Grieving Response among Breast Cancer Patients

Nia Kurniasih[1], Laili Rahayuwati[2], Lilis Mamuroh[3], Kusman Ibrahim[4], Raden Nabilah Putri Fauziyyah[1*]

[1]Faculty of Nursing, Universitas Padjadjaran, Bandung, Indonesia
[2]Department of Community Nursing, Faculty of Nursing, Universitas Padjadjaran, Bandung, Indonesia
[3]Department of Maternity Nursing, Faculty of Nursing, Universitas Padjadjaran, Bandung, Indonesia
[4]Department of Medical Surgical Nursing, Faculty of Nursing, Universitas Padjadjaran, Bandung, Indonesia

nabilahputrif@gmail.com

Kata Kunci	*Abstrak*
Kanker payudara; Usia; Respon berduka.	Kanker merupakan salah satu penyakit tidak menular. Kanker payudara sering terjadi pada stadium lanjut yang karena keterlambatan dalam deteksi dini. Setiap orang memiliki respon yang berbeda dalam menghadapi suatu penyakit. Berduka adalah reaksi emosional yang dirasakan seseorang terhadap kehilangan. Beberapa faktor yang mempengaruhi respon berduka meliputi usia, stadium, dan durasi penyakit. Penelitian ini bertujuan untuk mengidentifikasi respon berduka berdasarkan usia, stadium kanker, durasi menderita kanker, dan mengetahui hubungan antara usia, stadium kanker, durasi menderita kanker, dan respon berduka. Metode penelitian yang digunakan adalah deskriptif korelasional. Teknik pengambilan sampel menggunakan total sampling sebanyak 200 responden. Analisis data dilakukan secara univariat dan bivariat menggunakan uji korelasi Chi-Square. Penelitian ini menunjukkan bahwa hampir semua responden berada pada tahap penerimaan; hampir separuhnya berusia 45-54 tahun berada pada stadium 3, dan separuhnya lagi sakit <1 tahun. Hasil korelasi menunjukkan ada hubungan yang signifikan antara usia dengan respon berduka p-value 0,000 < 0,050, tetapi tidak ada hubungan yang signifikan antara stadium, lama sakit, dan respon berduka p-value> 0,050. Ada hubungan antara usia dan respons berduka. Tidak ada hubungan antara stadium kanker, lama menderita penyakit, dan respon berduka. Penelitian ini dapat digunakan untuk mengembangkan informasi bahwa usia mempengaruhi respon berduka pada pasien kanker payudara.

Keywords	*Abstract*
Age; Breast cancer; Grieving response.	*Cancer is one of the various non communicable diseases. Breast cancer often occurs at an advanced stage caused by a person's delay in early detection. Everyone has a different response in dealing with a disease. Grieving is an emotional reaction that a person feels towards loss. Several factors influencing the grieving response include age, stage, and duration of illness. This study aimed to identify the grieving response by age, stage of cancer, duration of illness, and determine the relationship between age, stage of cancer, duration of illness, and grieving response. The research method used descriptive correlational. The population in this study was 200 people with sampling technique using a total sampling of 200 respondents. Data analysis was univariate and bivariate using the Chi-Square correlation test. This research showed that almost all respondents were at the acceptance stage; nearly half were aged 45-54 years were in stage 3, and half had <1 year of illness. Correlation results showed a significant relationship between age and grieving response p-value 0.000 <0.050, but there was no significant relationship between stage, duration of illness, and grieving response p-value> 0.050. There is a relationship between age and grieving response. There is no relationship between cancer stage, duration of illness, and grieving response. This research can be used to develop information that age influences the grieving response in breast cancer patients.*

Introduction

Cancer is one of the various non-communicable diseases that is still a severe problem in society. WHO said, there are about 6.25 million cancer patients each year. Two-thirds of the incidence occurs in developing countries (1). It is known that breast cancer is the second most common cancer globally, amounting to 2,088,849 out of a total of 18,078,957 cancer cases (2). If the incident cannot be controlled, around 26 million people estimated will develop cancer, and 17 million people will die from cancer in 2030. This event is estimated to be higher if it occurs in developing countries than in developed countries (3). The Global Cancer Observatory data stated that in 2018 there are around 18.1 million new cases with a death rate of 9.6 million deaths, where 1 in 5 men and 1 in 6 women in the world develop cancer. The data also states that 1 in 8 men and 1 in 11 women die from cancer (4).

The incidence rate of cancer in Indonesia reaches 136.2 per 100,000 population, ranking 8th in Southeast Asia, while in Asia, it ranks 23rd. The highest incidence of cancer in Indonesia, which occurs in the male population, is lung cancer, 19.4 per 100,000 population with an average mortality rate of 10.9 per 100,000 population, followed by liver cancer at 12.4 per 100,000, 7.6 per 100,000 population. Meanwhile, the highest incidence of cancer that occurs in women is breast cancer, which is 42.1 per 100,000 population with an average mortality rate of 17 per 100,000 population, which followed by cervical cancer, which is 23.4 per 100,000 population with an average mortality rate 13.9 per 100,000 population (4).

Yearly mammography before age 50, commencing at age 40 or 41, was associated with a relative reduction in breast cancer mortality, which was attenuated after 10 years, although the absolute reduction remained constant. Reducing the lower age limit for screening from 50 to 40 years could reduce breast cancer mortality (5).

While undergoing treatment, breast cancer's impact includes a decrease in breast cancer patients' quality of life. Physical problems often felt by breast cancer patients include pain in the breast; there is a change in color in the breast, insomnia, and sometimes dizziness. Meanwhile, the social problem that usually arises is embarrassment when meeting other people because of the illness they experience or after the mastectomy, making the patients feel unsure about themselves physically. In spiritual matters, some patients feel disappointed with the creator for the illness they suffer, and some patients are closer to the creator and believe that this is a trial given by God to them (6).

Besides, each patient's psychological problems will undoubtedly vary depending on the severity (stage), the type of treatment the patient is undergoing, and each patient's characteristics. About 30% of cancer patients have adjustment problems, and 20% are diagnosed with depression. Cancer patients' psychological impacts include anxiety, helplessness, stress, anger, depression, and emotional instability (7).The diagnosis of cancer that is difficult to cure makes breast cancer patients experience a grieving process and lose hope due to their treatment (8).

The grieving response of breast cancer patients, according to Kubler-Ross theory, goes through five stages of grieving culminating in the acceptance of death (stage of dying). The five stages include denial, anger, bargaining, depression, and acceptance. What reveals that there are 3 phases of the patient's grieving response is when the doctor informs that the disease she is suffering from is advanced cancer. These phases are (1) the patient will feel shocked, (2) the patient is filled with fear and depression, but this phase is usually only fleeting, and (3) the emergence of denial and adverse reactions that sometimes make the patient panic, then do meaningless things (9).

Factors influencing the grieving response are education, socio-economic status, the loss experienced, social support, and coping mechanisms (10). Furthermore, the cancer stage and the duration of the illness also affect the grieving process. The risk of developing breast cancer increases with age. Breast cancer is often found at the age of 30 to 50 years (11).

The breast cancer stage describes the cancer condition to determine how the treatment will be carried out. Based on the TNM system (tumor size, node, and metastasis), all types of cancer are generally divided into four stages, stage I, stage II, stage III, and stage IV. Early-stage breast cancer occurs before cancer occurs to stage II, while advanced stages occur at stages III and IV (12).

The length of illness will affect the individual in undergoing the grieving process. Individuals who have cancer for less than one year experience a process of grieving in the denial stage (experiencing disbelief that they have had cancer, this condition is because patients think cancer is a disease that can cause death). Meanwhile, individuals who suffer from cancer for more than one year experience a process of grieving in the stages of bargaining and acceptance. At the bargaining stage, there is a delay in awareness of the reality of the loss and can try to make a smooth or clear deal. There will be a reorganization in response to feelings of loss in the acceptance stage. Patients will realize that their life must go on and they must seek new meaning for their existence. Nurses must pay attention to the length of illness suffered by cancer patients in providing nursing care, this is important so that the nursing actions given are in accordance with the grieving process that is being experienced by the patient (8).

This study is different from previous similar studies (8) which only discussed cancer patients which were not detailed in breast cancer patients and in this study will seek the relationship of grieving response in breast cancer patients with age, stage, and duration of diagnosis.

Method

The type of this research was descriptive correlational, which identifies the grieving response based on age, cancer stage, and illness duration of the breast cancer patient in the city of Bandung and correlational to determine the relationship between age and grieving response, the stage with a grieving response, and illness duration with a grieving response.

This study used secondary data from the grant from Ministry of Research and Higher Education, Republic of Indonesia. This study utilized the total sampling of respondents, a total sample of 200 patients undergoing chemotherapy. Data collecting technique was semi structured questionnaire. Data procesing utilized the statistical test for describing the characteristic of respondents, and the grieving response, furthermore the analysis of crosstabs techniques with the Chi-Square correlation test for explain the correlation among variables.

This research has received ethical permission from the Research Ethics Commission of Universitas Padjadjaran with the ethical exemption number 319/UN6.KEP/EC/2020 and Reg. No.: 0120030310, stipulated in Bandung on March 12, 2020. Previously, this secondary data research had obtained ethical permission from the Health Research Ethics Commission of the Faculty of Medicine, Universitas Padjadjaran, Bandung, No.277/UN6.C1.3.2/KEPK/PN/2015 by upholding the principle of maintaining data confidentiality and processing data that procedures had obtained to get right and useful results.

Result

Table 1. Frequency distribution of respondents based on characteristics (n=200)

Characteristics		Frequency (*f*)	Percentage (%)
Grieving response	Denial	4	2
	Anger	4	2
	Bargaining	12	6
	Depression	13	6,5
	Acceptance	167	83,5
Age	15-24 years	3	1,5
	25-34 years	25	12,5
	35-44 years	59	29,5
	45-54 years	68	34
	55-64 years	45	22,5
Cancer stage	Stage 1	11	5,5
	Stage 2	65	32,5
	Stage 3	77	38,5
	Stage 4	47	23,5
Duration of illness	< 1 year	100	50
	1-3 years	69	34,5
	3-5 years	31	15,5

Table 1 shows the characteristics of the respondents. Based on the grief response shown by breast cancer patients, almost all of them were in the acceptance stage of their illness, which was 83.5%, and a small portion of the grieving response was at the denial stage, namely 2%, and anger as much as 2%. In terms of age, based on the frequency and percentage results, it showed that almost half of breast cancer patients were in the 45-54 years old range as much as 34%, and only a few breast cancer patients were in the 15-24 years age range, namely as much as 1.5%.

Based on the stage of cancer experienced by breast cancer patients, almost half were at stage 3, namely 38.5%, and only a few breast cancer patients were at stage 1, namely 5.5%. The results of the frequency and percentage of the duration of illness experienced by breast cancer patients showed half of them experienced illness <1 year, while a small proportion of breast cancer patients who experienced illness between 3-5 years were 15.5%.

Table 2. Relationship between age, stage, and duration of illness with breast cancer patients

Characteristics		Denial	Anger	Bargaining	Depression	Acceptance	Total	p-value
				Grieving Response				
Age	15-24 years	0 — 0.0%	0 — 0.0%	0 — 0.0%	0 — 0.0%	3 — 1.8%	3 — 1.5%	0.000
	25-34 years	0 — 0.0%	1 — 2.5%	7 — 58.3%	7 — 53.8%	10 — 6.0 %	25 — 12.5%	
	35-44 years	0 — 0.0%	2 — 50%	2 — 16.7%	3 — 23.1%	52 — 31.1%	59 — 29.5%	
	45-54 years	1 — 25%	1 — 25%	3 — 25%	2 — 15,40%	61 — 26.5%	68 — 34%	
	55-64 years	3 — 75%	0 — 0.0%	0 — 0.0%	1 — 7.7%	41 — 24.6%	45 — 22.5%	
Stage	Stage 1	0 — 0.0%	0 — 0.0%	0 — 0.0%	0 — 0.0%	11 — 6.6%	11 — 5.5%	0.150
	Stage 2	3 — 75%	1 — 25%	4 — 33.3%	1 — 7.7%	56. — 33.5%	65 — 32.5%	
	Stage 3	0 — 0.0%	0 — 0.0%	5 — 41.7%	8 — 61.5%	64 — 38.3%	77 — 38.5%	
	Stage 4	1 — 25%	3 — 75%	3 — 25%	4 — 30,80%	36 — 21.6%	47 — 23.5%	
Duration of Ilness	< 1 year	1 — 25%	2 — 50%	4 — 33.3%	8 — 61.5%	85 — 50.9%	100 — 50%	0.660
	1-3 years	3 — 75%	1 — 25%	5 — 41.7%	4 — 30.8%	56 — 33.5%	69 — 35.5%	
	3-5 years	0 — 0.0%	1 — 25%	3 — 25%	1 — 7.7%	26 — 15.6%	31 — 15.5%	

Table 2 shows a relationship between age and grieving response in breast cancer patients with a p-value of 0.000 <0.050. Most respondents aged 45-54 years with a grieving response were in the acceptance stage. Whereas at the stage with a grieving response, showed no relationship with a p-value of 0.150. The results showed that illness duration with the grieving response did not correlate with a p-value of 0.660.

Discussion

The research results from period 2019 to 2020 identified the grieving response by age, stage, and duration of illness in breast cancer patients and the relationship between age and grieving response. The univariate results showed that breast cancer patients' grieving response was more in the acceptance stage, namely 83.5%, breast cancer patients accepted their disease and were willing to take treatment. There were 6.5% of patients who experienced depression due to their disease, 12. 6% of patients were in the bargaining phase of their disease; patients at the denial stage or did not accept their disease was 2% of anger. There are some results in this study that are in line also some differences from other studies that will be discussed.

In terms of age, most respondents were in the age range 45-54 years (34%). Most of the respondents experienced breast cancer at stage 3 (38.5%). Furthermore, 50% experienced breast cancer for less than one year, while patients who experienced illness between 1-3 years were 34.5%, and the least patients experienced cancer between 3-5 years was 15.5%. The results in this study varied with other studies. In a study it was found that based on the age distribution, most patients (43.3%) aged 50-59. Whereas in the stage distribution using TNM (tumor size, node, metastasis) from 30 samples, there were 12 patients (40.0%) who were at stage IIIA and 18 patients (60.0%) who were at stage IIIB (13). A study conducted in Bandung, West Java, Indonesia, showed that most patients aged over 35 years with most respondents experiencing stage 3 breast cancer (14). Another study states that breast cancer patients in the control group are mostly breast cancer patients with the first diagnosis of stage II breast cancer, namely 45 people (41.67%). Meanwhile, breast cancer patients included in the case group are mostly cancer patients diagnosed for the first time at stage III (41.67%) (15).

From other studies obtained 514 breast cancer patients. The data differentiated by group young age (patients <40 years old) and old age group (patients aged ≥40 years) Total breast cancer patients from 2014-2016 age, there are 72 people (14%) while old age found 442 people. Characteristics of breast cancer at a young age Subdivision of Oncology Surgery Sanglah Hospital in 2014-2016 by stage, from a total of 72 patients, the data obtained is only 1 person (1.4%) who has stage I, stage II A as many as 10 people (13.9%), stage II B there are 9 people (12,5%), stage III A amounted to 12 people (16,7%), stage III B amounted 19 people (26.4%), stage III C there are 2 people (2.8%), and stage IV amounted to 19 people (26.4%) (16).

The collaboration between Indonesia and Japan shows that around 63% of patients who visited health services are at stage III. Early breast cancer symptoms are generally difficult to recognize if women do not know about breast cancer. This often causes women to acquire cancer at an advanced stage due to the delay in making early detection of breast cancer for women (1,17)

The study results between age and grief response showed that almost all respondents were in the acceptance stage, and the respondents' age was 45-54 years old. The correlation results showed that there was a significant relationship with p-value 0.000 <0.050. This study, in line with the research results from (18), which state that younger women experience more significant difficulties than older women. They accept fewer emotions, conditions, and illnesses they experience; the pressure is more significant than those who have accepted the disease. The Compass' research results show that anxiety or depression symptoms are negatively related to when a person is diagnosed with cancer. Age is an essential factor in women's psychological adjustment with breast cancer near the initial diagnosis; younger women show more significant effective stress and tend to engage in less adaptive ways than older women (19).

The study's correlation results between stages and the grieving response indicated no significant relationship between the two variables, indicated by a p-value of 0.150> 0.050. Most of the respondents were in the acceptance stage and were at stage 3. A study shows a weak relationship between depressive symptoms and breast cancer stage. This occurs because the distribution of cancer stages is uneven; BD I-II results show that most patients are not depressed, and most patients are in the acceptance phase. The patient's emotional condition is influenced by a relatively good spiritual condition, which is why breast cancer patients rise from their adversity and find the meaning of the disease that befell them as a trial from God (20).

The study's correlation between illness duration and the grieving response showed that most patients were at the acceptance stage. Half of them had cancer <1 year. In this variable, no significant relationship was indicated by p-value 0.660> 0.050, which means that the illness duration did not affect the grieving response in breast cancer patients. Unlike the case with Rahariyani (2017), The results of the duration of illness in patients will affect the grieving process. The duration of illness experienced by cancer patients will affect these patients in experiencing the grieving process, patients who experience cancer <1 year are in the grieving response at the denial or rejection stage, while patients who have cancer > 1 year are in the grieving response at the bargaining and acceptance stage. The patient's readiness to deal with cancer is the person's overall condition, making her ready to respond to certain conditions. Adjustment of this condition is influenced by the duration a person is diagnosed with cancer. Every patient diagnosed early with cancer responds with an attitude of denial. Due to the fear of deteriorating health, the following treatment until death becomes a problem for cancer patients diagnosed early (8).

Conclusions

The correlation results show a significant relationship between age and grieving response, but there is no significant relationship between stage, duration of illness, and grief response in breast cancer patients. This research is expected to develop information about the grieving response in breast cancer patients influenced by age. In the future, health professional practices are expected to provide information to breast cancer patients about the grieving response experienced by breast cancer patients. Nurses should pay more attention to grieving responses, age, stage, duration of illness, and more empathy for patients in providing nursing care.

Acknowledgements

References

1.   Bustan MN. Epidemiologi Penyakit Menular. Rineka Cipta; 2007.
2.   The Global Cancer Observatory. Breast Cancer [Internet]. 2018. Available from: http://gco.iarc.fr/today

3. Prastiwi T. Kualitas Hidup Penderita Kanker. Dev Clin Psychol [Internet]. 2012;1(1):21–7. Available from: https://journal.unnes.ac.id/sju/index.php/dcp/article/view/2630

4. Ministry of Health of the Republic of Indonesia. Hari Kanker Sedunia 2019 [Internet]. 2019. Available from: https://www.kemkes.go.id/article/view/19020100003/hari-kanker-sedunia-2019.html

5. Moss S, Wale C, Smith R, Evans A, Cuckle H, Duffy S. Effect of mammographic screening from age 40 years on breast cancer mortality (UK Age trial): final results of a randomised, controlled trial. Lancet Oncol. 2015;16(9).

6. Fatmadona R. Pijat Terapeutik sebagai Evidence Based Practice pada Pasien Kanker untuk Mengurangi Distress. Ners J Keperawatan. 2015;11(1):79–87.

7. Oetami F, Leida I, Thaha M, Wahiduddin. Analisis Dampak Psikologis Pengobatan Kanker Payudara Di RS Dr. Wahidin Sudirohusodo Kota Makassar. Makassar: Universitas Hasanuddin; 2014.

8. Rahariyani L. Old Sick and Grieving Process on Patients with Cancer. E-Journal Keperawatan. 2017;10(1):6–10.

9. Hawari D. Kanker Payudara Dimensi Psikoreligi. Jakaarta: Balai Jakarta: FKUI; 2004.

10. Suseno T. Buku ajar pemenuhan kebutuhan dasar manusia : Kehilangan, kematian dan berduka dan proses keperawatan. Jakarta: Sagung Seto; 2005.

11. Ostad S, Parsa M. Breast Cancer from Molecular Point of View: Pathogenesis and Biomarkers. Breast Cancer - Focus Tumor Microenviron Stem cells Metastasis. 2011;103–25.

12. Suryaningsih E, Sukaca B. Kupas Tuntas Kanker Payudara. Yogyakarta: Paradigma Indonesia; 2009.

13. Dewi GAT, Hendrati LY. Analisis risiko kanker payudara berdasar riwayat pemakaian kontrasepsi hormonal dan usia. J Berk Epidemiol. 2015;3(1):12–23.

14. Sabiyanto VT, Widiasih R, Solehati T. Breast Cancer Patients' Compliance on Chemotherapy: a Descriptive Study. J Matern Care Reprod Heal. 2019;2(3):208–22.

15. Dyanti GAR, Suariyani NLP. Faktor-faktor Keterlambatan Penderita Kanker Payudara Dalam Melakukan Pemeriksaan Awal ke Pelayanan Kesehatan. J Kesehat Masy. 2016;11(2):96–104.

16. Partini PDO, Niryana IW, Adiputra PAT. Karakteristik Kanker Payudara Usia Muda di Subbagian Bedah Onkologi Rumah Sakit Umum Pusat Sanglah tahun 2014-2016. Intisari Sains Medis. 2018;9(1):76–9.

17. Rahayuwati L, Nurhidayah I, Ibrahim K, Setyorini D. Pendidikan dan Promosi Kesehatan tentang Pencegahan Penyakit Kanker melalui Pilihan Jajan pada Siswa - Siswi Sekolah Dasar serta mengenali Potensi Masyarakat dalam Peningkatan Kesehatan. Media Karya Kesehat. 2018;1(2):196–203.

18. Politi M, Enright T, Weihs K. The effects of age and emotional acceptance on distress among breast cancer patients. Support Care Cancer. 2007;15:73–9.

19. Haris, Rahayuwati L, Yamin A. The Effect of Support Group in Quality of Life of Breast Cancer Patients Undergoing Treatment in Bandung City. IOP Publ. 2018;1–9.

20. Hariroh N, Khairina, Ishardyanto H. Hubungan antara Tingkat Gejala Depresi dengan Stadium Kanker Payudara di Poli Onkologi Satu Atap (POSA) RSUD Dr. Soetoomo. Indones J Cancer. 2017;11(1):9–13.