

Assertive Community Treatment of Psychosocial Distress in Patients with Breast Cancer

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Abstract: ***Introduction:** Women diagnosed with breast cancer have psychosocial problems. Psychosocial that occurs on clients with breast cancer include physical and psychological symptoms. Community assertive action is a psychosocial holistic approach for breast cancer clients performed in residential environments. This study aims to analyze the influence of community assertive actions against the psychosocial of clients with breast cancer. **Method:** The study used pre-post control group design. The research samples are clients with breast cancer treated at Medokan Ayu Public Health Center Surabaya, there were 15 sample of treatment group and 15 sample of control group. Sampling technique used was purposive sampling. The variables are community and psychosocial assertive actions including body-image, social. Data were collected using questionnaires, analyzed using Paired T test and Independent T test. **Result and Analysis:** The results showed changes in the mean values of pre-test and post-test in the treatment group of body-image ($p = 0,000$), social ($p = 0,000$). The conclusions in this study of community assertive action can improve body-image, improve social. **Discussion and Conclusion:** This study recommends health workers to perform community assertive actions in improving psychosocial services and increase the role of families in addressing the psychosocial problems of breast cancer clients.*

Keywords: Community assertive action, Psychosocial problems, Breast Cancer

1. Introduction

Breast cancer is one of the most feared disease by women because breast is not just an organ that has a biological function but also has psychological and psychosocial function. Women diagnosed with breast cancer will experience psychological reactions such as stress, anxiety, rejection, fear, anger and depression (Badger, 2007).

According to annual data from WHO 2012 there are 1.7 million new cases of breast cancer in the world. According to data from The International Agency for Research on Cancer (IARC) in 2012 found that breast cancer is a cancer with the highest percentage of new cases, which amounted to 43.3% and deaths from breast cancer by 12.9%. In Indonesia, breast cancer is the type of cancer with the highest prevalence by the year of 2013.

The breast cancer treatment consists of mastectomy, chemotherapy and radiation. The undertaken treatment affects personal life, the ability to perform daily activities, occupations, social relationships, roles in the family that can create psychosocial distress [1]. Psychosocial concerns that are common in clients of breast cancer include physical and psychological symptoms. Physical symptoms include pain, weight loss, loss of sexual interest, early menopause, fatigue, difficulty in sleeping and peripheral neuropathy. The emerging psychological responses vary from disbelief, denial, anger, anxiety, despair, depression to suicidal desires.

A comprehensive psychosocial service approach to ensuring that clients get the required services after leaving the hospital is Assertively Community Action.

Implementation of Community Assertive Action includes 1) Assessing and Action planning 2) Monitoring, Coaching Chronic Disease Self Management 3) Educating and Supporting caregiver and 4) Evaluating. The purpose of community assertive action is to reduce recurrence, improve adherence in therapy and improve psychosocial ability to live independently in their environment.

Implementation of community assertive actions conducted to overcome psychosocial problems include tidal model values in the form of listening to complaints and understanding the feelings of clients, develop curiosity about the state of the client, discuss client issues, ensure clients want to make changes and provide solutions by generating potential clients owned, such as grew the spirit to heal, has a feeling that the client does not hurt so that the client can act more in his daily life through assertive actions of the community. Based on the above description, the researcher took the title "The Effect of Assertive Community Treatment Against Psychosocial Distress in Patient with Breast Cancer".

2. Method

The research design used was quasi experiment with pre-post test control group design. The population in this study was client with breast cancer treatment at Medokan Ayu Surabaya Public Health Center amounted to 34 people. The sample of

this research was the client with breast cancer treated at MedokanAyu Surabaya public health center with inclusion criteria of aged 20 to 60 years, woman who have husband / spouse and live in, this research was done by non-probability sampling method through purposive sampling. Instrument used in this research is a questionnaire sheet PDQ-BC with Likert scale to examine the psychosocial problems of clients with breast cancer. This study uses statistical test paired T Test and Independent T Test.

1) Data Collection Procedures

This is the data collection process:

a) Preparation phase

After submitting a letter of permission, the researcher was assisted by a palliative nurse at the public health center to obtain the respondent's address.

b) Implementation phase

- 1) The Implementation of the study begins with the selection of respondents who meet the criteria of inclusion using the sampling technique of purposive sampling.
- 2) The sample is divided into treatment group and control group, each group consist of 15 research respondents. After getting the respondent, the researcher came to the residence of each respondent.
- 3) Explanation of the interventions, procedures, objectives, benefits and signed the Informed Consent as a willingness to be a research respondent.
- 4) The Respondents in treatment group and control group performed pre-test psychosocial disorder. Questionnaire filling was accompanied by the researcher.
- 5) The treatment group performed four weeks of community assertive action with four meetings and each meeting lasted for ± 60 minutes using a module and handbook for the client.

(a) 1st Meeting: Assessing and Planning care. This session examines the psychosocial issues experienced by clients and plans for interventions based on client issues. In this session, the client recounts the perceived psychosocial experience / problem. This corresponds to the value in the tidal model that respects the voice (value the voice) and respect the language (respect the language). Researchers listen and pay attention to all body language delivered by the client.

(b) 2nd Meeting: discusses Monitoring, Coaching of Chronic Disease Self Management. In this session aims to monitor and train the self-management of chronic diseases related to psychosocial problems experienced. Researchers explore the potential of the client, which can be utilized as a strength in self-management. In accordance with the tidal value of the model is to use existing resources. Researchers ensure clients understand the stages of the intervention so that clients can do by themselves without accompanied by the researchers. Researchers and respondents together determine the steps, in

accordance with the value of “craft the beyond” in the tidal model.

- (c) 3rd Meeting: teaches the caregiver in providing chronic disease treatment. Caregiver is the family (husband / child). Researchers explain to the family about the disease, the impact of treatment, treatment of the disease. As well as family attitudes in addressing the client's psychosocial problems. Researchers and families embody the value of “give the gift on time” in the tidal model. Researchers and family take the time to work together to help clients.
 - (d) 4th Meeting: evaluates intervention techniques management as well as treatment of clients with breast cancer. Researchers evaluate future commitments to be performed by clients.
- 6) While the treatment group received intervention of community assertive action, control group, got standard treatment from public health care in the form of referral service and visit by community nurse to client house 1 time / month to observe client's condition.
 - 7) In the fourth week's the researchers performed post-test of psychosocial distress in the treatment and control group of clients with breast cancer.
 - 8) After done the post-test, control group was also given intervention of community assertive action by using module and client handbook.

3. Research Result

Based on the respondent major age characteristics in the treatment group were 41-50 years. While the major age of control group were 51-60 years. The majority of education level on treatment group is junior high school while the control group is senior high school. The majority of control groups and treatment groups were unemployed. Based on the characteristics of the number of children, the majority of treatment and control group were 1-2 children, ie 11 respondents each. The majority of ill duration on treatment group and control group was 1-3 years. Major type of treatment on the treatment group were surgery + chemotherapy + radiation and control group majority treatment are chemotherapy + radiation. Characteristics of income, the majority of treatment groups Rp. 1,700,000 - 2,400,000 while the control group <Rp. 1,000,000. The majority of contraceptive treatment group use was by injection while the control group majority use use pill.

1) Body-Image Analysis

Table 3: The Effect of Assertive Community Action on Body-Image in Treatment Group and Control Group at MedokanAyu Public Health Center on March 7-28, 2017 (N: 30)

| Variable | | n | Mean | SD | p Value |
|---------------|-----------|----|-------|-------|---------|
| Paired T Test | | | | | |
| Self-Image | Treatment | | | | 0,000 |
| | Pretest | 15 | 30,73 | 5,700 | |
| | Posttest | 15 | 17,87 | 5,012 | |

| | | | | | |
|--------------------|-----------|----|--------|-------|-------|
| | Control | | | | |
| | Pretest | 15 | 19,80 | 4,004 | 0,287 |
| | Posttest | 15 | 21,33 | 5,260 | |
| Independent T Test | | | | | |
| | Treatment | 15 | -12,87 | 6,479 | 0,000 |
| | Control | 15 | 1,53 | 5,370 | |

2) Social Analysis

Table 5: Effect of Community Assertive Actions on Social in Treatment Group and Control Group at MedokanAyu Public Health Center on March 7-28, 2017 (N: 30)

| Variable | | n | Mean | SD | p Value |
|--------------------|-----------|----|-------|-------|---------|
| Paired T Test | | | | | |
| Social | Treatment | | | | 0,000 |
| | Pretest | 15 | 23,93 | 7,986 | |
| | Posttest | 15 | 15,40 | 4,290 | |
| | Control | | | | 0,148 |
| | Pretest | 15 | 15,80 | 4,754 | |
| | Posttest | 15 | 17,20 | 4,443 | |
| Independent T Test | | | | | |
| | Treatment | 15 | -8,53 | 6,958 | 0,000 |
| | Control | 15 | 1,40 | 3,542 | |

4. Discussion

1) The Effect of Assertive Community Treatment Against Breast Cancer Client's Body Image

The average pretest result assessment of body-image before assertive community treatment intervention was at a negative level in the treatment group and control group. Respondents indicated that they no longer favored their breast shape after suffering from cancer and received chemotherapy as imperfect as a woman and were not attractive anymore, they so ashamed to meet other people. Even in the presence of family members, especially the client's husband feels no longer attracted.

By age, most breast cancer clients are in the 41-50 years range that is included in the age of unhealthy reproduction system. At this time is the age of unproductive, the problem, the emotional tension, the period of social alienation, the period of commitment, the period of dependence, the change of value, the adjustment with a new way of life, the creative period so that the body difference makes the client feel imperfect again, According to his nature as a woman.

Herawati (2005), said that the body image transformation almost in all breast cancer clients if this transformaiton is not integrated with self-concept then the quality of life will decrease drastically. Herawati's research (2005), showed that women who experience cancer will experience body image disorder that is felt to be less than perfect woman because as a mother unable to breastfeed her son again and feel less in function, so that experiencing anxiety, fear, depression, weight decreased. Body imperfections can make a person feel inferior and tend to withdraw / avoid the environment.

Implementation of assertive community treatment in overcoming the self-image, that is with the client's self-management. Researchers cultivate feelings of comfort, confidence, enthusiasm and improve mental health through interpersonal relationships. The researcher discusses with clients and family about the negative perception of her body image. Researchers explain the benefits and side effects of chemotherapy or other treatments that are being undertaken so that clients can receive the impact of treatment as a natural thing that can make her healthy. Researchers involve the existence of family and people closest. This is in accordance with research Wijayanti (2002) and Febriasari (2007) where there is a positive relationship between family support with self-concept of breast cancer clients. One of the impacts of family support is to help foster the spirit of the client to heal, as well as to reduce the psychological pressure.

The mean result of self-image post-test assessment after assertive community treatment shows a change from negative to positive self-image.

2) The Effect of Assertive Community Treatment Against Social

Based on average assessment result of the pretest of social before the community assertive treatment showed a negative level in the treatment group and the control group. From the questionnaires answer distribution, the majority of respondent treatment group and control group has a long period of 1-2 years of illness, they felt not yet able to socially interacted maximally. They tend to withdraw, this is because respondents feel others feel pity to the illness while respondents do not want to known that she suffering from breast cancer. Imperfections can make a person feel inferior and tend to withdraw / avoid the environment (Corey, 1996). In religious activities clients still feel uncomfortable to follow it.

The implementation of assertive community treatment, researchers realize the importance of opening up with others. Researchers give direction to the benefits gained when socializing with the community and help develop confidence about personal strengths and weaknesses. Researchers also empower families, because according to questionnaire answers, families who always play an active role in care and treatment.

The result of the mean post-test assessment after being given the assertive community treatment showed the positive level while in the control group showed the negative level. Researchers assume that the thing that makes the client does not want to interact socially because of self-perception. Breast cancer clients need the help of social support to stay positive thinking about her situation to be able to accept the illness. According to Friedman (1998), family support is the attitude, action, and family acceptance of the client's situation. Family has a very important task in fulfill the psychological needs of creating affection, understanding each other, and getting happiness. It is also stated by Herawati (2005) that family social support can provide positive results on the client's self-

acceptance. This research is also supported by Lubis (2009) that when the client is able to accept his condition, he will have high self-esteem so as to interact with his social environment.

5. Conclusion

Based on the obtained research results, it can be concluded, there is effect of assertive community treatment against the psychosocial of client with breast cancer

6. Suggestion

Psychosocial services should be conducted on a multidisciplinary team (nurses, doctors, psychologists, nutritionists) so as to provide comprehensive and flexible services, and maximize the role of family support in addressing psychosocial problems.

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