



## Family Function Support and Quality of Life For Breast Cancer Survivors

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### ABSTRACT

Post-treatment care and ongoing care plans for breast cancer sufferers can reduce the quality of life. Breast cancer patients who are hospitalized have negative factors, such as being away from their family and loved ones, unfamiliar hospital environment, getting diagnosis and treatment that is difficult so that the patient feels afraid of every procedure that will be given to him and makes quality his life was getting low. This study aims to identify the domains of quality of life in breast cancer patients. This study uses a type of correlation research with the sampling technique in this study using purposive sampling. The number of samples was 40 respondents in the age range 24-68 years. This study used a family function support instrument and WHO QoL BREF. Based on the results of the Fisher exact test, the four family functions showed a significant relationship to the quality of life of the study subjects with a p-value <.001. The protection function showed the greatest impact in affecting the quality of life of the subjects with OR = 41,600 (95% CI = 4,219-410,222). The function of love shows OR = 6,400 (95% CI = 2,861-14,317), the economic function shows OR = 5,500 (95% CI = 2,667-11,342), and the religious function with OR = 4,857 (95% CI = 2,510-9,399). Therefore, it is very important that the family can provide support for the protective function of breast cancer survivors.

#### *Kata kunci:*

Dukungan  
Fungsi Keluarga  
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### ABSTRAK

Perawatan pasca pengobatan dan rencana perawatan berkelanjutan penderita kanker payudara dapat menurunkan kualitas hidup. Pasien kanker payudara yang dirawat di rumah sakit memiliki faktor negatif, seperti jauh dari keluarga dan orang-orang yang dicintainya, lingkungan rumah sakit yang tidak dikenal, mendapatkan diagnosis dan perawatan yang sulit sehingga membuat pasien merasa takut setiap prosedur yang akan diberikan kepadanya serta membuat kualitas hidupnya semakin rendah. Penelitian ini bertujuan untuk mengidentifikasi domain dalam kualitas hidup pada penderita kanker payudara. Penelitian ini menggunakan jenis penelitian Korelasi dengan teknik pengambilan sampel dalam penelitian ini menggunakan purposive sampling. Jumlah sampel adalah 40 responden dalam rentang usia 24-68 tahun. Penelitian ini menggunakan instrument dukungan fungsi keluarga dan WHO QoL BREF. Berdasarkan hasil uji fisher exact tes, ke empat fungsi keluarga menunjukkan hubungan yang signifikan terhadap kualitas hidup subyek penelitian dengan p value <.001. Fungsi perlindungan menunjukkan dampak yang paling besar dalam mempengaruhi kualitas hidup subyek dengan OR=41,600 (95% CI= 4,219-410,222). Fungsi cinta kasih menunjukkan OR=6,400 (95% CI= 2,861-14,317), fungsi ekonomi menunjukkan OR=5,500 (95% CI= 2,667-11,342), dan fungsi keagamaan dengan OR= 4,857 (95% CI= 2,510-9,399). Oleh Karena itu sangat penting keluarga dapat memberikan dukungan fungsi perlindungan kepada survivor kanker payudara.

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## INTRODUCTION

Breast cancer is the second leading cause of death in the world. The number of new cases and deaths from cancer worldwide based on WHO data (2015), from 2008 to 2030 is estimated to reach 17 million deaths and 26 million people in the category of illness. Globocan also stated that breast cancer ranks first of all cancers in women with a prevalence rate of 56.5 per 100,000 women in the world (IARC 2013). Riskekas in 2018 showed the prevalence of cancer rose from 1.4% to 1.8%.

Based on an initial survey conducted by researchers at Haji Adam Malik Hospital in Medan, there was an increase in cancer patients from 466 in 2017 to 516 in 2019. Interviews conducted with cancer patients undergoing chemotherapy said that he felt he couldn't do anything anymore, only could resigned, not enthusiastic in living his life, also felt ashamed because of his physical condition and the illness he was suffering from. Side effects of chemotherapy can cause a decrease in self-concept. Low self-concept can affect the anxiety of breast cancer patients undergoing chemotherapy at RSUD Dr. Pirngadi Medan (Lubis and Elysabet 2017).

Quality of life in hospitalized cancer patients is much lower (Dobříková et al. 2017). Since admission to the hospital, negative factors accompanies the patient, namely he is separated from his family and loved ones, the hospital environment is unknown, getting diagnosis and treatment is difficult so that the patient is afraid of every procedure that will be given to him and makes his quality of life worse. Getting lower. Cancer patients really need social support from the people around them to increase the enthusiasm of cancer patients to continue living their lives (Kolin, Warjiman, and Mahdalena 2016).

Social support is adequate support from family members, friends, and neighbors (Yan et al. 2016). The form of family support will have an impact on increasing a sense of self-confidence in dealing with the treatment process carried out by cancer patients. So that he feels loved and can overcome the problems he faces, and express his feelings openly to his family and can help deal with the problems he is experiencing (Susilawati, 2015). The role of family members and those around them by providing life support for cancer sufferers will have a major impact on them (Nurhidayati and Rahayu 2017). Adequate family assistance makes patients feel more calm and comfortable in undergoing treatment (Pristiwati et al. 2018). Husni, Romadoni, & Rukiyati (2012) stated that 75% of respondents at Dr. Mohammad Hoesin Palembang acknowledged the lack of family assistance to them. Families can give them strength in dealing with problems regarding the symptoms and complaints they are experiencing (Putri 2017).

The family has a family function in accordance with Law no. 10 of 1992 in conjunction with PP No. 21 of 1994, in general, family functions include religious functions, cultural functions, loving functions, protection functions, reproductive functions, socialization functions, economic functions, and environmental conservation functions.

Therefore, this study was conducted to determine which family functions most influence the quality of life of breast cancer survivors at Haji Adam Malik General Hospital Medan.

## METHOD

The type of research used in this research is an analytical survey with a correlation research design. The study was conducted at Haji Adam Malik General Hospital Medan in May-August 2020. The population in this study were breast cancer survivors who were undergoing chemotherapy. The sample in this study was determined by consecutive sampling with the inclusion criteria in this study were breast cancer patients who were willing to become respondents and had families accompanying chemotherapy with a total sample of 40 people. This study uses a questionnaire to support family functions (Religion, Love, Protection and Economics).

The implementation procedure includes the preparation stage by conducting a survey of research sites, obtaining research permits and research ethics, studying literature, determining research methods, and approaching the management and the room where the research is being conducted to ask for permission to contact respondents.

The dependent variable in this study is the quality of life of breast cancer survivors. The independent variables include support for family functions including religious, loving, protective and economic functions. Data collection for the quality of life variable used the WHO QoL BREF questionnaire, while for the support of family functions a 40 statement questionnaire was used. According to WHO (1996), there are four domains that are used as parameters to determine Quality of life. Each domain is described in several aspects, namely the physical health domain, the psychological domain, the social relationship domain and the environmental domain. The domain of physical health includes aspects of: activities of daily living, dependence on medicinal substances and medical assistance, energy and fatigue, mobility, pain and discomfort, sleep and rest, and work capacity. The psychological domain includes aspects: body shape and appearance, negative feelings, positive feelings, self-esteem, spiritual religion or personality beliefs, thinking, learning, memory, and concentration. The domain of social relations includes aspects of: personal relationships, social support and sexual activity. The environmental domain includes aspects: financial resources, freedom, security, and physical comfort, health and social care: accessibility and quality, home environment, opportunities to acquire new information and skills, participation and opportunities for recreation and new skills, physical environment ( population or noise or traffic or climate), and transportation. The data analysis technique used the Fisher exact test.

## RESULTS AND DISCUSSION

The results showed that the characteristics of the research subjects in table 1 showed that 47.5% of the subjects were in the age range of 46-56 years, 55% of the subjects' occupations were housewives, and 32.5% had high school education.

To find out the relationship between each independent and dependent variable, a bivariate analysis was carried out using the Fisher exact test. Based on the test, it was found that the four family functions showed a significant relationship to the quality of life of the research subjects with p value <0.001.

**Table 1.**  
**Demographic Characteristics of Breast Cancer Survivors (N=40)**

Demographic Characteristics	Frekuensi	Prosentase (%)
<b>Age</b>		
24-34	2	5.00
35-45	13	32.50
46-56	19	47.50
57-68	6	15.00
<b>Work</b>		
Farmer	2	5.00
entrepreneur	6	15.00
PNS/POLRI	7	17.50
RETIRED	1	2.50
IRT	22	55.00
Honorary	1	2.50
STUDENT	1	2.50
<b>Education</b>		
SD	2	5.00
SMP	1	2.50
SMA	22	55.00
Diploma 3	2	5.00
Sarjana	13	32.50

Source: Primary Data, 2020

The results of the analysis showed that the protective function showed the greatest impact in influencing the quality of life of the subjects with OR = 41,600 (95% CI = 4,219-410,222). The love function shows OR=6,400 (95% CI= 2.861-14,317), the

economic function shows OR=5,500 (95% CI= 2,667-11,342), and the religious function shows OR= 4,857 (95% CI= 2,510-9,399).

**Tabel 2.**  
**Relationship between Family Function and Quality of Life for Breast Cancer Survivors**

Variabel	Quality of Life				p-value	Value OR (95%CI)
	Good		Not Good			
	n	%	N	%		
<b>Religious Function</b>						
Positive	27	67,5	7	17,5	<,001	4,857 (2,510-9,399)
Negative	0	0	6	15		
<b>Love Function</b>						
Positive	27	67,5	5	12,5	<,001	6,400 (2,861-14,317)
Negative	0	0	8	20		
<b>Protection Function</b>						
Positive	26	65	5	12,5	<,001	41,600 (4,219-410,222)
Negative	1	2,5	8	20		
<b>Economic Function</b>						
Positive	27	67,5	6	15	<,001	5,500 (2,667-11,342)
Negative	0	0	7	17,5		

Source: Primary Data, 2020

## DISCUSSION

Based on the results of the analysis showed that the protection function showed the greatest impact in influencing the quality of life of the subjects. Followed by the function of love, economic function, and religious function. It is hoped that the family can provide protection to breast cancer survivors during a series of therapies. The protection function has the highest impact on the quality of life because protection can mean protecting the respondent in the bio-psycho-socio-spiritual and spiritual aspects of breast cancer survivors. The protection function provides a sense of comfort and tranquility for breast cancer survivors, this will greatly affect the survivor's quality of life. If the family performs a protective function, it will have 41 times the impact of a good quality of life on breast cancer survivors. The protective function can be carried out in the form of reminding breast cancer survivors of simple things, such as

motivating them to consume healthy foods, getting adequate rest and assisting in the therapy schedule.

The function of love shows a trend of 6.4 times better quality of life in breast cancer survivors. The function of love can be done by showing affection to breast cancer survivors, either through words or actions. The physical presence of family can evoke feelings of love for breast cancer survivors. If the family cannot accompany physically, it is hoped that they can always care for the survivor either by telephone or other social media. In addition, the family should understand that the condition of the survivor is in a stressful situation so that the family needs to take care of the feelings of the breast cancer survivor and invite them to do recreation.

The economic function contributes 5.5 times the quality of life for the better. This is done by meeting all the costs of care needed by breast cancer survivors. In addition, families are expected to continue to provide opportunities for breast

cancer survivors to manage household finances and give praise when survivors are able to manage their daily needs.

Religious function contributes 4.8 times better quality of life in breast cancer survivors. Families can accompany and remind breast cancer survivors to worship and set an example to forgive others.

Quality of life in patients undergoing a series of breast cancer therapy can be seen from the domains of physical, psychological, social and environmental health. Patients undergoing physical therapy experience various changes in their bodies, side effects from chemotherapy such as bleeding, infection, hair loss, nausea and vomiting, constipation, diarrhea, decreased appetite, fatigue, and weight loss. Psychologically, chemotherapy patients feel anxious, afraid, some of them think positively and have doubts about the healing of the disease they are suffering from. Health services at Haji Adam Malik General Hospital Medan can provide good service to chemotherapy patients, as well as the spiritual/pastoral care team where they can pray, give encouragement, and extraordinary support for chemotherapy patients. Patients undergoing chemotherapy feel comfortable with the facilities that have been provided at the Haji Adam Malik General Hospital Medan such as facilities in the chemotherapy room such as comfortable beds, clean environment, adequate medical equipment, being able to watch TV so that patients do not feel bored during treatment. Patients and families feel comfortable with the virginity care provided by the medical team, always get clear health education and information during treatment, and most patients use health insurance such as BPJS to help with treatment costs during chemotherapy.

This research is in line with Setiyawati, Rosalina, and Pranowowati (2016) and Anggeria & Daeli (2018) that a good quality of life encourages respondents to have good concentration skills, someone who has a positive psychological outlook, has emotional well-being, physical and mental health. good health, have the physical ability to do what they want to do, good relationships with family, friends, participate in social and recreational activities, insurance that can help with medical expenses and housing and a safe environment and good facilities. Patients who have a good quality of life are respondents who are able to carry out all their daily activities with pain that does not interfere, easily concentrate, interact with other people and can reach health services and have a comfortable place. In line with Gokgoz, Sadikoglu, Paksoy, and Guneytepe (2011) Breast cancer patients experience problems in various quality of life domains. Health workers must be aware of and consider the importance of quality of life, to improve the health of breast cancer patients.

This study shows that there is an effect of family function support on the quality of life of breast cancer patients. This research is in line with (Anon 2019) which states that family support is the best influence on individuals, because this support is what it is. Effective self care will be able to improve the quality of life of cancer patients. To carry out self-care both independently and with assistance, it still requires family support so that the quality of life and perspective of cancer patients on life is better. Family support is highly expected by breast cancer patients with emotional support which includes empathy (feeling what other individuals feel), appreciation, love and attention (providing time to listen and be heard). Patients undergoing chemotherapy always get support from their family, friends and health care services, motivation to heal themselves in undergoing chemotherapy. Patients are always accompanied by their family during chemotherapy, before chemotherapy

is always done a blood check if normal then chemotherapy is done and if it is not normal then it is not done, always remind chemotherapy patients to avoid cigarette smoke, always be accompanied by family when doing activities/exercise, maintaining diet and eating healthy food, and can relax the mind or tell / share experiences with friends. Since chemotherapy, the patient has always been visited by his friends or neighbors and has always encouraged him to undergo treatment.

Patients undergoing outpatient also have an impact on family tensions that are passed by optimally subjective efforts to adapt in accompanying patients and the needs of other resource support systems (Wulandari et al. 2017). Support from family, friends and the provision of health services are of value to patients undergoing chemotherapy (Kolin et al. 2016). The better the family support, the better the quality of life of cancer patients, cancer patients who receive support from their closest family, will have an influence on sexuality, quality of life and health function (Eda and K 2012). This is in line with Dobříková et al. (2017) found that the quality of life in hospitalized cancer patients was much lower. Because since admission to the hospital, negative factors accompanies the patient, namely he is separated from his family and loved ones, the hospital environment is not well known, getting diagnosis and treatment is difficult so that it makes the patient feel afraid of every procedure that will be given to him and makes the quality life is getting lower. Supported by Yan et al (2016) also said that social support is adequate support from family members, friends, and neighbors. The scale of social support and mentoring is related to improving the quality of life of cancer patients. This is confirmed by Park, Kim, Shin, Yang, and Park (2017) that male cancer patients with comorbidities or disabilities, and female patients with disabilities are more likely to have advanced cancer at diagnosis.

## CONCLUSIONS AND SUGGESTIONS

Breast cancer survivors need to get assistance, especially from their families to always encourage, motivate, control and assist cancer patients to improve their quality of life, especially in providing protection. If the family provides maximum protection, breast cancer survivors feel calm and feel that their lives are valuable among their families.

Although the protection function provides the highest contribution, it is hoped that the family in carrying out the protection function must pay attention to and simultaneously carry out religious, loving and economic functions.

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