



Relationship between Patient Profile and Quality of Life for Palliative Cancer Patients at Dr. Mohammad Hoesin General Hospital, Palembang

Yuliyana Kumaladewi^{1*}, Rahmiati¹

¹Nursing Services Substance Group, Dr. Mohammad Hoesin General Hospital, Palembang, Indonesia

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Corresponding author:

Yuliyana Kumaladewi

E-mail address:

yuliyanakumaladewi@gmail.com

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ABSTRACT

Relationship between Patient Profile and Quality of Life for Palliative Cancer Patients at Dr. Mohammad Hoesin General Hospital, Palembang. Cancer treatment affects all aspects of the patient's life, both the physical and psychological condition of the patient. Measurement of quality of life is important to do to improve treatment or rehabilitation, medical decision making, and facilitate communication between health workers and palliative cancer patients. This research is an analytic descriptive study using a cross-sectional design with a quantitative approach. The purpose of this study was to determine the relationship between cancer palliative patient profile and quality of life. The instrument for assessing the quality of life is the WHOQOL-BREF instrument. The research sample was 64 adult patients with palliative cancer who were treated in inpatient ward. The majority of the sample is female (79,9%), aged over 46 years old (54,7%), married (85, 9%) and ongoing chemotherapy (78,1%). Based on the results of this study, the quality of life of 60 patients was in a good category (93.8%) and the remaining had a moderate quality of life (6.3%). The majority of poor quality of life occur in domain 2 (psychological) as much as 68.8% and domain 4 (environment) as much as 59.4%. Type of therapy has a significant relationship with quality of life with p value = 0.006. The patient profile (education and cancer stage) is significantly related to the psychological domain and the cancer stage profile is related to the environmental domain. The conclusion of this study is that the type of therapy is related to the patient's quality of life. The quality of life of cancer palliative patients needs to be considered by nurses, especially related to the psychological domain and the environmental domain.

1. Introduction

Based on Riskesdas data, the prevalence of tumors/cancer in Indonesia is increasing. In 2013 the prevalence was 1.4 per 1000 population and increased to 1.79 per 1000 population in 2018. This high prevalence makes Indonesia the 8th contributor of cancer cases in Southeast Asia and 23rd in all of Asia¹. The death rate for cancer patients is also still high. This condition occurs because 70% of cancer patients arrive late at the hospital. As a Referral Hospital, cancer cases are also the 10th most common disease at Dr. Mohammad Hoesin General Hospital, Palembang. The number of visits is increasing every year. Data on outpatient cancer patient visits in semester 1 of 2021 was recorded at

3,450 visits and increased to 4,186 visits in semester 1 of 2022¹.

Other variables analyzed in this study were the type of cancer, stage of cancer and type of therapy undertaken. Based on the results of analysis using Chi square, it was found that of the three variables that had a significant relationship with quality of life was the type of therapy undertaken. The most common type of chemotherapy therapy undergone by patients in this study was chemotherapy (78.1%) and 93.75% of them had a good quality of life².

Physical and psychological changes reduce the patient's ability to carry out daily activities and also in their social and spiritual life. Measuring quality of life is important because it is useful for improving

care or rehabilitation, medical decision making, and facilitating communication between health workers and patients⁶. Palliative care is one of the services needed to help cancer patients maintain their quality of life. For this reason, in determining cancer patient care planning, knowledge is needed about the profile of cancer palliative patients and their quality of life⁸.

2. Methods

This research is a descriptive analytical study with a cross sectional design. This study aims to determine the profile of palliative patients and its relationship with the patient's quality of life. The population in this study was all cancer patients who were hospitalized. In this study, a sample of 64 adult cancer palliative patients were obtained.

Data collection used the WHOQOL-BREF instrument. conducted in October-December 2022. This instrument consists of 26 questions. which consists of 2 parts. The first part contains 2 questions, namely related to overall quality of life and general health. Part Two consists of 24 questions. In this section there are four domains combined, namely

the physical, psychological, social relations and environmental domains

To describe the characteristics of each variable, the data was analyzed univariately. Univariate analysis of all dependent variables is described by frequency distribution and percentage or proportion. Bivariate analysis was carried out using the Chi-square test to test the hypothesis of a significant relationship between the dependent variable and the independent variable. The basis for making the decision to accept the research hypothesis is based on the degree of significance α of 5%.

3. Results

Table 1 shows that the research sample consisted of 64 people with a minimum age of 18 years and a maximum of 72 years. The majority of the sample was over 46 years old (54.7%), female (79.7%), had a high school education (39.1%), was married (85.9%). the majority of the sample suffered from breast cancer (43.8%), patients with stage 3 cancer (46.9%), and undergoing chemotherapy (78.1%).

Table 1. Demographic characteristics (N = 64)

	Number of Samples (n)	Result (%)
1. Gender		
Man	13	20,3
Female	51	79,7
2. Age (Years)		
≥46	35	54,7
< 46	29	45,3
1. Education		
Elementary School	11	17,2
Middle School	20	31,3
High School	25	39,1
Diploma/Bachelor	8	12,5
2. Marital Status		
Not Married	7	10,9
Married	55	85,9
Divorce	2	3,1
5.Type of Cancer		
Breast Cancer	28	43,8
Cervical Cancer	5	7,8
Colorectal Cancer	12	18,8
Nasopharyngeal Cancer	2	3,1
Brain Cancer	2	3,1
Lung Cancer	7	10,9
Rectal Cancer	4	6,3
Blood Cancer	2	3,1
Skin Cancer	1	1,6
Lymph Cancer	1	1,6
6. Stadium / stage		
Stadium 1	0	0
Stadium 2	10	15,6
Stadium 3	30	46,9
Stadium 4	24	37,5
7. Therapy/Treatment		
Radiotherapy	2	3,1
Chemotherapy	20	78,1
Radiotherapy +Chemotherapy	12	18,8

In table 2 it is known that 60 people (93.8%) have a good quality of life and the remaining 4 people (6.3%) have a moderate quality of life. Based on category, the patient's quality of life was poor in the

psychological category (domain 2) as much as 68.8% and in the environmental category (domain 4) as much as 59.4%.

Tabel 2. Palliative Patient Profiles Based on Level of Quality of Life (N = 64)

Quality of Life	Number of samples (n)	Result (%)
Quality of Life		
- Poor	0	0,0
- Moderat	4	6.3
- Good	60	93.8
Average± sd	79,69±11,00	
Median (Min – Mak)	77 (48-111)	
Quality of Life Domain 1		
- Poor	28	43.8
- Good	36	56.3
Average± sd	19,92 ± 3,51	
Median (Min – Mak)	20 (8-30)	
Quality of Life Domain 2		
- Poor	44	68.8
- Good	20	31.3
Average± sd	18,61 ± 3,20	
Median (Min – Mak)	19 (9-27)	
Quality of Life Domain 3		
- Poor	27	42.2
- Good	37	57.8
Poor± sd	8,84 ± 1,92	
Median (Min – Mak)	9 (5-14)	
Quality of Life Domain 4		
- Poor	38	59.4
- Good	26	40.6
Average± sd	25,61 ± 3,58	100.0
Median (Min – Mak)	25 (19-35)	

Statistical analysis using the Chi Square test in table 3 below shows that there is a significant relationship between the type of therapy and the patient's quality of life (p value = 0.006 (p<α), but

there is no relationship between the patient profile of age, gender, education, marital status, type of cancer and stage of disease on the quality of life of palliative cancer patients.

Table 3. Relationship between Patient Profile and Quality of Life (N = 64)

Patient Profile	Quality of Life		Total	<i>p value</i>
	Poor	Good		
	n (%)	n (%)	n (%)	
Age (Years)				
≥ 46	1 (2,9)	34 (97,1)	35 (100,0)	0,321
< 46	3 (10,3)	26 (89,7)	29 (100,0)	
Gender				
Man	1 (7,7)	12 (92,3)	13 (100)	1,000
Female	3 (5,9)	48 (94,1)	51 (100)	
Education				
Elementary School	0 (0,0)	11 (100)	11 (100)	0,694
Middle School	1 (5,0)	19 (95)	20 (100)	
High School	2 (8,0)	23 (92)	25 (100)	
Diploma/Bachelor	1 (12,5)	7 (87,5)	8 (100)	
Marital status				
Not Married	0 (0,0)	7 (100)	7 (100)	0,705
Married	4 (7,3)	51 (92,7)	55 (100)	
Divorce	0 (0,0)	2 (100)	2 (200)	
Type of Cancer				
Breast Cancer	1 (3,6)	27 (96,4)	28 (100)	0,184
Cervical Cancer	1 (20)	4 (80)	5 (100)	
Colorectal Cancer	0 (0)	12 (100)	12 (100)	
Nasopharyngeal Cancer	0 (0)	2 (100)	2 (100)	
Brain Cancer	1 (50)	1 (50)	2 (100)	
Lung Cancer	0 (0)	7 (100)	7 (100)	
Kanker Rectum	1 (25)	3 (75)	4 (100)	
Rectal Cancer	0 (0)	2 (100)	2 (100)	
Skin Cancer	0 (0)	1 (100)	1 (100)	
Lymph Cancer	0 (0)	1 (100)	1 (100)	
Stadium /Stage				
Stadium 1	0 (0)	0 (0)	0 (0)	0,259
Stadium 2	0 (0)	10 (0)	10 (100)	
Stadium 3	1 (3,3)	29 (96,7)	30 (100)	
Stadium 4	3 (12,5)	21 (87,5)	24 (100)	
Therapy/Treatment				
Radiotherapy	1 (50)	1(50)	2 (100)	0,006
Chemotherapy	1 (2)	49 (98)	50 (100)	
Radiotherapy+Kemotherapy	2 (16,7)	10 (83,3)	12 (100)	

However, with further analysis of table 4 it is known that the psychological domain of quality of life is related to education level (p value 0.004) and cancer stage (p value 0.014). In the environmental

domain, only cancer stage was related to quality of life (p value 0.005), whereas in the health domain and social relations domain, there was no significant relationship between patient profiles.

Tabel 4. Relationship between palliative patient profile and patient quality of life in each domain

Profile	Quality of Life			
	Domain 1 Health (p value)	Domain 2 Psychological (p value)	Domain 3 Social relationship (p value)	Domain 4 Environment (p value)
Age	1,000	0,761	1,000	0,243
Gender	0,059	0,523	0,212	0,890
Education	0,570	0,004*	0,219	0,109
Marital Status	0,288	0,838	0,194	0,119
Type of Cancer	0,705	0,367	0,250	0,141
Stadium of Cancer	0,526	0,014*	0,068	0,005*
Type of Therapy	0,867	0,824	0,974	0,467

4. Discussion

In this study, it was found that there was no relationship between gender and quality of life (p value = 1,000). This result is different from who stated that gender influences the quality of life both physically and emotionally, where in male patients undergoing post-chemotherapy therapy for colon cancer, their quality of life decreases due to limitations in working and daily activities compared to Woman³.

The results of this research also show that patient age is not related to quality of life (p value = 0.321). In this research sample, the majority were found to be 42 years old. 42 years old is a young age so you have a good quality of life. This result is supported by the research results of that the quality of life will begin to decline around the age of 85 years¹¹. This result is different who stated that age is related to the quality of life of cancer patients. This is because as people get older, they become more mature, especially from a psychological perspective, including readiness when facing illness¹¹.

Quality of life is also not related to education level

(p value = 0.694). This is in accordance with research by Rabin (2008) which stated that the level of patient education is not related to the quality of life in breast cancer patients. However, the results of the analysis of quality of life based on domain show that the level of education is related to quality of life in the psychological domain¹². These results are in accordance with research which states that the level of education influences the quality of life and ADL of cancer patients undergoing chemotherapy (p value=0.039)⁷. state that the higher a person's education, the higher their quality of life⁷. This is because education can influence a person's mindset, where the higher a person's level of education, the more anticipatory and the better the person's quality of life². Knowledge becomes the basis for a person to behave and shape one's actions. Good behavior is based on good knowledge⁷.

The results of statistical tests show that there is no relationship between marital status and the patient's quality of life (p value = 0.705). These results are different from research conducted⁹ which showed that married esophageal cancer sufferers reported

having a high quality of life. The results of this study are in accordance with patient demographics, namely that in this study sample 85.9% were married and 92.7% had a good quality of life⁹.

Other variables analyzed in this study were the type of cancer, stage of cancer and type of therapy undertaken. Based on the results of analysis using Chi square, it was found that of the three variables that had a significant relationship with quality of life was the type of therapy undertaken. The most common type of therapy given to patients in this study was chemotherapy (78.1%) and 93.75% of them had a good quality of life. These results are different from the results of research which reported that patients undergoing chemotherapy overall had a lower quality of life¹³.

The results of the quality-of-life analysis in domain 4 (environment) show that the cancer stage profile is related to quality of life⁵. family environmental support has a significant positive relationship with quality of life with p-value = 0.001. In the environmental domain, 59.1% of patients had poor quality of life⁵. Palliative nurses can involve family support in palliative care. Late-stage cancer patients tend to experience anxiety, fatigue and pain psychosocial and family environmental support will help in improving the patient's quality of life⁶.

Other variables analyzed in this study were the type of cancer, stage of cancer and type of therapy undertaken. Based on the results of analysis using Chi square, it was found that of the three variables that had a significant relationship with quality of life was the type of therapy undertaken. The most common type of chemotherapy therapy undergone by patients in this study was chemotherapy (78.1%) and 93.75% of them had a good quality of life³.

5. Conclusion

Many factors influence the patient's quality of life. The results of this study show that 93.8% of palliative cancer patients have a good quality of life. This

research shows that the type of therapy has a significant relationship with quality of life. In particular, the quality of life that has a lot of influence is related to the psychological and environmental domains.

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