

Family Role in The Achievement of Post Radical Mastectomy Self Integrity Patients

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ABSTRACT

Background	Breast cancer is the second largest cancer in Indonesia. Patients with advanced-stage breast cancer in particular, are generally filled with anger and depression at the thought of her illness. Family support is essential in patient care, one example is the situation after breast removal surgery (Radical Mastectomy).
Methods	This study is a qualitative study with phenomenological approach that aims to explore the role of family in providing support to the achievement of self integrity breast cancer patients post Radical Mastectomy. Participants were selected by purposive sampling method which is a family of post Radical Mastectomy patients in Prof.Dr.Margono Soekarjo hospital. There are six partisipants join this research. Data collection techniques using in-depth interviews twice a further analysis of data using methods Collaizz's.
Results	The research results show the role of family experience in providing support to the achievement of the integrity of the patient post Radical Mastectomy, covers six main themes: first, various assistance provided by the family, the less the support of the family as indicated by the husband who pays little attention and dishonesty diagnosis. Third, the family response to the condition and Fourth, the need at this moment perceived as a need for information about cancer and quality health services. Fifth, the various barriers in mendapatkan health services, and the sixth, the various changes that occur in the family.
Conclusions	The study provides implications of information regarding the role of family in providing social support to women post Radical Mastectomy and increase knowledge in providing nursing care to patients Breast Cancer Post Radical Mastectomy in Prof.Dr.Margono Soekarjo hospital, and help meet the diverse needs would social support to improve the quality of life of patients with breast cancer post radical mastectomy.
Keywords	family support, self integrity, post radical mastectomy

INTRODUCTION

Humans are holistic nature of being at once physical and psychological, which influence each other. If something happened to the physical condition also affects the psychological condition (Halminton, 1995). This can be seen in patients with chronic diseases such as breast cancer. Breast cancer is one type of cancer that have a high prevalence. Breast cancer can occur in men and women, but the most common and the highest prevalence is in women. In 2006 at America, there are 212,920 new cases of breast cancer in women and 1720 new cases in men, with 40,970 cases of death in women and 460 cases of death in men. In Indonesia, breast cancer ranked second after cervical cancer (Wiknjosastro, 2002).

Breast cancer incidence in Indonesia is 11% of all cancer incidence (Swasono, 2003). About 70 percent of breast cancer patients come to hospital are at an advanced stage condition. According to Miller (2008), as much as 16% - 25% of patients suffering from cancer suffering depression. Research conducted by Rebar (2005), after patients diagnosed with breast cancer in the first year, 48% of women experienced anxiety and depression. This fact is also supported by research Colegrave cit Rahman, (2002) on increased levels of anxiety and depression in women with breast cancer cases even to the phase of clinical-pathological. In such a situation one needs social support from significant others in her life.

Baziad (1993) suggested that social support can reduce the tendency of the emergence of events that can lead to stress. If the incident occurs, interaction with others can modify or altered individual perception of the incident and therefore will reduce the potential emergence of stress. Social support can change the relationship between the individual responses to events that can causes stress and the strategies to cope with stress. Thereby someone can modify the effect of stressful events that interfere with self-esteem and social support can modify this effect. In hospitals Prof.Dr.Margono Soekarjo number of breast cancer patients of post radical mastectomy in December 2008 - December 2009 amount 81 people, with ages around 16-58 years (RSMS Data, January 2010). Looking at the above background, it is very interesting to do research related to the role of family in providing support to women suffering from breast cancer post Radical Mastectomy.

METHODS

This study using qualitative research method with phenomenology approach, which aim to get the answers or in-depth information about the family's role in providing support to women suffering from breast cancer post Radical Mastectomy. In this study, researcher tried to understand the experiences of the family's role in providing

support to women suffering from breast cancer after post Radical Mastectomy. Using this methodology is based on an assumption that the science of human behavior can only be obtained through direct excavation of human experiences that is defined by it (Polit & Hungler, 1995).

The study was conducted with in-depth interviews conducted in two stages. In the first stage, interviews conducted 2-4 times, to further sharpen the accuracy of the data the researcher also made field notes (Streubert & Carpenter, 1999). The second stage interview conducted to confirm the themes generated while associated with the experience that participants have been through, and based on the interpretation of data created by the researcher. Data analysis was conducted simultaneously with data collection, data analysis means done since the beginning of data collection until the final stage of data collection. Colaizzi's method is used to perform data analysis.

RESULTS

Participant Characteristics

This study conducted in Hospitals Soekarjo Margono, data collected in the Bougenville ward, a ward for patients undergoing chemotherapy with an indication of cancer. All participants amount 6 people who have closest to the patient's family members (husband, sister and daughter) of breast cancer post radical mastectomy. All the participants came from districts around Purwokerto and Banyumas. Characteristics of participants who have tribes Java. Informant 32 years youngest age and the oldest 58 years. Highest level of education the lower elementary school, with an average income ranging from one million to two million.

Themes

Themes in this study founded based on the explanation of informants who answered the questions of researchers with reference to the specific objectives of the study. Researchers found six themes is the answer of 5 specific objectives of the study.

Theme 1: Support provided by family

a. Meeting the basic needs

Families provide assistance with how to meet the basic needs of breast cancer patients post radical mastectomy, including fulfilling the needs of food and beverages, and clothing needs as described by the informant:

"...I cook some food which she want to eat..." (P1, P3, P4)

"....I think it is important to eat a lot so I give her food contains high nutrition"
(P6)

Meeting the clothing needs by facilitating the patient with a loose-fitting clothing or clothing,

tucking or obstruct with a small cloth in the former breast that have been raised, providing a kind of headgear or head scarf to cover hair loss as the negative impact of a program that endured chemotherapy patients. This was disclosed by the informant as follows:

".... Ask for a loose shirt, cloth inserted in the first place operations" (P1, P5)

"... I bought the scarf, covering her head was falling out due to chemo" (P6)

b. Meeting the spiritual needs

Families help to meet the spiritual needs of patients by giving advice so as not to despair and a chance to keep praying. This was revealed by the informant:

"... I say do not despair, keep praying ... the patient" (P3)

"... I let that again pray while sleeping so ..." (P2, P4)

c. Giving psychological support

Families also giving psychological support by providing reinforcement or encouragement, love, empathy to the patients, waiting during chemotherapy and remembering the chemotherapy schedule. This was revealed by the informant the following statement:

"... I tell her to be powerful, never give up, I remind her chemotherapy schedule ..." (P1, P4)

"... I care about my wife, I told you not working hard ... (P2, P5, P6)

"... I was waiting for her during hospitalization..." (P3)

d. Management of conflict between family member

Family shows conflict management with the attitude of avoiding contention and non-confrontational attitude towards patients. Avoid arguments made by the family relented when involved in a difference of opinion with patient and understand the condition of the patient. Another thing is also done by the family is not being rude in talking and not impose their will if the patient does not want it. It can be seen from the statement following informant:

"I understand maybe she was frequently angry because of the weight of this disease" (P6, P5)

"... .. She spoke slowly so do not be offended, do not say rude, can not force ..." (P3, P2, P5)

e. Provision of financial resources

Provide financially for the family to undergo chemotherapy with a variety of ways. All participants mentioned health insurance from government become the primary funding source for

post undergoing radical mastectomy. This is indicated from the statements of informants:

"... Health insurance helpful at all, it covered until finished chemo, at least we think the cost of the transportation from house to hospital, but it turned out great number of money too ..." (P3, P6, P5)

Theme 2: Lack of support from family

a. Less attention from husband

Husband's attention are not given fully to all of the patients. This situation because of the husband is not giving enough attention, did not accompany his wife, the husband go away after the diagnosis, or divorce. It is obtained from the expression of informants:

".... If I forget to take care my wife, when I feel so tired... she think that I do not care to her anymore and I want to marry again..."(P6)

"... her husband selling in Jakarta, so he don't take care his wife ..." (P1)

"...Was divorced, her husband did not living together again..." (P2)

b. Dishonesty about disease diagnosis

Family attitudes that do not tell the patient about the results of breast tissue biopsy due to family confused, or because of compassionate to giving the information about the results to patients. This can be seen from the statements of informants:

"...The biopsy results are malignant but I just said that the doctor did not say anything"(P6)

".... She is not no hope the disease will be fully recovered, but I say it will be okay, treated with Chemo will also recover, I am puzzled how disclose. "(P1, P2, P4, P5)

Theme 3: How my family responds to my condition

a. Negative family responses

The family showed some negative responses, which is reflected in grieving, physical and psychological fatigue, confusion, crying, disturbed, angry, quiet, unhappy, blame, and despair. This is indicated from the statements of informants:

".... Can not say how it feels, really sad, nobody is happy with this situation, it's everywhere is not no outcome, no expectation was, it was not so angry annoyed ... "(P1, P2, P5, P6)

".... Disturbed, no longer able to earn money ..." (P4)

b. Positive family responses

Positive responses indicated support for families with no complaints which is shown by the family when they're in front of the patient. This is evident from the statement following informant:

".... I say it will be tested again ... I'm still going to help until whenever ... I do not want to complain, sigh ... I will always behind her..." (P3, P4)

Theme 4: The family needs

a. Information about breast cancer

Information about cancer is one of health services needed by patients family with post radical mastectomy. This needs include how to get the information and the information sources. Counseling is a way expected by the informant to get information about breast cancer before take a decision relating to patient treatment. Statements from informants are:

".... Yes, that has to do the same here cancers has never been penuluhannya, Explanation of how the cancer, what are the signs, I still do not understand much." (P1, P3, P4, P6)

b. Hope to health services

The theme of the expectations of health care workers drawn from a friendly attitude, smile, and give the correct explanation. This is based on the following statement:

".... My expectations to health providers, I hope they are friendly, smile, explain information about patient and what should to do clearly..." (P1, P2, P3, P5)

Theme 5: Barriers to health services

Family revealed the existence of barriers to health services, especially regarding breast cancer, described the care and treatment that takes a long, hard to come by in the hospital area (only in large hospitals), and high prices of medicines treatment if redeemed himself. Lack of information about cancer and the negative impact of treatment was expressed as the things that greatly affect the lives of patients. It can be seen from the statement following informant:

"... The tool is not there (hospital type C), the tool only in large hospitals, medicine is very expensive...I was not able to buy, I never knew before, what it was cancer ..." (P1, P2, P3 P6)

Theme 6: The various changes that occur to post radical mastectomy patients

a. Positive changes to the process maturity

This theme emerged as one of the perceived positive change in meaning families during their experience of caring for family members who underwent radical mastectomy post. Families feel that they are growing impatient, no irritability, better emotional control, and feel that what they have done is already a liability. This can be seen from the statement following informant:

" I became more excuse, not easily angered, more patience, I think it is my duty"(P1, P4, P5).

b. Improved quality / appreciation of spiritual values

After having the disease, families feel the improvements in the appreciation of spiritual values, this includes the increasing of worship, and belief that it will get good after they take care of the elderly. This is evident from the statement following informant:

".... hopefully to get reward from God for our patience, I believe it ... if we do good there must be ease of convenience gained in life, become more diligent in prayer ..." (P6)

DISCUSSION

Based on the discussion of the results of this study, researchers discuss the implications of research on the role of nurses, especially in helping families to identify the fundamental requirements that is necessary for women with post radical mastectomy and families. According to Friedman (1998), family support is an attitude, action and acceptance of people with a sick family. Forms of family support for women with post radical mastectomy identified 3 types, namely instrumental support, psychosocial support, and financial support. Shape described instrumental support through meeting the needs of food intake, and fulfillment needs to dress / appearance after undergoing radical mastectomy. In addition, the family tried to look as optimal as possible to help the patient to self-image is not disturbed patients, including help for optimal performance remain patient in their social environment, is certainly very helping the patient so that the concept itself is maintained in an optimal fit condition of the disease.

Forms of psychological support as researchers find spiritual fulfillment, fulfillment and management needs of affective conflict within the family. The family has a very important task in meeting the psychological needs is to create love, mutual understanding and find happiness, fulfillment affective function is a central basis for the formation and continuation of a family unit (Friedman, 1998). The researchers argue that affective functions were carried out by the family quite well. In conflict management, the thing done is to avoid family fights and show a non-confrontational attitude. Form of family financial support to women post radical mastectomy the researchers found was the provision of financial resources for the treatment of cancer. Family members perceive that people who are supportive are always ready to give help and assistance if needed. In this research found three types of family support (instrumental support, psychological

support and financial support) that is given specifically for patients radical mastectomy by his family. Other forms of support that is not found is the support award and support information turned out to families unable to provide such support. There is a lack of family attitudes support achievement of women's integrity post radical mastectomy. The results of this study indicate the lack of attention her husband in the process of chemotherapy and the family are not honest in conveying the patient's outcome or prognosis of disease. Friedman (1998) suggested that the attention of the husband or wife, including an internal support group that really helped the recovery of health for their partners treated. The absence of attention to this internal group effect on the strength of the spirit of the patient to resolve her breast cancer treatment programs. It is also felt by the families that lack of spouse (husband) greatly affect the psychological condition of patients with post radical mastectomy, a more drop and less cooperative, in contrast to patients during treatment accompanied by their husbands, the patient became more excited and have hope to achieve healing.

Response to accompany the family for women with post radical mastectomy consists of 2 things: a negative response and positive response. Negative responses were known from the appearance of sadness, fatigue, confusion, feeling disturbed, to anger. There was also a repressive attitude of the family for example cries and not communicate for a moment when there were conflicts with patient. Psychologically, when exposed to stressful situations on an ongoing basis everyone will experience burnout and fatigue, which would bring angry reaction, and find ways of solving its own. Crying alone or be silent actually do by informant as repressive attitude of the settlement. The negative response of family are not disclosed or addressed directly in front of the patient. Positive response by the family to assisting patients undergoing therapy post-radical mastectomy is not indicated before the patient's complaint. If patients feel discomfort then they discuss it among family members.

Health services required by families including information about cancer, hopes to health care, and hope to the removal of the negative impact of chemotherapy. Hope to health services is more focused on the officers or service providers, especially the attitude of service providers and providing clarity prognosis of disease, health service flow that can be taken after the results of the biopsy showed cancer with a malignancy, and how to access sources of funds provided by the government. The next difficulty is the perceived negative impact of post-chemotherapy patients. There is no patient who expressed comfort after get chemotherapy. The next impact leads to physical appearance, which brings serious consequences to

the harmonious relationships between husband and wife. Chemotherapy is the process of giving anti-cancer drugs in pill form or capsule or liquid through the infusion aimed at killing cancer cells. Not only in breast cancer cells, but also throughout the body (Denton, 1996). Effects of chemotherapy is that patients experience nausea and vomiting and hair loss due to the influence of drugs given during chemotherapy. These effects are felt by the family as one of the obstacles patients to consistently complete the chemotherapy programme.

Family's experiences of treating patients post radical mastectomy in provide support towards the integrity of the self-interpreted in various ways by the family. This can be grouped in 2 things: a positive change towards process maturity and improved quality caregiver / appreciation of spiritual values which are believed. Webster (2001) suggested that satisfaction gained more caregiver caregiver uplifts based on the increasing spiritual aspects, social and intellectual care giver. Caregiver uplifts will affect the activities and events daily caregiver and make a person feel better, happy, and feel the satisfied. This statement correlated with this research results that the family revealed the existence of a positive attitudinal change in their lives and their maturation process and feel the appreciation of spiritual values better, families become more patient, and the increase of worship.

CONCLUSIONS

The study provides implications of information regarding the role of family in providing social support to post Radical Mastectomy patients, improving nursing care in patients with Breast Cancer Post Radical Mastectomy in hospitals Prof.Dr.Margono Soekarjo, and helping meet social support needs of breast cancer patients post radical mastectomy. The results of this study reveal the assistance provided by the family that includes, fulfillment of basic needs, spiritual needs, affective needs, family conflict management, provision of financial resources and respond positively to the patient's condition. There are families who failed to give support to breast cancer patients post radical mastectomy is indicated by a husband who pays little attention to, dishonesty patient's family about the diagnosis of disease, responded negatively to the patient's condition.

ACKNOWLEDGEMENT

Thank you very much to Jenderal Soedirman University as financial material support and rector of Jenderal Soedirman University to give financial support to join Public Health Nursing Conference 2011.

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