, was measured using the The Quality of Life a Breast Cancer Patient (QOL-BC) questionnaire. Data analysis was carried out to determine the correlation between family support and quality of life. Both variables are on the same ordinal scale, so to determine the relationship between the two, a statistical test was carried out using SPSS with Spearman Rank (Rho) correlation.

RESULTS

Table 1. Distribution of Characteristics of Research Respondents

Respondent Characteristics	n (%)
Age	
Early Adulthood (26 – 35)	2 (4.5%)
Late Adulthood (36 – 45)	14 (31,8%)
Early Elderly (46 – 55)	13 (29,5%)
Late Elderly (56 – 65)	14 (31.8%)
Seniors (> 65)	1 (2,3 %)
Religion	
Islam	42 (95,5%)
Christian	1 (2,3%)
Catholic	1 (2,3%)
Ethnicity	
Javanese	44 (100%)
Duration of Illness	
0-5 years	32 (72,7%)
6-10 years	11 (25,0%)
>10 years	1 (2,3%)
Last Education	
Elementary School	28 (63,6%)
Junior High School	8 (18,2%)
High School	5 (11,4%)
Bachelor's Degree	3 (6,8%)
Occupation	
Housewife	36 (81,8%)
Trader/Entrepreneur	5 (11,4%)
Employee	2 (4,5%)
Retiree	1 (2,3%)
Income	
No Income	35 (79,5%)
> 1 million/Month	4 (9,1%)
1-2 million/Month	3 (6,8%)
3-4 million/Month	2 (4,5%)
Marital Status	
Married	42 (95,5%)
Not Married	2 (4,5%)

The age of respondents who experienced breast cancer was in the late adulthood stage 14 respondents (31.8%) and the late elderly 14 (31.8) respondents. All respondents in this study were female (100%), Javanese (100%), mostly Muslim (95.5%), and married (95.5%). Most respondents came from the Mulyorejo Health Center (54.5%). Most respondents had elementary school education (63.6%), and most worked as housewives (81.8%) so that most respondents had no income (79.5%). The duration of illness of most respondents was 0-5 years (72.7%) (Table 1).

Table 2. Indicators of Family Support for Patients

Family Support Indicators	***Mean*±SD**
Instrumental Support	**14,95±2,332**
Assessment Support	12,93±2,073
Emotional Support	13,82±1,483
Informational Support	10,30±1,579

The family support that is given the most is instrumental support with a mean value and standard deviation (14.95 ± 2.332). The family provides more support in the form of services to respondents. In addition, the family also provides support in the form of materials given directly by the family to respondents (table 2).

Table 3. Family support and quality of life of breast cancer patients

Variable	n	%
Family Support		
Moderate	5	11,4
Good	39	88,6
Quality of Life		
Poor	1	2,3
Moderate	17	38,6
Good	26	59,1
P Value = 0.029; r = 0.329		

Table 3 shows the level of family support, which is mostly good for 39 respondents (88.6%) and moderate for 5 respondents (11.4%). There is no family support in the bad category. The level of quality of life is mostly good for 26 respondents (59.1%), moderate for 17 respondents (38.6%), and poor for 1 respondent (2.3%). Based on the results of statistical tests using the Spearman rank, the p value/sig (2-tailed) value is 0.029 <(α) 0.05. The conclusion from the data obtained is that H0 is rejected and H1 is accepted, meaning that there is a relationship between family support and quality of life in breast cancer patients at the Kalijudan, Mulyorejo, and Pacar Keling Health Centers. It is said that the significance value is 0.029, which means that the level of relationship is low.

DISCUSSION

The results of the test conducted using the Spearman rank obtained a p value of 0.029 <0.05. Therefore, H0 is rejected, which means that there is a relationship between family support and the quality of life of breast cancer patients at the Kalijudan Health Center, Pacar Keling Health Center, and Molyorejo Health Center.

In line with research conducted by Irawan et al (2017) which stated that there is a relationship between family support and the quality of life of breast cancer patients at the Bandung cancer shelter. The results of the test obtained a p value of 0.024. The same is true of research conducted by Zou et al (2014) which stated that social support has a relationship with quality of life with a p value <0.01 and a correlation value of r = 0.41.

The results of a study conducted by Husni et al (2015) found that the OR value was 14,000, which means that if there is poor family support, there is a 14,000-fold risk that the quality of life will also be poor. A study conducted by Silalahi (2019) obtained a p value of 0.004 <0.005. This means that there is a relationship between family support and the quality of life of breast cancer patients undergoing chemotherapy. If the family support given is good, the quality of life of cancer patients will also improve. Conversely, if the family support given is poor, the quality of life of breast cancer patients will also be poor (Hakim et al, 2013 in Silalahi, 2019).

Family support is an attitude, action, and also acceptance from family members towards sick family members. Family support can be obtained from people close to the patient such as parents, husband, wife, children, or siblings. The support provided can be in the form of information, physical activity, or material that can provide a sense of comfort, being loved, cared for, and cared for by the family (Nauli, 2014 in Ayuni, 2020).

Family support consists of informational, assessment, instrumental, and emotional support. Assessment support is support in providing assessment by guiding, supporting and assessing the situation that occurs. Instrumental support is support that plays a role in providing services to patients, providing financial and material assistance. Informational support is support in providing information to overcome problems. Emotional support is support provided by the family in the form of a comfortable place so that the patient's coping becomes better (Friedman, 2010).

Family support is very helpful for someone, especially for breast cancer patients in dealing with their problems. If family support is given properly, it will create high motivation and self-confidence in breast cancer patients (Yulianto, 2020). Family support also affects health and well-being. Good family support will result in decreased mortality rates, increased recovery rates, increased cognitive and physical function, and emotional health (Friedman, 2013 in Yulianto, 2020).

Breast cancer patients certainly experience physical changes due to their illness which causes breast cancer patients to feel insecure. This will affect their quality of life. Family support is one of the factors that can affect the quality of life of breast cancer patients. Therefore, families must provide support to breast cancer patients such as taking good care of patients. Good family support will improve their quality of life (Ayuni, 2020).

Quality of life is defined as an individual's perception of their position in life where the context of their culture and value system lives and in relation to their goals, standard expectations, and concerns (Nursalam, 2014). Quality of life consists of several dimensions, namely the physical health dimension discusses problems of fatigue, pain, appetite, sleep, and general physical condition. The psychological dimension discusses life problems caused by illness and treatment. The social dimension discusses social support, sexuality, activities at home, work, financial burdens and feeling isolated. The spiritual dimension discusses activities related to spirituality, the future, positive life changes, life goals, and the desire to recover (Djuminten et al., 2011).

A good quality of life is indicated by patients undergoing treatment regularly so that they are likely to recover. As a result, patients can return to their activities to meet their needs without relying on others anymore. Patients can be independent both emotionally, socially, and physically so that their quality of life is better (Husni et al., 2015).

CONCLUSION

This study found that H0 was rejected and H1 was accepted, meaning that there is a relationship between family support and quality of life in breast cancer patients at the Kalijudan, Mulyorejo, and Pacar Keling Health Centers.

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