

## Family Support Relationship With The Level Of Anxiety In Cervical Cancer Patients Ulin Hospitals Banjarmasin

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### ABSTRACT

**Objective:** Identify and analyze the relationship of family support with the anxiety level of patients of cervical cancer at the Hospital General Regional Ulin Banjarmasin.

**Research Method:** This research use analytic survey with cross-sectional approach. Population studies of cervical cancer patients and all the samples in this study as many as 34 patients of cervical cancer. The sampling technique that is accidental sampling. Data retrieval with quantitative data in the form of analysis of the data obtained based on the results of questionnaires using the chi-square test with a significance level of 95% ( $\alpha = 0.05$ ).

**Result:** The results showed that there is a significant relationship between family support with the anxiety level of patients of cervical cancer ( $p = 0.000$ ;  $\alpha = 0.05 <$ ).

**Conclusion:** There is a significant relationship between the position of family support and the level of anxiety of patients of cervical cancer.

**Keywords:** Anxiety, Cancer, Cervical Cancer, Family Support

### I. INTRODUCTION

Cervical cancer is a disease with prevalence highest in Indonesia by 0.8% and 0.5%. Every year there are about 15 thousand new cases of cervical cancer in Indonesia. Who puts Indonesia as the country with the largest number of cervical cancer sufferers in the world. Cervical cancer also became the first murderer of women in Indonesia [3].

Cervical cancer is a cancer found in cervical cancer and the second killer after breast cancer that occurs in women around the

world. There are several factors involved in the etiology of cervical cancer, such as: low socioeconomic status, young age of first sexual intercourse, while multiple sexual partners, younger age at first pregnancy, hormonal contraception, multifaritas and use of tobacco. Another factor that beru has recently studied as an initiator of cervical cancer is the presence of cervical infections, particularly those caused by Human Papiloma Virus (HPV) [15].

Infection of Human Papilloma Virus (HPV) is the main risk factor for cervical cancer who exchanged sexually [9]. Risk factors the causes of cervical cancer among these women aged 35-55 years, food, immune system disorders, races, air pollution, the economy is weak, too often clean pussy, smoking, the use of tights, parity, age woman while married and also the usage of contraceptives [4].

Cervical cancer patients may experience psychological disorder form behaviors of denial, anger, feelings of fear, anxiety, a sense of helpless despair, depression, even suicide. Psychological problems experienced by cervical cancer since the first of the indicated patient convicted experiencing cancer. Some patients feel frustration, despair, anger, disbelief and there will be the results of the diagnosis, there was even someone angry at the doctor, the patients that he must undergo chemotherapy [5].

Research findings on Awadalla have added to the evidence that cancer patients in stable condition and with a real psychosocial support can expect to enjoy a good quality of life in the long term if they remain in treatment. In this case specifically, the predictive power of the findings against caregivers impression on patients suggest that doctors need to invest in the education and support of families to increase their roles in health care [10].

Ulin Banjarmasin Regional General Hospital has several facilities for cancer patients as well as specialists. Based on data of register of Edelwis Room from the year 2013-2016 there is increasing case about cervical cancer that is as much as 164 cases in the year 2013, counted 241 cases with case increase equal to 20,7% in 2014, 277 new cases with case increase equal to 12,9 % by 2015 and as many as 413 with a case increase of 32.9% in 2016.

The result of a preliminary study which has been done by a question and answers on January 31 - February 15, 2017, in Edelwis Room is known that from 10 patients cervical cancer, as many as two people are accompanied by family while eight patient without family. As many as four people said taken and picked up by the family to do chemotherapy while six patients said to go to the hospital using motorcycle taxi and public transportation.

All cervical cancer patients use a national health card (JKN) to get treatment at Ulin General Hospital in Banjarmasin, but not infrequently patients have to buy their own medicine and some patients claim to often borrow money with family or neighbors and sell some of their property and patients say anxious over the conditions he experienced, the state of children and families and anxious about economic life.

Lack of support from family to cervical cancer patients especially regarding emotional support, self-esteem support,

instrumental support, psychosocial support to information support for cervical cancer patients become a problem that must be faced by patients, in addition to anxiety experienced by patients due to problems that arise can cause a burden and result in decreased health and affect the course of the treatment process.

This study aims to analyze the relationship of family support with anxiety level of cervical cancer patients at Ulin Banjarmasin Regional General Hospital.

## II. RESEARCH METHODS

This research used analytic survey with *cross-sectional* approach. The population is a whole cervical cancer patient in hospitals Ulin Banjarmasin with total visits in 2016 as many as 413 patients. The sample in this research using *accidental sampling* method as much as 34 patients with cervical cancer. The research was carried out on May 5th - June 7th, 2017 at Edelweiss Lounge Hospital Ulin Banjarmasin Research variable is family support with the level of anxiety.

Analysis of the data obtained in this study based on the results of questionnaires on family support with the anxiety level of patients with cervical cancer using the *Chi-Square* test at 95% significance level ( $\alpha = 0.05$ ).

## III. RESULTS

### 1. Univariate Analysis

#### a. Overview of family support cervical cancer patients

table 1 Frequency distribution of family support cervical cancer patients

| Family support   | Frequency | Percentage (%) |
|------------------|-----------|----------------|
| Does not support | 20        | 58.8           |
| Support amount   | 14        | 41.2           |
|                  | 34        | 100            |

Based on Table 1 indicates that the picture of the family support most respondents did not receive as much support as 20 people (58.8%).

#### b. Anxiety Level Overview of cervical cancer patients.

table 2 Anxiety Level Frequency Distribution of cervical cancer patients

| Anxiety Level   | Frequency | Percentage (%) |
|-----------------|-----------|----------------|
| Mild Anxiety    | 13        | 38.2           |
| Medium Anxiety  | 5         | 14.7           |
| Serious anxiety | 16        | 47.1           |
| amount          | 34        | 100            |

Table 2 it can be seen that the anxiety level overview of the majority of respondents with severe anxiety level as 16 (47.1%).

### 2. Bivariate Analysis

The results obtained were analyzed using *chi-square* analysis test about the family support relationship with the anxiety level of patients with cervical cancer.

Table 3 Relationship with Level Anxiety Family Support Cervical Cancer Patients

| Family support   | Anxiety Level |      |        |      |        |      | f  | %   |
|------------------|---------------|------|--------|------|--------|------|----|-----|
|                  | Light         |      | Medium |      | Weight |      |    |     |
|                  | f             | %    | f      | %    | f      | %    |    |     |
| Does not support | 2             | 10   | 3      | 15   | 15     | 75   | 20 | 100 |
| Support amount   | 11            | 48.6 | 2      | 14.3 | 1      | 7.1  | 14 | 100 |
|                  | 13            | 38.2 | 5      | 14.7 | 16     | 47.1 | 34 | 100 |

(p = 0,000; <math>\alpha = 0.05</math>)

Based on Table 3 shows that family support relationship with cervical cancer patient's anxiety level most of the respondents who do not have the support of families with severe anxiety level of 15 people (75%). The results of the analysis with *chi-square* analysis test with the result that there are a relationship with the family support cervical cancer patient anxiety levels (p = 0.000; <math>\alpha = 0.05</math>).

#### IV. DISCUSSION

The results of research on the family support of cervical cancer patients at Ulin Banjarmasin Regional Hospital most of the respondents did not get support as many as 20 people (58.8%). The results of this study in line with research Ratna mentions that of 30 patients with cervical cancer, as many as 68% of patients do not get family support [6].

The distance and time taken by the respondent to the health service to get chemotherapy or treatment make the respondent need help from family to deliver and pick up, while the frequency of chemotherapy or treatment done by the respondent make the family cannot always deliver cervical cancer patient to undergo

treatment because busy work, other than that the lack of attention from the family both in terms of fulfillment of nutrients for cancer patients so that the patient looks very thin and physical condition is weak or financially in terms of medical expenses resulting in cervical cancer patients should work to finance the needs of themselves and their families.

Based on the results of the questionnaire it is known that most of the respondents did not get family support in terms of association in accordance with the statement of respondents stating that the family provides restrictions in terms of socialization of respondents with others, families also exclude respondents by not including respondents in family activities. Respondent also stated that the family is not willing to help the patient's medical expenses.

The duties and functions of family health care to recognize the health problems of the family, to make decisions about the problems faced, to care for sick family members, to create and maintain environmental conditions, to support the health of each family member and to maintain a relationship existing health facilities [1].

Social support is a powerful tool that can mediate the effects of difficult life stressors and curb the incidence of mood disorders, therefore, greater importance should be attached to it in the realm of cancer treatment. Supported by the collaborative efforts of family members and health

professionals then cancer patients will more easily face the treatment process (13).

Family support is an important factor when facing a problem (health) and as a preventive strategy to reduce stress and outlook. Family support is indispensable in the care of patients, can help lower anxiety, improve life spirits and patient commitment to stay on medication [6].

Family support is instrumental in the successful care of sick family members. The success of nurses caring for a sick family member in a hospital will be meaningless if it is not forwarded at home, which will then result in the client recurrence. Family participation in treating patients has an effect on the respondent's healing rate, such as assisting patients in every treatment or participating in shaping patient's belief, attitude, and behavior toward the illness [8].

In line with West's research, there is an influence between family involvement with patient compliance in chemotherapy or treatment. Family involvement can be interpreted as a form of social relations that is helpful with involving aspects of attention, assistance, and assessment of the family. The family is also an influential factor in determining the treatment program in the degree to which a person is isolated from someone else's mentoring, social isolation is negatively related to medication adherence [11].

The results of research on the anxiety level of cervical cancer patients at Ulin

Banjarmasin General Hospital showed that most respondents with severe anxiety level as many as 16 people (47.1%). The results of this study in line with the Sundari study said that of 60 patients with cervical cancer, as many as 52% of patients experience severe anxiety [8].

Cervical cancer patients who choose chemotherapy as a treatment for cancer treatment will naturally undergo chemotherapy for long periods of time and even a lifetime. Chemotherapy can prevent the development of cancer cells and aims to kill the seeds of cancer in the body. The dependence of cervical cancer patients on chemotherapy, will have widespread impact and cause problems both physically, psychosocially, and economically. The complexity of problems that arise in cervical cancer patients undergoing chemotherapy will result in anxiety in the patient other than the pain and discomfort caused by the substances present in the chemotherapy, the patient must also face cancer he suffered.

Anxiety in patients with cervical cancer who undergo chemotherapy can be studied through the way patients in the face of the disease and when patients undergo chemotherapy. Cervical cancer patients are very anxious to face the illness they experienced when they were first diagnosed by a doctor. The anxiety felt by cervical cancer patients about the quality of life, reproductive health, domestic life and even death [2].

The majority of respondents have long undergone chemotherapy so indirectly have undergone adaptation phase. In accordance with Ballard's opinion that not only stressors are caused by health problems experienced by someone suffering from chronic health problems, but a change in the role of life and the need for money due to the disease experienced will increase the stressor. A person with a certain stressor will experience an adaptation phase in which each individual has the ability to solve problems or respond to different levels [12].

Researcher assumptions, conditions that force a person to undergo chemotherapy routine and the uncertainty of the duration of the duration of the therapy is a strong stressor to trigger anxiety. In addition, a patient with cervical cancer also still bears the mind of the illnesses it undergoes, such as disease-induced symptoms, disease complications, and dialysis therapy, eating and drinking restrictions that are part of therapy, financial, psychological and psychosocial issues. It is very important to note when a health worker and family face patients who have chronic health problems because chronic diseases can cause psychosomatic problems that require comprehensive and holistic treatment and handling. Proper handling both the way and the time will have an effect on success, but the factors of individual personal motivation to change and try also greatly determine the outcome.

Results of research on the relationship of family support with anxiety level of cervical cancer patients at Ulin Banjarmasin General Hospital showed that most respondents who did not get support from families with anxiety level as many as 20 people (100.0%). The result of analysis with chi-square analysis showed that there was a relationship of family support with anxiety level of a cervical cancer patient ( $p = 0,000$ ;  $<\alpha = 0,05$ ).

This study is in line with a study by Sundari, which mentions that anxiety patients with cervical cancer affect decreased appetite and decreased the quality of life and health status of patients with cervical cancer ( $p = 0,000$   $<\alpha = 0.05$ ) [8].

A person's problem depends on the degree of compatibility between one's skills and capacity and the source of family social support. The family's social support in question is a deep and often interacting relationship that is only really felt when there is a deep-seated engagement and not a surface relationship with people around. The critical quality in this network will be exchanged in intimate communication and solidarity and trust [12].

The family as the main socialization environment for an individual is expected to provide the help and encouragement that the patient needs with anxiety. This support is expected to restore the social functioning of patients with psychosocial anxiety problems by not ignoring the needs and expectations of

other family members. Because with the attention and assistance of family members, a person will feel cared for, feel safe, and have a place to tell stories and a collection of expectations that can provide a positive perception and energy so as to better exploit his dream and hope in the future [1].

The Aurora NK study suggests that perceived usefulness in providing support to cancer patients may include information, emotional support and decision making provided by family, friends, and providers over time it is essential for cancer patients to support their cancer treatment trips [14].

## V. CONCLUSION

Appropriate and appropriate family support is needed to improve life and provide new energy to lead a better life and focus on improving the meaning of life. Conversely, improper support can add to the burden of the mind and will greatly affect the level of anxiety patients, for the family and health providers are expected to provide good motivation and support so that patients undergoing chronically analyzed able to control the stressor experienced that can improve the quality of life of patients with chronic health problems.

Excessive anxiety in cervical cancer patients can lead to decreased endurance or immunity, increase the risk of heart problems, the decrease in the health conditions of your brain and disturbances in the digestive and stomach. Chemotherapy can cause some

learning effects such as nausea, vomiting, pain, diarrhea, and hair loss. Chemotherapy can also cause a sore throat and dry mouth, resulting in pain and difficulty eating and swallowing. This can lead to loss of appetite, medically, the occurrence of chemotherapy effects on appetite because of the release of cytokine substances that cause the hypothalamus to react by decreasing hunger and cause nausea, besides other effects tomotherapy can be felt by cancer patients is diarrhea , taste like there is metal in the mouth and decreased appetite like anorexia [5].

The anxiety of the patient requires the support of others from both partners, family, friends and even from the social environment. One of the efforts of health workers in overcoming excessive anxiety by way of educating on how to control excessive anxiety in chemotherapy patients either presents a psychologist or a religious expert to cervical cancer patients trying to improve the quality of life and are confident of his recovery. Health workers and families are also encouraged to provide support and encouragement of patients to recover by providing updated information on treatment or how to reduce the risk of cervical cancer, providing patients with support for routine chemotherapy, not excluding patients and taking into account the nutritional intake of the patient.

## REFERENCES

- [1]. Friedman, Marilyn. 2008. *Keperawatan Keluarga: Teori dan Praktik, trans, Debora, Asy, H.* EGC. Jakarta.
- [2]. Imron, Moch. 2015. *Metodologi Penelitian Bidang Kesehatan Edisi Kedua.* Jakarta: Sagung Seto.
- [3]. Kemenkes RI. 2016. *Pembangunan Nasional: Menuju Indonesia Sehat 2025.* Jakarta: Direktorat Kementrian Kesehatan RI.
- [4]. Aminati D. 2013. *Cara Bijak Menghadapi dan Mencegah Lanker Leher Rahim (Serviks).* Yogyakarta: Brilian Books.
- [5]. Prodjosudjadi, W., 2014. *Glomerulonefritis. Buku Ajar Ilmu Penyakit Dalam Jilid I. Edisi keempat.* Jakarta: Pusat Penerbitan Departemen Ilmu Penyakit Dalam FKUI.
- [6]. Ratna. W. 2010. Hubungan Dukungan Keluarga dengan Kecemasan Pasien kanker serviks dalam Menjalani Proses kemoterapi di Balai Pengobatan Ukhuwah Malang. *Jurnal Kesehatan: Edisi 6 Hal 11-14.* Universitas Airlangga [Internet] tersedia di <http://www.healthy.co.id>. [diakses: 8 Februari 2016].
- [7]. RSUD Ulin Banjarmasin. 2017. *Profil RSUD Ulin Banjarmasin.* Banjarmasin: Bagian Diklat Pengabdian Masyarakat.
- [8]. Sundari. 2011. Hubungan Dukungan Keluarga pada Pasien kanker serviks dalam Menjalani Proses kemoterapi di Klinik Pengobatan Yulius *Jurnal Kesehatan: Edisi 5 Hal 9-12.* [Internet] tersedia di <http://www.healthy.co.id>. [diakses: 8 Februari 2016].
- [9]. Saryono IY dan Rohyani F. Faktor-faktor yang mempengaruhi kejadian kanker serviks di Puskesmas Karanganyar. *Jurnal Ilmiah Kesehatan Keperawatan: Edisi 5 (2).* 2009. [Internet] tersedia di <http://www.ejournal.stikesmuhgombong.ac.id/index.php/JIKK/article/view/57> [diakses: 28 September 2017].
- [10]. Awadalla AW, Ohaeri JU, Gholoum Abdullah, Khalid Ahmed OA, Jacob Anila. Factors associated with quality of life of outpatients with breast cancer and gynecologic cancers and their family caregivers: a controlled study. *BMC Cancer.* 2007. Volume 7:102.
- [11]. Weti, A.N. 2011. Hubungan Dukungan Keluarga dengan Derajat Kecemasan pada Pasien kanker serviks di RSUD Paku Alam. *Jurnal Kesehatan: Edisi 2 Hal 14-16.* [Internet] tersedia di <http://www.healthy.co.id>. [diakses: 8 Februari 2016].
- [12]. Smeltzer, Suzanne & Brenda G Bare. 2011. *Buku ajar keperawatan medical bedah.* Jakarta: EGC.
- [13]. Pinar, Gul; Okdem, Seyda; Buyukgonenc, Lale; Ayhan, Ali MD. The Relationship Between Social Support and the Level of Anxiety, Depression, and Quality of Life of Turkish Women With Gynecologic Cancer. *Cancer Nursing.* May/June 2012. Volume 35: page 229-235.
- [14]. Aurora NK, Finney Rutten LJ, Gustafson DH, Moser R, Hawkins RP. Perceived Helpfulness and impact of social support provided by family, friends and health care provider to women newly diagnosed with breast cancer. *Physical-Oncology.* 2007. Volume 16 (5): Page 474-486.
- [15]. Pelcastre EB, Tirado LL, Mohar A, Lopez M. Cervical cancer: a qualitative study on subjectivity, family, gender and health services. *Reproductive Health.* 2007. Volume 4 (2): page 1-10.