The Adaptability of Cervical Cancer Patients

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Abstract

BACKGROUND: The problems that arise in patients with cervical cancer are not only physical, but also include other aspects such as psychological, social, and spiritual. The ability of cervical cancer patients in dealing with these problems is very diverse and cannot be generalized.

AIM: The purpose of this study was to identify the adaptability of cervical cancer sufferers to physical, psychological, social, and spiritual issues.

METHODS: A cross-sectional design study was conducted in this study. The number of samples was 96 respondents from a referral hospital in Bandung, West Java. The adaptability instrument was developed by researchers to assess physical, psychological, social, and spiritual adaptability. Statistical data analysis used univariate analysis for adaptive ability variable.

RESULTS: All components of adaptability were quite low, including general (14.6%), physical (2.1%), psychological (19.7%), social (27.1%), and spiritual (27.1%).

CONCLUSION: Findings regarding factors that could affect the ability of adaptation are highly recommended. This is to determine the right type of intervention in helping adaptability of cervical cancer patients in various aspects so that patients can get the appropriate implementation from health workers.

Introduction

The most common cause of cervical cancer (99%) is infection by the human papilloma virus (HPV). Furthermore, vaccines were found as a form of prevention, resulting in a drastic reduction in the incidence and death rate of cervical cancer, especially in some groups of developed countries. However, it is different from groups of developing countries where cases are still increasing, including in Indonesia. Based on data from GLOBOCAN, there were 18.1 million new cases with a death rate of 9.6 million, where 1 in 6 women in the world experience cancer and as many as 1 in 11 women die from cancer [1]. In 2018, the incidence of cervical cancer was second after breast cancer, reaching 9.3% with a mortality rate of 8.8% [2].

The problems that occur in cancer patients were not only in the physical aspect, but also often found in the psychological aspect. Initial responses that often arise were usually patients feeling sad, grieving, anxious, afraid, decreased self-image, low self-esteem and low self-perception, guilt, self-isolation, and depression [3], [4], [5], [6]. Most of the sufferers feel continuous loss and suffering [7], [8], [9], [10]. In addition to these problems, sufferers are also faced with physical problems due to the disease, such as pain in the lower abdomen, severe back pain, bleeding, odor, weight loss, fistulas, swollen feet, diarrhea, constipation, fever, cough, wounds, anemia and shortness of breath, damage to the skin mucosa, damage to healthy cells around cancer, nausea, and vomiting [11], [12], [13], [14].

In addition, they must also be prepared to face social impacts such as separation or loss of loved ones, having to forego routine activities usually carried out in their social environment [15], [16], [17]. Some of them must be prepared to accept the stigma that considers cancer to be a dirty disease [18], [19], [20]. For workers, they must accept having to possibly lose their job, which is a source of family income [16]. Patients also have to be ready to accept the possibility of death, so that a spiritual approach is needed [21]. All changes experienced need to be adapted by cancer patients so that they can still live a quality life.

Cervical cancer patients experience many changes, including physical, psychological, social and spiritual [5], [15]. This can hamper their daily activities so that it has an impact on decreasing the quality of life. Knowing the ability to adapt to a disease, especially in
cervical cancer patients, will be useful data as an effort in developing nursing interventions related to improving the quality of life of patients, however, data on patient adaptability are still limited. This study aims to identify the adaptability of cervical cancer sufferers to the physical, psychological, social and spiritual changes that occur.

Methods

The researchers assess and identify the adaptability of cervical cancer patients using a cross-sectional conducted at a referral hospital in Bandung, West Java with sample selected based on purposive sampling with certain criteria. The inclusion criteria of this study were: (1) able to communicate using Indonesian, verbally and non-verbally, (2) diagnosed with cervical cancer, (3) requiring hospitalization, (4) agreeing to be research respondents, (5) permanent residence. The number of samples was calculated based on the results of previous research [22], [23], [24]. To reduce classification bias, researchers selected respondents using the blinding method. Based on the results of previous research [22], [23], [24], the maximum sample size required in this study was 82 respondents; to anticipate the various possibilities the researcher added 10-20%, so that the sample size needed in this study is 96 respondents.

The adaptability instrument was developed by researchers based on the results of a study of various measuring tools related to the assessment of various adaptability from various studies that have been carried out, including the quality of life instrument developed by the WHO [25]. Instrument modifications were made and adapted to the research objectives to assess adaptability in various aspects, including physical, psychological, social and spiritual. At the beginning of the preparation of the instrument, 32 simple closed questions were composed.

Based on a study conducted by experts on the questions asked, there were seven questions that did not meet the requirements, so that only 25 question items were revised and met the requirements to be used. The measuring scale used was a 5-point Likert scale. The measurement results were used to determine the adaptive or maladaptive group for all abilities using the minimum adaptive value. The determination of the minimum assessment uses a standard benchmark value developed for various clinical abilities which have been employed in several previous research studies [26], [27], [28]. For adaptability, a minimum value of 75 or 60% was used, for physical adaptation a minimum value of 36 or 60%, for psychological adaptation a minimum value of 12 or 60%, for social adaptation a minimum value of 12 or 60%, and for spiritual adaptation a minimum value of 15 or 60%. This measuring tool has been tested on 30 respondents with Cronbach’s alpha 0.901. With this value, it was predicted that the measuring instrument will remain stable at different times with an inter-correlation value between items of more than 0.2 indicating that the measured factor or dimension is correct [29], [30].

Data processing was carried out using computer assistance after performing the stages of editing, coding, and tabulation in accordance with predetermined criteria. Frequency and percentage were used to describe the sample characteristic and adaptive ability variables. Data collection was carried out after the researcher obtained permission from various parties, including the research respondents.

Results

The results obtained were in the form of data on cervical cancer cases, namely: (1) The largest cervical cancer cases occurred in West Java [31], (2) Most of the cases (70%) came to the hospital in an advanced stage [12], (3) The problems that occur in many patients were very complex, including physical, psychological, social and spiritual problems [32].

Table 1 shows the distribution of cervical cancer patients with more than 50% of the participants identified as being over 35 years of age with the latest level of education at the highest being junior high school. Most of them work as housewives with low economic status. For the advanced stage of cancer, it was obtained by more than 50% of participants. As for the type of therapy given, it was found that non-surgical therapy was dominant (84.4%).

Table 1: Distribution of cervical cancer patients with identifiable adaptability (n = 96)

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;35</td>
<td>4</td>
<td>4.2</td>
</tr>
<tr>
<td>≥35</td>
<td>92</td>
<td>95.8</td>
</tr>
<tr>
<td>Educational level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior High School</td>
<td>77</td>
<td>80.2</td>
</tr>
<tr>
<td>Senior High School</td>
<td>19</td>
<td>19.8</td>
</tr>
<tr>
<td>Employment status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A housewife</td>
<td>82</td>
<td>85.5</td>
</tr>
<tr>
<td>Self-employed</td>
<td>14</td>
<td>14.5</td>
</tr>
<tr>
<td>Financial level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>13</td>
<td>13.5</td>
</tr>
<tr>
<td>Low</td>
<td>83</td>
<td>86.5</td>
</tr>
<tr>
<td>Staging of cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early</td>
<td>31</td>
<td>32.3</td>
</tr>
<tr>
<td>Advanced</td>
<td>65</td>
<td>67.7</td>
</tr>
<tr>
<td>Type of treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>15</td>
<td>15.6</td>
</tr>
<tr>
<td>Non Surgery</td>
<td>81</td>
<td>84.4</td>
</tr>
</tbody>
</table>

The results of observations showed that most of the patients’ time was spent in the room for rest and sleep, the means to meet social and spiritual needs in the room were not available, and privacy was seen to be disturbed. Most of the sufferers looked sad, had empty eyes and were resigned to accept whatever happens
to them. For some cases, they did not seem to have a life expectancy, but there was no indication of wanting to commit suicide. From the results of interviews with more than 30 patients and families on how to cope with the problems they face, the vast majority did not know the exact answer. They relied on belief without positive efforts [33].

The adaptive ability of the respondents can be seen in Table 2, wherein every aspect of the respondent's adaptive capacity was still quite low, including general, physical, psychological, social, and spiritual were below 50% as well.

Table 2: Adaptive ability of respondents (n = 96)

<table>
<thead>
<tr>
<th>Components adaptive capabilities</th>
<th>Adaptive</th>
<th>Maladaptive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>General</td>
<td>14</td>
<td>14.6</td>
</tr>
<tr>
<td>Physical</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>Psychological</td>
<td>19</td>
<td>19.7</td>
</tr>
<tr>
<td>Social</td>
<td>26</td>
<td>27.1</td>
</tr>
<tr>
<td>Spiritual</td>
<td>26</td>
<td>27.1</td>
</tr>
</tbody>
</table>

Discussion

From the results of the data presented, it shows that the adaptive ability of the respondents is still lacking with the intervention that has been given by the nurses in the hospital. This is in accordance with [32] which states the burden faced by involving all aspects of life, both physically, psychologically, socially and spiritually, while efforts made or intervention provided more focused on disease management, because services at this time are more focused on handling physical illnesses only. Meanwhile, taking into consideration other aspects such as psychological, social, and spiritual is still lacking, even though these aspects are very influential in a person’s integrity and will make the problem more complex. This condition has been criticized by the WHO [12] and by a number of other researchers, such as [13], [34], [35], [36], [37].

Adaptation, or adjustment, is being able to maintain existence, or being able to survive and obtain physical and spiritual wellbeing, and being able to establish satisfying relationships with social demands. If the ability to adapt is low, it can have an impact on physical, psychological, social and spiritual aspects which cannot be fulfilled optimally. Judging from the theory presented by Choirudin [38], the success of personal adjustment is marked by the absence of hatred, running away from reality or responsibility, resentment, disappointment, or disbelief in his condition; this is an example from a psychological point of view. Some of these circumstances can be prevented by careful planning of interventions to be administered to the patient. Nurses as medical workers who serve patients for 24 hours act as innovators and change agents to develop programs that can reduce the impact of a patient’s inability to adapt.

Conclusion

The adaptability of cervical cancer sufferers is still lacking in several aspects. Therefore, appropriate intervention methods are needed so that the respondent can achieve maximum adaptive abilities in different aspects, considering psychological, social and spiritual in addition to the physical. It is recommended that nurses and other medical professionals provide an approach by paying attention to various aspects so that adaptation problems in patients can be resolved. It is also necessary to study what factors can affect adaptability so it can be determined what is the appropriate implementation for use.

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