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THE RELATIONSHIP BETWEEN THE LENGTH OF TIME SUFFERING FROM CANCER AND THE QUALITY OF LIFE OF THE FAMILY CAREGIVER OF CANCER PATIENTS IN THE ONCOLOGY ROOM

Anastasia Diah Larasati[1]*, Apolonia Antonilda Ina[2]
[1]Adult Nursing, Sekolah Tinggi Ilmu Kesehatan Elisabeth Semarang, Jl. Kawi No.11, Wonotingal, Candisari, Semarang, Jawa Tengah 50232, Indonesia
[2]Maternity Nursing, Sekolah Tinggi Ilmu Kesehatan Elisabeth Semarang, Jl. Kawi No.11, Wonotingal, Candisari, Semarang, Jawa Tengah 50232, Indonesia
*anastasiadiah91@gmail.com

ABSTRACT

The number of cancers increases every year, with the chemotherapy treatment that must be undergone, the stage of cancer and the length of time the patient must undergo cancer can affect the quality of life of the accompanying family. The aim of this research is to look at the length of time suffering from cancer and the quality of life of the family accompanying cancer patients. This research is a quantitative descriptive study with a consecutive sampling technique of 40 respondents. Data was taken in the oncology inpatient room at RSD X in Semarang City. This research has passed the Ethical Clearance test from the local hospital. Data was collected using the WHO QOL BREF questionnaire and patient identity sheet. Data were analyzed using the Fisher test statistical test. The number of families who have a moderate quality of life with a family member who has had cancer for ≤ 2 years is 22 (55%). The results of the p value show that there is no relationship between the length of time a patient suffers from cancer and the quality of life of the family accompanying the cancer patient in the oncology room with the psychological and social domains being the most disturbed of the other four domains.

Keywords: cancer; family; oncology; patient; quality of life; support

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INTRODUCTION

Cancer is a non-communicable disease that is critically experienced by a person. Cancer is part of a malignant tumor. There are many types of cancer depending on the organ or tissue where it grows, such as blood cells, skin, lungs, head, neck, thyroid, ears, eyes, heart, esophagus, stomach, intestines, liver, pancreas, breast, female genital organs. nor men, and bones. Based on Global Burden of Cancer (Globocan) data worldwide, an estimated 19.3 million new cancer cases occurred in 2020, with an estimated prevalence of breast cancer at 2.3 million new cases or 11.7%, lung cancer at 11, 4%, colorectal cancer at 10%, prostate cancer at 7.3%, and stomach cancer at 5.6%(S. A. K. Rahayu & Wiryosutomo, 2021). The female breast cancer death rate is 6.9% compared to 12.4 per 100,000. Cancer cases in the world are estimated to be 28.4 million cases in 2040, an increase of 47% from 2020, with increasing risk factors related to globalization and economic growth (R. et al., 2021).

Chemotherapy is a treatment method that uses chemical compounds to treat disease(Rumah et al., 2020). The effects of chemotherapy occur because the drugs used are very strong and not only destroy cancer cells, but also attack healthy cells, especially cells that divide rapidly, such as hair cells. Family support is a very important factor for someone who is facing problems and can motivate that person to undergo treatment, such as for cancer patients who are undergoing chemotherapy(Irma et al., 2022). Family support is really needed because it can reduce the sufferer's anxiety and can increase their enthusiasm for life while undergoing chemotherapy. Adequate family support makes sufferers calmer and safer in undergoing treatment. Cancer sufferers will face psychological stress after being diagnosed with cancer, such as cancer information received from the population, if a sufferer is diagnosed with cancer, it means that they will only be diagnosed with death, which is only a matter of time(Rumah et al., 2020).

When families provide full support to patients/family members undergoing chemotherapy treatment, sometimes families forget to measure their own quality of life. The latest research conducted by researchers with the title description of the quality of life of families accompanying cancer patients obtained results from 40 respondents, 3 respondents with good quality of life, 26 respondents with moderate quality of life, and 11 respondents with poor quality of life. Based on 4 quality of life domains (physical, psychological, social and environmental), the highest disturbances are in the physical and psychological domains. This needs to be further reviewed in relation to the length of time a patient suffers from cancer and the patient's quality of life, whether there is a relationship or not. The aim of this research is so that nurses and researchers in the field of oncology can seriously carry out various interventions that do not only concentrate on improving the quality of life of patients undergoing chemotherapy, but also for families as patient caregivers. Family support is very significant for improving the patient's quality of life.

METHOD

This research is a quantitative descriptive study with a consecutive sampling technique of 40 respondents. Data was taken in the oncology inpatient room at RSD X in Semarang City. This research has passed the Ethical Clearance test from the local hospital. Inclusion criteria are family members who are accompanying family members who are undergoing chemotherapy or radiotherapy cancer treatment at RSD Exclusion criteria for accompanying family members is less than 3 times. Data was collected using the WHO QOL BREF questionnaire and patient identity sheets. Respondents were first explained the purpose of the research, and given an informed consent sheet, then a respondent identity sheet and a questionnaire. The WHO QOL BREF classification has a classification of 0-20 = very bad, 21-40 = bad, 41-60 = quite bad, 61-80 = good, 81-100 = very good. Validity test carried out using the product-moment correlation coefficient (Pearson correlation). The validity value of the WHOQOL-BREF questionnaire is a valid measuring tool (r = 0.89-0.95) and reliable (r = 0.66-0.87). Meanwhile, the reliability test is measured by the Cronbach value Alpha Data were analyzed using the Fisher test statistical test, with if the p value <0.05 then there is a relationship between the patient's length of suffering from cancer and the quality of life of the cancer patient's accompanying family, and if p>0.05 then there is no relationship between the patient's length of suffering from cancer and the quality of life of the accompanying family. cancer patients. This research has gone through a hospital ethical test where the hospital issued an Ethical Clearance letter with No. 003/Kom.EtikRSWN/VII/2023 on July 27, 2027.

RESULT

Table 1.
Results of Fisher's Test analysis

		Family's QOL		Total	P Value
		Average	Good		
Long Suffering from Cancer	≤ 2 years	22 (55 %)	3 (7,5 %)	25 (62,5 %)	0, 279*
	> 2 years	15 (37,5 %)	0 (0 %)	15 (37,5 %)	

**fisher test*

Based on the table, it can be explained that the number of families who have a moderate quality of life with family members who have had cancer for ≤ 2 years is 22 (55%). The p value results show that there is no relationship between the length of time a patient suffers from cancer and the quality of life of the family accompanying cancer patients in the oncology room.

Table 2.
Cross-tabulation of length of time suffering from cancer with the Physical Quality of Life domain for companions of cancer patients

		Physical Domain				Total
		Bad	Average	Good	Very Good	
Long Suffering from Cancer	≤ 2 years	0	12	10	2	25
	>2 years	2	6	5	2	15

Based on table 2, it was found that the 12 respondents with the physical domain had a moderate quality of life with a duration of family cancer of ≤ 2 years and 6 respondents with a moderate quality of life with a duration of family cancer > 2 years.

Table 3.
Cross tabulation of length of time suffering from cancer with the Psychological domain. Quality of life for companions of cancer patients

		Psychological Domain					Total
		Very Bad	Bad	Average	Good	Very Good	
Long Suffering from Cancer	≤ 2 years	1	1	15	2	1	25
	>2 years	0	2	8	5	0	15

Based on table 3, it was found that the largest number of respondents, 15 people in the psychological domain, experienced a moderate quality of life with a duration of family cancer of ≤ 2 years and 8 respondents with a moderate quality of life with a duration of family cancer > 2 years.

Table 4.
Cross tabulation of length of time suffering from cancer with the Social domain Quality of life for companions of cancer patients

		Social Domain				Total
		Bad	Average	Good	Very Good	
Long Suffering from Cancer	≤ 2 years	1	11	13	0	25
	>2 years	2	10	2	1	15

Table 4, it was found that the largest number of respondents, 13 people from the social domain, experienced a moderate quality of life with a duration of family cancer of ≤ 2 years and 10 respondents with a moderate quality of life with a duration of family cancer > 2 years.

Table 5.
Cross-tabulation of length of time suffering from cancer with environmental domains Quality of life for companions of cancer patients

		Environmental Domain			Total
		Bad	Average	Good	
Long Suffering from Cancer	≤ 2 years	2	9	14	25
	>2 years	4	18	18	40

Based on table 5, it was found that the largest number of respondents, 14 people in the environmental domain, experienced good quality of life with a duration of family cancer of ≤ 2 years and 18 respondents with a moderate and good quality of life with a duration of family cancer > 2 years.

DISCUSSION

Based on the results of the Fisher test analysis and classification according to domains on the quality of life of families accompanying cancer patients, it was found that there was no significant relationship between the length of time the patient suffered from cancer and the quality of life of the family accompanying the cancer patient. According to this study, almost the analysis test results found that both families who had suffered from cancer for ≤ 2 years and more than 2 years had the highest number of family companions with moderate quality of life, where quality of life was moderate in terms of quality of life classification according to WHO QOL BREF was between good and bad classification. This shows that the quality of life of cancer patients' companions really needs to be paid attention to because regardless of the duration of the cancer, the quality of life of the patient's family will definitely experience a moderate impact.

Different results were found in previous studies that the duration of caring for cancer patients showed a significant positive effect on the quality of life score, which means it will actually reduce the quality of life of family caregivers. The duration of caring for patients per day affects the quality of life of family caregivers where the longer the care is carried out, the lower the quality of life of the caregiver (Savitri & Suwarno, 2023). Physical health aspects have a positive correlation with aspects of self-acceptance, independence, and personal development (Lestari & Nurhayati, 2020). Physical burdens include sleep disturbance, fatigue, and pain, whereas emotional burdens include psychological distress that is felt while delivering care to the sick family member (H. Rahayu et al., 2021). Psychological aspects have a positive correlation with aspects of self-acceptance, positive relationships with others, and environmental mastery (Lestari & Nurhayati, 2020). A previous study that has been conducted in Jordan explains that caregivers’ mental and psychological health have influenced their QoL the most (Al-Rabayah et al., 2022). The aspect of social relationships has a positive correlation with aspects of self-acceptance, positive relationships with others, and life goals. It is indeed difficult at first to accept a family member who has cancer, but it can be overcome over time. The patient's family can have an impact of losing motivation and life goals. Therefore, social relationships that can be in the form of social support can be provided so that the family does not lose motivation and life goals (Lestari & Nurhayati, 2020). According to the previous study, which found that through social support, individual feelings about coping, ability, inclusion, and individual self-esteem can be improved. On the other hand, cannot work as usual because the responsibility to care for the sick family is a kind of social burden (H. Rahayu et al., 2021). Environmental aspects have a positive correlation with aspects of positive relationships with others, environmental mastery, and personal development. Families who have a good environment can improve social relationships with others positively, are able to seek information for cancer patient care and carry out self-development, where families get meaningful information support to provide solutions to a problem (Lestari & Nurhayati, 2020).

The most responsible person in caring for cancer patients is their own family or called family caregiver. Family caregivers for cancer patients are individuals who serve as an extension of the role of professionals who provide voluntary care and assistance related to health conditions to family members who suffer from cancer. In improving the quality of life in caring for patients, family empowerment is needed so that they can become agents of recovery for themselves and their families who have cancer (Siregar & Samosir, 2023). The impact of breast cancer is not only felt by the patient, but also the family. The study conducted by Litzelman et al. (2016) showed a depressed mood in the family because the patient's health condition clearly affected the family's quality of life. Fatigue in the treatment assistance process, economic impact, environmental conditions, lack of rest and pressure from each treatment process are some of the causes of a decline in the quality of family life (Wittenberg et al., 2017). The duration of caring for a patient per day affects the quality of life of the cancer patient's family, where the longer the treatment is carried out, the quality of life of the accompanying family will decrease (Mahayani et al., 2020). Research entitled description of the quality of life of partners accompanying cancer patients by Khoirul Ikhsan in 2019 explains that when a partner is directly attacked by cancer there will be many changes in workload, not only work workload but in replacing the partner's role, especially in care. Further research by Fitriani and Handayani (2018) explains that the perception that caregivers have regarding their workload can directly influence the quality of life(Ariasti & Handayani, 2019).

Looking at the breakdown of each domain, the psychological and social domains are the most disturbed (Irma et al., 2022). The duration and stage of cancer affect the quality of life of the family accompanying the cancer patient, where the higher the stage, the longer the cancer suffers, the quality of life score will increase, which means the quality of life of the family accompanying the cancer patient will decrease (Canadian Cancer Society, 2017). This is in line with the results of previous studies which explain that the quality of life of family caregivers of advanced stage cancer patients will be disrupted in the psychological and social support domains (Ningrum et al., 2017). Cancer patients with advanced stages usually have high limitations in carrying out self-care, so there will be an increase in the need for care from family caregivers which will ultimately have a negative effect on the quality of life of the family caregivers themselves (Rosyanti & Hadi, 2020).

This is in line with the results of research conducted by Wenny Savitri in 2022 regarding the quality of life of family caregivers of cancer patients and the factors that influence it, where the results stated that there was a significant positive influence from age and a significant negative influence from the duration of care, the stage of the patient's cancer and the burden of family caregivers on the quality of life of family caregivers (Mahayani et al., 2020). The psychosocial burden is substantial because the majority of family caregivers complain of high levels of distress, indicated by feelings of sadness, grief, fatigue, anxiety and sleep problems. This situation continues to be felt by families accompanying cancer patients in every phase of cancer patients starting from the initiation of diagnosis, which will affect their well-being and ability to carry out daily activities(Wittenberg et al., 2017). The quality of family life will be better if the family has adapted to the responsibility of care since the patient has cancer. The suggestion that can be given is that the family can improve the quality of life by increasing the role of personal and social relationships with professional health workers in an effort to obtain information, support, and experience in caring for cancer patients. A nursing intervention study on family caregivers of breast cancer patients in Iran which used a supportive education program approach based on the COPE model for 9 days through hospital visits and discussions via telephone calls provided positive results for improving the quality of life of family caregivers in most domains while also being able to reduce their burden significantly. For this reason, support for family caregivers from nurses is very necessary in order to reduce the burden of providing care so that their quality of life will improve.

CONCLUSION

This study found that there was no relationship between the length of time suffering from cancer and the quality of life of the families accompanying cancer patients. According to the WHO QOL BREF questionnaire, families accompanying cancer patients in the psychological and social domains need the most attention and support from health workers in implementing interventions that can improve and maintain the psychological stability and social support of families accompanying cancer patients.

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