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Analysis of Factors Related to The Quality of Life of Clients with Breast Cancer

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Abstract

Background: Breast cancer is one of the cancer that can caused death in women. Breast cancer decreased physical or psychological conditions of patient. Patients with breast cancer can negatively impact the quality of life of these patients. **Purpose:** To analyze of factors related to the quality of life of clients with breast cancer. **Method:** The samples were 174 clients of breast cancer at November 2015 who met the criteria for inclusion. This research used descriptive correlation method with cross sectional approach. Statistical tests used were Chi square and double Regression Logistic. **Results:** The result of this research indicated, patients with breast cancer above 50 years old is 64,4%, those not working 83,3%, high school graduated patients 61,5%, married patients 77,0%, 60,9% patients were at stage 4, 72% had income above one million rupiah, and 73% had fair quality of life. **Conclusion:** There were relationship among ages, job status, education, marriage status, level of cancer, and income with quality of life. The income is dominant factor of all.

Keywords: Breast cancer, Quality of life, Related factors

INTRODUCTION

Breast cancer (mammary carcinoma) is a disease of cell growth, as a result of the oncogene that causes normal cells into cancer cells in breast tissue (Suryaningsih & Bertiani, 2009). Data International Agency For Research on Cancer (IARC) in 2008, breast cancer is second only to lung cancer in the number of cases (12.9 Million) .Prevalensi breast cancer in Indonesia in 2013 is estimated at 61.682 persons or 0.5%. Provinces that have the highest prevalence of breast cancer is the province of Central Java, by 0.7%, with an estimated 11.511 people while the West Sumatra province ranks seventh for breast cancer with the estimated number of 2,285 persons or 0.9%.

Breast cancer has been getting the most attention among the study quality of life in cancer patients for several reasons. First, the number of women with breast cancer is increasing. Second, early detection and treatment of breast cancer has increased and the survivors live longer. Third, breast cancer affects women's identity (Montazeri, 2008).\

Based on medical records DR. M. Djamil Padang Hospital in January to June 2015 the number of clients who are diagnosed with cancer in DR M Djamil Padang 1,250 people there are 775 people with a diagnosis of breast cancer. Based on this phenomenon and previous studies, the researchers are interested in research on factors related to the quality of life of clients of breast cancer in the DR. M. Djamil Padang Hospital 2015.

METHOD

Research design

The research design was used descriptive correlation with a cross sectional approach that aims to get an overview of the relationship between the factors related to individual characteristics

and medical conditions and quality of life of breast cancer clients.

Population and Sample

The population in this study was all clients diagnosed with breast cancer in DR. M. Djamil Padang Hospital from January to June 2015 amounted to 775 people (so the estimated number of the population in one year was 1550 persons) .After a large calculation sample obtained 174 samples corresponding inclusion and exclusion criteria.

Research Instrument

Instruments A on the individual characteristics include about age, employment status, educational status, marital status, and income as well as the medical condition factor, which contains about stage of cancer .Instrumen B is used to assess the quality of life of cancer patients is a questionnaire issued by the EORTC (European Organization for Research and Treatment of Cancer) which contains 30 core questions (EORTC QLQ C-30) which has been translated by back-translation into Indonesian.

Data Collection Procedures

The data collection process begins from the date of November 03-28, 2015. Researchers identify potential respondents who meet the criteria

RESULT

Characteristic data obtained more than half of respondents (64.4%) breast cancer clients' aged over 50 years. Most (83.3%) did not work, more than half (61.5%) educated through high school, The majority (77.0%) were married. Based on the stage of the cancer more than half (60.9%) were in stage 4, and more than half (72.4%) have incomes above one millions. The result of analysis reveals more than half (73.0%) breast cancer clients had middle level quality of life.

Result of analysis of the relation between age and quality of life of clients of breast cancer gets that aged over 50 have moderate quality of life (79.5). Results of analysis of employment status with the client's quality of life of breast cancer found that the work has a quality of life was (96.6%) compared with those not working (68.3%). Results of analysis of the relationship between educational status and quality of life of breast cancer clients found that the more educated high school (97.2%) and PT (83.3%) who have a quality of life compared to elementary school (25.0%) and junior high school (23.4%).

The results of the analysis of the marital status relationship with the quality of life for cancer clients payudaradengan quality of life was found that more likely to be married to have quality of life was (89.6%) compared with the widows (17.5%). the results of the analysis of the relationship of income the quality of life of breast cancer clients found that more than half earning over one million have moderate quality of life (96.8%). the results of the analysis of the cancer stage relationship with the client's quality of life and quality of life of breast cancer found that more that is on stage 4 which has a moderate quality of life (82.1%).

DISCUSSION

Clients have the quality of life of breast cancer clients categories were as many (73.0%). Results of research in tune with research Pradana (2012), that most of the clients were cancer quality of life (score 501-1000).

Breast cancer clients more age is above 50 years (64.4%). According Devianti (2009) Based on the results of research conducted by Trisnadewi (2013) the incidence of breast cancer pretty much are in the age range 50-60 years.

Breast cancer clients that does not work (83.3%). Based on the observations of researchers this happens because breast cancer clients are mostly housewives, more than half the retirement age, and because of disease conditions that cause the client is unable to work.

Breast cancer clients through high school education (61.5%). Based on research conducted by Fahriza (2010), the higher one's education, the more spacious one's knowledge of cancer treatment.

Breast cancer clients are married (77.0%) If a woman was married at that age old enough chances to get smaller offspring than if married at a younger age. In the women like this, the chances of developing breast cancer is greater (Luwia, 2005).

Clients breast cancer is in stage 4 (60.9%). According to Silverman (2012) and the Canadian Cancer Society (2007), stage of cancer pathology is based on tumor size, node status and their metastases. Ada 5-stage classification of breast cancer, according to Silverman stage 0, stage 1, stage 2, stage 3 and stage 4.

Breast cancer clients more than half (72.4%) breast cancer clients have an income above the high one millions. Higher person's income level, the greater the need for the information. Results of analysis of the relationship between age and quality of life of breast cancer in above 50 year-old has a moderate quality of life (79.5%). Yeom et al (2013), there was a significant relationship between age-specific with the management of symptoms on quality of life of breast cancer patients are older.

Results of analysis of the relationship between employment status and quality of life of breast cancer clients found that the more, a lot more work has a quality of life that was (96.6%) compared with those not working (68.3%). Wahl, rustoen, hanestad, Lerdal & Moum in Nofitri (2009) found that employment status associated with living kualita in both men and women.

Results of analysis of the relationship between educational status and quality of life of cancer clients payudara.Moons, Marquet, Budst, and de Geest in Nofitri (2009) says that the level of education is one of the factors that can affect the quality of subjective life.

The results of the analysis of the marital status relationship with the client's quality of life and quality of life of breast cancer found that more are married have the quality of life was (89.6%). Chae (2010).

Based on more than half the stage of the cancer is at stage 4 (60.9%). Based research done by Hanafi & Zulbahri Zakaria (2010) concludes that the quality of life of breast cancer patients affected by stage of cancer.

The significant relationship between income and quality of life is consistent with research in Nofitri Baxter (2009) found an effect on the income and quality of life that is lived subjectively.

Multivariate analysis turned out to be significant variables related to quality of life is variable income. Dzervite (2012) find their financial impact are closely associated with income mempengeruhi quality of life of patients with a diagnosis of cancer.

CONCLUSION

Breast cancer clients in DR M Djamil Padang Hospital more than half have a quality of life category is, more than half over 50 years, most do not work, more than half educated through high school, mostly married, more than half are in the stadium 4, and more than half have income above one million.

Factors that affect the quality of life of the breast cancer client in DR M Djamil Padang Hospital fields such as age, employment status, educational status, marital status, cancer stage, and income. The dominant factor related to the quality of life of breast cancer clients in DR M Djamil Padang is income.

It needs a complete charging data in the medical record medical especially cancer staging the data so that the data obtained are valid data and providing training objectives. It needs their psychosocial nursing care for nurses so that nurses can giving nursing care in a holistic manner that supports improved

quality of life, especially clients of breast cancer. It needs their cancer palliative care training provision that is useful in the process of improving the quality of life underpin the client. The need for further research using the data collection tool or a special quality of life questionnaire QLQ-BR23 namely to clients of breast cancer. The need for further research related exploration qualitative research for better the factors that affect the quality of breast cancer clients.

REFERENCES

American Cancer Sosiation. (2013). *Cancer fact and figures*. Diakses pada tanggal 12 mei 2015 dari https://www.cancer.org/cancerfactstatistic/2013

Barber, M. D., Thomas, J., Dixon, M., 2008, *An Atlas of Investigation and Management Breast Cancer*, 35-96, Atlas Medical Publishing, Oxford.

Brunner & Suddarth. (2002). *Keperawatan Medikal Bedah*. Jakarta : EGC

Chae, Young Ran,PhD., R.N., & Seo, Kumin,M.S., R.N. (2010). Health-related quality of life in women with breast cancer in korea: Do sociodemographic characteristics and time since diagnosis make a difference? *Oncology Nursing Forum, 37*(4), E295-303. Retrieved from http://search.proquest.com/docview/634712816?accountid=50268

Dzervite, A., Pranka, M., Lace, T., Rungule, R., Miklasevics, E., & Gardovskis, J. (2012). Key factors contributing to quality of life for breast cancer patients in latvia: Supplementing quantitative surveys with qualitative interviews. *Acta Chirurgica Latviensis,12*(1), 3-n/a. doi:http://dx.doi.org/10.2478/v10163-012-0001-0

Fayers & Machin (2007). *Quality of Life The Assesment, Analysis and Interpretation of Patient-Reported Outcomes.* England : Wiley

Ferris, A.L. (2010). *Approaches to Improving the Quality of Life.* Diakses tanggal 15 juni 2015 dari https://www.google.co.id/Approaches+to+Improving+the+Quality+of+Life

Geue, K., Sender, A., Schmidt, R., Richter, D., Hinz, A., Schulte, T., Stöbel-richter, Y. (2014). Gender-specific quality of life after cancer in young adulthood: A comparison with the general population. *Quality of Life Research, 23*(4), 1377-86. doi:http://dx.doi.org/10.1007/s11136-013-0559-6

Huang, Chiung-Yu,PhD., R.N., Guo, Su-Er,R.N., PhD., Hung, C., M.D., Shih, S., M.D., Lee, Li-Chun,M.S.N., R.N., Hung, G., M.D., & Huang, S., M.D. (2010). Learned resourcefulness, quality of life, and depressive symptoms for patients with breast cancer. *Oncology Nursing Forum, 37*(4), E280-7. Retrieved from http://search.proquest.com/docview/635036543?accountid=50268

International Agency for Research on Cancer (IARC). (2008). *Cancers Breast*. Diakses pada tanggal 12 mei 2015 dari http://globocan.iarc.fr/factsheets/cancers/breast

Janz, N. K., Mujahid, M. S., Hawley, S. T., Griggs, J. J., Alderman, A., Hamilton, A. S., Katz, S. J. (2009). Racial/ethnic differences in quality of life after diagnosis of breast cancer. *Journal of Cancer Survivorship, 3*(4), 212-22. doi:http://dx.doi.org/10.1007/s11764-009-0097-y

Kurniawati, Dewi dkk (2010). *Quality Of Life Assessment In Nasopharyngeal Carcinoma Patients With Karnofsky Performance Scale, Eortc Qlq-C30 And Eortc Qlq-H&N35 In Makassar.* Diakses tanggal 03 Juli 2015 dari http://pasca.unhas.ac.id/jurnal/files/6

a922a43ce40b09f4869466ba7bb1d61.pdf

Larasati. (2009). *Kualitas Hidup Pada Wanita yang Sudah Memasuki Masa Menopouse*. *Skripsi* Universitas Gunadarma.

Nofitri (2009). *Gambaran kualitas hidup penduduk dewasa di jakarta.* Diakses tanggal 17 Juni 2015 dari http://www.google.com/search/survei.pdf

Paiva, C. E., Carneseca, E. C., Barroso, E. M., de Camargos, M. G., Alfano, A. C., Callado, . Ribeiro. (2014). Further evaluation of the EORTC QLQ-C30 psychometric properties in a large brazilian cancer patient cohort as a function of their educational status. *Supportive Care in Cancer, 22*(8), 2151-60. doi:http://dx.doi.org/10.1007/s00520-014-2206-3

Pradana, I Putu Wira (2012). *Hubungan Kualitas Hidup Dengan Kebutuhan Perawatan Paliatif Pada Pasien Kanker di RSUP Sanglah Denpasar*. Diakses Tanggal 01 Desember 2015 dari http://*ojs.unud.ac.id/index.php/coping/article/.../4613*

Prastiwi, Tita Febri (2012). *Kualitas Hidup penderita Kanker*. Diakses tanggal 10 Juni 2015 dari http://journal.unnes.ac.id/sju/index.php/dcp

Preedy ,V.R., and Watson,R.R. (2010). *Handbook of Desease Burdens and Quality of Life Measure.* Diakases tanggal 15 juni 2015 dari https://www.google.co.id/search?handbook+of+disease+burdens+and+quality+of+life+measures+pdf&oq

Pusat Data dan Informasi Kementrian Kesehatan RI. (2013). Diakses pada tanggal 12 mei 2015 dari https://www.google.com/search/pusdatinkemenkesri.

Rekam Medis RSUP DR. M. Djamil Padang. 2015

Riset Kesehatan Dasar 2013. Diakses pada tanggal 10 Mei 2015 dari https://www.google.com/search/riskesdas. 2013

Silitonga, Robert. 2007. *Faktor-Faktor Yang Berhubungan Dengan Kualitas Hidup Penderita Penyakit Parkinson Di Poliklinik Saraf Rs Dr Kariadi*. Program pascasarjana magister ilmu biomedik.

Taha, M. N. (2010). *Prevalensi dan karakteristik penderita kanker payudara di departemen bedah rumah sakit umum pusat haji adam malik medan*. Diakses pada tanggal 16 juni 2015 April dari http://repository.usu.ac.id/bitstream/123456789/31030/7/Cover.pdf

WHOQOL Group, Development of the world health organization WHOQOL_BREF quality of life assesment. (2012). Diakses tanggal 02 juli 2015 dari https://www.google.com/search/whoqol-100

Yeom, Hyun-E,PhD., R.N., & Heidrich, Susan M,PhD., R.N. (2013). Relationships between three beliefs as barriers to symptom management and quality of life in older breast cancer survivors. *Oncology Nursing Forum, 40*(3), E108-18. Retrieved from http://search.proquest.com/docview/1349242763?accountid=50268

Zakaria, Zulbahri (2010). *Faktor-faktor yang mempengaruhi kualitas hidup penderita kanker payudara pasca kemoterapi ajuvan di RSUP Dr Sardjito Yogyakarta.* Diakses tanggal 02 juli 2015 dari http://etd.repository.ugm.ac.id/index.php