



**OVERVIEW OF THE QUALITY OF LIFE OF FAMILIES ACCOMPANYING
CANCER PATIENTS IN THE ONCOLOGY ROOM**

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ABSTRACT

Cancer is a term used for cellular growth disorders that fail to control cell proliferation and maturation. Patients need to be accompanied by family during the cancer recovery treatment process. Families have a big role in accompanying family members who are undergoing cancer treatment in hospitals, starting from physical, psychological, spiritual and economic assistance. The aim of this research is to understand the quality of life of families accompanying cancer patients in the oncology room at RSD KRMT Wongsonegoro. This research is an analytical descriptive study, using the WHOQOL BREF questionnaire, with a sample size of 40 respondents. This research uses frequency distribution test by SPSS 16. The results found are The quality of life of families accompanying patients with cancer using the WHO QOL BREF instrument is in the medium range with 26 people (65%), and good quality of life is 3 people (7.5%).

Keywords: cancer; family; quality of life

First Received

19 January 2024

Revised

28 January 2024

Accepted

31 January 2024

Final Proof Received

24 March 2024

Published

01 April 2024

How to cite (in APA style)

Larasati, A. D. (2024). Overview of the Quality of Life of Families Accompanying Cancer Patients in the Oncology Room. *Indonesian Journal of Global Health Research*, 6(2), 985-992.
<https://doi.org/10.37287/ijghr.v6i2.2813>.

INTRODUCTION

Cancer is a term used for cellular growth disorders that fail to control cell proliferation and maturation. The number of cancer sufferers continues to increase globally, this case has an impact on extraordinary physical, emotional and financial stress on individuals, families, communities and health systems, as well as countries and will be a heavy burden for low or middle income countries. The majority of cancer patients globally are undiagnosed and quality care is inadequate in a timely manner (Guilherme et al., 2016). Cancer is the second leading cause of death in the world with 9.6 million deaths per year. In Indonesia, according to Globocan records in 2020, there were 396,314 new cases of cancer with 234,511 deaths. Women are a group with a high risk of developing cancer, with 65,858 cases of breast cancer recorded, 36,633 cases of cervical cancer. Most cancers in men are lung cancer, 25,943 cases, colorectal cancer (21,764 cases). Patients need to be accompanied by family during the cancer recovery treatment process (Yudono et al., 2019).

Families have a big role in accompanying family members who are undergoing cancer treatment in hospitals, starting from physical, psychological, spiritual and economic assistance. The family plays a role in providing enthusiasm and full support, patience and understanding, accompanying them, providing financial support and sources of information (Alnazly et al., 2021). Research conducted by Arifiah in 2020 entitled "The influence of family companions on the quality of life of cancer patients at the Dharmais

Cancer Hospital Jakarta" found that family assistance during the treatment process greatly influenced the quality of life of cancer patients (Rumah et al., 2020). Another research entitled Tita Puspita Ningrum in 2017 entitled "The relationship between family support and the quality of life of the elderly found the importance of family support in accompanying the recovery process of the elderly. Family is an element in the family that is important in the patient's recovery process. Until now, there has been no research that specifically examines the quality of life of families accompanying cancer patients. The importance of this research is because nurses must know aspects of the quality of life of families accompanying cancer patients. If the patient's family experiences a poor quality of life, this will have an impact on care services for families who are undergoing the treatment process (Ningrum et al., 2017).

Based on this data, researchers are interested in researching the description of the fatigue level of the accompanying family. The aim of this research is to provide data for hospitals and the scientific field of oncology nursing in providing interventions that can improve the quality of life of families accompanying cancer patients. If the quality of life of the accompanying family is good, it is hoped that the family can provide and maintain a good quality of life for the patient during cancer treatment. Cancer is a term used for cellular growth disorders that fail to control cell proliferation and maturation. The number of cancer sufferers continues to increase globally, this case has an impact on extraordinary physical, emotional and financial stress on individuals, families, communities and health systems, as well as countries and will be a heavy burden for low or middle income countries. The majority of cancer patients globally are undiagnosed and quality care is inadequate in a timely manner (Guilherme et al., 2016). Cancer is the second leading cause of death in the world with 9.6 million deaths per year. In Indonesia, according to Globocan records in 2020, there were 396,314 new cases of cancer with 234,511 deaths. Women are a group with a high risk of developing cancer, with 65,858 cases of breast cancer recorded, 36,633 cases of cervical cancer. Most cancers in men are lung cancer, 25,943 cases, colorectal cancer (21,764 cases). Patients need to be accompanied by family during the cancer recovery treatment process (Yudono et al., 2019).

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family is good, it is hoped that the family can provide and maintain a good quality of life for the patient during cancer treatment.

METHOD

This research is a quantitative descriptive study using consecutive sampling techniques. The location for collecting research data was the Oncology Inpatient Room and Oncology Outpatient Clinic. This study used the WHO QOL BREF questionnaire with a classification of 0-20 = very bad, 21-40 = Bad, 41-60 = Fair, 61-80 = Good, and 81-100 = Very Good. The total sample was 40 respondents. Research data will be presented in frequency distribution tables, narratives and/or diagrams. Inclusion criteria are family members who are accompanying family members who are undergoing chemotherapy or radiotherapy cancer treatment, family members who are accompanying family members who are undergoing cancer treatment with the status of family members being inpatient. Exclusion criteria for accompanying family members is less than 3 times.

RESULTS

Table 1.
Characteristics of Respondents (n=40)

Characteristics	f	%
Age		
<40	12	30
>40	28	70
Gender		
Female	8	20
Male	32	80
Last education		
Elementary school	32	80
Junior High School	3	7,5
Senior High School	2	5
College	3	7,5
Long time accompanying cancer patients		
<2 years	25	62,5
>2 tahun	15	37,5

Based on the results of data analysis in table 1, it was found that the largest number of respondents for the age characteristics of the family accompanying the patient was 70% aged >40 years, with 80% male. The highest level of education for families accompanying cancer patients is elementary school at 80%, with the length of time accompanying cancer patients being <2 years at 62.5%.

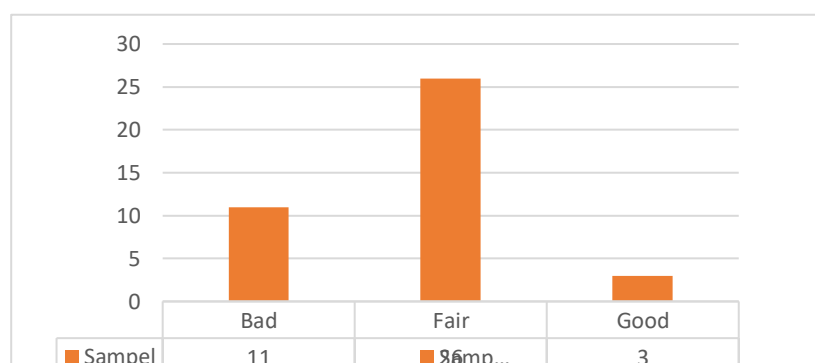


Diagram 1. Description of the quality of life of families accompanying cancer patients (n=40)

Based on diagram 1, it can be concluded that the quality of life of families accompanying patients with cancer using the WHO QOL BREF instrument is in the medium range with 26 people (65%), and good quality of life is 3 people (7.5%).

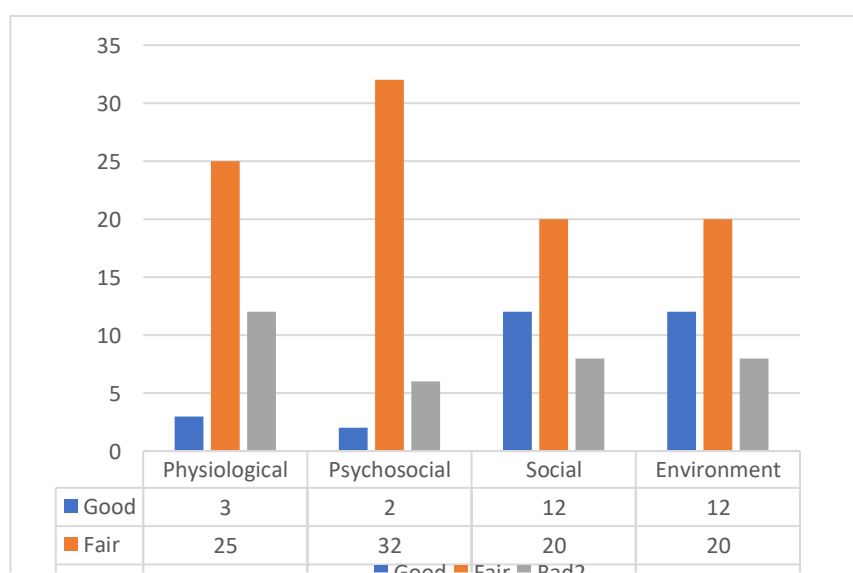


Diagram 2. Description of the quality of life of families accompanying cancer patients based on Quality of Life domains (n=40)

Based on diagram 2, it can be concluded that almost every domain has a medium category (between good and bad) in the range of quality of life, but the psychological domain is most felt by families accompanying cancer patients, namely 32 respondents (80%).

DISCUSSION

Respondent Characteristics

The results of the study showed that the age of the family accompanying cancer patients in the category of more than 40 years was 28 out of 40 people (70%) and for the gender category, the majority were men, 32 people (80%). The results of this research are in line with Ayu Adilla's research in 2023, with the title The relationship between age and gender on the incidence of colorectal cancer. 60-69 as many as 19 people. This research shows that the age of patients who experience cancer, and the age of their partners or accompanying family are also in the age category of more than 40 years. This research is also in line with research by Faradini Pravitarini in 2022, where the results of the study show that the age of the family accompanying stroke patients is over 50 years old, the majority of gender is female (Adilla & Eka Mustika, 2023).

This is in line with research by Latif Ma'ruf in 2015 regarding the description of the quality of life of families of patients in the ICU, where more critical patients fall over the age of 50 years and the person who accompanies most of them is their partner, whose age is also over 50 years. The education level in this study was also mostly junior high school (Rumah et al., 2020). The highest level of education among the families accompanying cancer patients is elementary school graduates. Education is a process of educating, developing and increasing insight and knowledge in order to create students who have an important role in social life. Education can show the quality of a person's resources and directly influence a person in overcoming certain problems (Mutiarasari, 2019).

Description of the Family Quality of Life of Cancer Patients

Based on diagram 1, it was found that the quality of life of families accompanying cancer patients was mostly in the medium range, namely 26 people (65%), and the other highest range was in the poor range with 11 respondents, and 3 were in the good category. Then based on diagram 3, it was found that the psychology domain was the highest domain that felt the category was trending towards bad, namely 32 respondents. There are several factors that influence a person's quality of life, including factors that influence a family's quality of life including: gender, age, employment, education, income, marital status and relationship with the patient (Rahmawati, Yenni, 2022). Apart from the factors above, the quality of life of family members of critical patients is also influenced by the distance of residence to health facilities. This is influential because distance can affect travel time, cost and access to transportation, and physical conditions that allow fatigue to occur which can interfere with quality of life (Pereira et al., 2021).

The quality of life of families of critical patients will have an impact on physical, psychological, social and financial disorders, namely as follows: physical burdens experienced by families including sleep disturbances, fatigue, pain also experienced due to caring for and waiting for sick relatives (Rahayu & Suprapti, 2021); The psychological burden experienced by families includes emotional disturbances, feelings of anxiety, depression, worry, stress while family members are being treated when they are sick; and the social burden experienced by the family includes not being able to carry out activities as usual, not being able to interact as usual with the environment, as well as the financial burden experienced by the family including not being able to carry out work activities so that there is no income to be earned and expenses for medical expenses (Rosyanti & Hadi, 2020a).

In this research, experiencing value aspects in the psychological health domain include body image and appearance, negative feelings, positive feelings, self-esteem, thinking, learning, memory and concentration as well as religion/spirituality and personal beliefs (Yudono et al., 2019). According to psychological theory, mental health is influenced by several factors such as biological factors, environmental factors, and behavioral factors. Biological factors include genetic and biochemical aspects, while environmental factors include social, economic and security aspects. Behavioral factors involve the way a person interacts with the environment and how they deal with problems (Alnazly et al., 2021).

To care for mental health, there are several things you can do. First, do regular physical activity such as exercise, walking or yoga. Second, maintain good social relations with other people. Positive social relationships can help reduce stress and improve mental health. Third, maintain a good sleep pattern. A good sleep pattern will help improve your mood and increase productivity (Rosyanti & Hadi, 2020b). Fourth, maintain a healthy and nutritious diet. Healthy foods can help maintain mental health and reduce the risk of mental health problems. Lastly,

accept help from professionals if necessary. Sometimes, mental health problems are very complicated and require professional help to resolve. A psychologist or therapist can help understand the problem and provide solutions to overcome it (da Silva et al., 2017).

The psychological disorders felt are closely related to the definition of a term, namely caregiver burnout. Caregiver burnout is a condition of excessive physical, emotional and mental exhaustion due to caring for sick, elderly or disabled people. This fatigue will usually have a broad and prolonged impact if left untreated. Caregivers are often so busy caring for others that they tend to neglect themselves (Merdawati et al., 2017). This research is in line with research by Ratna in 2021 on the Quality of Life of Outpatient Cancer Patients Undergoing Chemotherapy at the Yogyakarta City Regional Hospital, explaining that poor quality of life can result in a long recovery. The need for family support in the recovery process also determines the success of cancer treatment recovery (R. et al., 2021).

Families who have a good quality of life will be able to provide services during the recovery process of the cancer patient's body through all the recovery processes/therapy (Mahayani et al., 2020). Other patients' recovery management focuses on physical, psychological and social recovery with various activities and support from the family. Based on research results, the categories of family quality of life are more in the medium category, and tend to be poor. These results are a threat to health services, so that they are able to provide attention to families as patient companions. Poor family support will have an impact on the patient's recovery process, patients really need family support (Irma et al., 2022). Apart from that, there are other things that cause them to experience it. Role confusion: They have difficulty distinguishing their role as a caregiver from their role as a partner, child, friend, or family member. Unrealistic expectations: They often have unrealistic expectations. They want what they do to have a positive impact on patients, even though they don't have the capacity for that. Financial problems: Apart from mental, emotional and energy, caring for sick people also costs a lot of money because of the various needs (Anderson & Gustavson, 2016).

CONCLUSION

Based on the results, it was found that the largest number of respondents for the age characteristics of the family accompanying the patient was 70% aged >40 years, with 80% male. The highest level of education for families accompanying cancer patients is elementary school at 80%, with the length of time accompanying cancer patients being <2 years at 62.5%. The quality of life of families accompanying patients with cancer using the WHO QOL BREF instrument is in the medium range with 26 people (65%), and good quality of life is 3 people (7.5%).

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