Journal of Biology, Agriculture and Healthcare
ISSN 2224-3208 (Paper) ISSN 2225-093X (Online)
Vol.6, No.12 2016

Effect of Cultural Palliative Nursing Care "Trisna" toward Quality of Life for Cervical Cancer Patients in Moewardi General Hospital Surakarta

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Abstract
The most popular cancer in Indonesia is servical cancer with 3,686 patients (17.85%). Palliative nursing with cultural values approach gives holistic nursing care. The Javanese culture values; *temen* (earnest), *nrima* (sincere), *sabar* (patient) and *rila* (compation) or "*Trisna*" are easily understood and applicable so that it is a phsycotherapy for Javanese. The aim of this study is to know the palliative influence of *"Trisna"* toward quality of life in servical cancer patients in Moewardi General Hospital Surakarta. The design applied is a mix method; quantitative with *Quasi experimental Non Randomized Control Group Pretest Postest Design*and qualitative. The samples of nurse respondent for the intervention group are 19 with 15 person of control group. The patients respondent are 136 with 69 for each intervention and control group. This research measures the patient's quality of life the researcher applied Z test (Mann Whitney Test), t – test and double linear regretion test.The result shows that palliative care is more effective for patients intervention group especially for their quality of life. Palliative nursing care model *"Trisna"* is recomended as one of guidances in giving nursing care with Javanese values for servical cancer patients in hospitals
Keywords: palliative nursing care *"Trisna"*, patient's quality of life

1. Background

Aziz (2005) claims that the most popular cancer in Indonesia is servical cancer with 3,686 patients (17.85%). Around the world, this cancer is the second most death causes with 510.000 and 288,000 of them end with death (Jemal, 2006). The implementation of patient care with individual care approach is applied to fulfil the patients need, respect to their belief and values (Radwin, 2003; Sadani, 2008) in order to improve self care ability, satisfaction, quality of life and, in clinical relevance will improve for nurses, training is needed (Sarkissian, 2010). Kepmenkes RI No 812 (2007) says that palliative nursing consists of pain procedure, psycological, social, cultural and spiritual support, and those after the condolence.

The Javanese values; *temen* (earnest), *narima* (acceptance), *sabar* (patient) and *rila* (sincere) or "*Trisna"* (love or "care") can be applied in nursing. Nurses giving nursing service to weak and hopeles patients can apply the philosophy of *temen* (earnest) which if applied will raise *narima* (acceptance), and will create *sabar* (patient). With *sabar*, ones will have compation in conducting their duties. When one has all the four characteristic, he will come to *budi luhur* (high virtue) (Mertowardoyo, 2006). Those Javanese values are similar to nursing values; altruistic and human care (Leininger, 1991; Tomey, 2006). Palliative nursing for Javanese needs Javanese values such as *temen* (earnest), *narima* (acceptance), *sabar* (patient) and *rila* (sincere) which is called "Trisna" Nursing Care which is similar to the concept of caring and its culture.

Indepth-interview were given to 4 patients with chemotherapy in Moewardi General Hospital Surakarta. It was found out that patients with fear, anxiety will have vomits which makes weak and hopeless. The patients said that it is preferrable if the nurses give the nursing services with patient, sincere and willing to listen to the patients so that the patients happy and ready to have the treatment without anxiety and they can face the disease with full of spirit.

This research aims at investigating influence of the palliative nursing care of "Trisna"(love or "care") toward the quality of life patient with cervical cancer.

2. Method

This research applies mixed method, both qualitative and quantitative. The quantitative uses Experimental Design with Non Randomized Control Group Pretest Postest Design. The qualitative method is applied to understand the patient's holistic needs; bio-psycho-social-culture. The study was conductedat the Dr. Moewardi Hospital Surakarta in September 2012 to August 2013.

The samples in this study were patients with cervical cancer. The number of patient sample was 69 respondents for each intervention group and the control group. The independent variable in this study is palliative nursing care of "Trisna" which is applied by nurses, while the dependent variable is patient's quality of life.

The instruments used to measure the quality of life of patients taken from the *European Organization*

for Research and Treatment of Cancer (EORTC) QoQ-C30 (Version 3.0) which requested permission first. In addition to the patient's quality of life questionnaire, the researchers also conducted in-depth interviews about the quality of life of patients to determine the condition and activities of daily life for patients treated with manual 7 questions (D2).

The bivariat analysis uses two mean test namely comparing the means of the two groups (Hastono, 2007) with Z test approach (Mann Whitney Z test) while the t analist bivariat was used to proof the hypothesis that the patients with cervical cancer who get palliative nursing care "Trisna" have higher quality of life compare with patients who didn't get palliative nursing care "Trisna". Multivariat analysis was also used to proof that there are patients characteristics (age, education, fund source) as factors that is contributed to the patients'quality of life using double linier regretion (Kleinbaum, 2002).

3. Result

Mann Whitney test results revealed that there is a statistically significant difference ($p < 0.001$) on the quality of life of patients between the intervention and control groups. Average patients quality of life in the intervention group (mean -25.59) higher than in the control group (mean -10.06); ($p < 0.001$).

The analysis results of multiple linear regressions on the model I were concluded that "Trisna" palliative nursing care interventions effectively to improve the patient's quality of life. Patients who received "Trisna" palliative nursing care interventions, provide patients quality of life 14.64 points higher than in patients who did not receive "Trisna" palliative nursing care interventions and the difference was statistically significant ($b = -14.64$; 95 % CI -18.55 - 10.73, $p<0.001$). The confounding variables were entered into the model II did not confuse the estimated effect of "Trisna" palliative nursing care interventions, so that the estimated effect of "Trisna" palliative nursing care interventions used the result of the calculation model of I. In Model II that included confoundingvariables were able to explain more about the variations in the quality of life that is capable of increasing the adjusted R^2 of 28.2% in model I to 59.1% in model II is 30.2%. A variety of confounding variables that do not cause confusion, because nobody has the effect that increase or decrease the patients quality of life, whose number is close to 0, so it almost does not change the results of the estimated regression coefficients ***b*** "Trisna" palliative nursing intervention. The results of quality of life was supported by the qualitative data revealed that after the "Trisna" Palliative Nursing intervention changes that the patient have any friends to exchange ideas, because the patient does not only require medical treatment, but also need a friend to support with strong spirit in order to live in face of illness.

4. Discussion

The importance of understanding the culture of holistic and individualized care (Oliviere, 1999) supported by Bastable (2002) suggested that nurses were competent to be sensitive to the culture. Likewise Dein (2006) suggested palliative care should be sensitive to the culture, so as to realize and fulfill the needs of the patient. McNamara (1997) suggested the use of the same culture will greatly assist in the delivery of health services. The philosophy of palliative care with a cultural approach can provide holistic care: physical, psychological, social and spiritual individual (Diver, 2003). This philosophy was still needed to solve the problems of life, especially in providing services, because it could give peace of heart, especially in the Government Hospital. For nurses in providing care to weak patients, feel helpless and need of help with applying the philosophy of *temen* (earnest) a sense of *narima* (acceptance), and then there will be a sense of *sabar* (patience), the people patience will *rila* (sincere) in performing their duties. The Javanese values store values align with the values of the nursing covers human altruistic and caring (Leininger, 1991; Tomey, 2006).

According to Tomey (2006), the practice of caring in nursing described values in unity basic humanitarian include kindness, concern, support, affection, sincerity with communication and a positive response to nursing actions. Leininger (1991) suggested human caring in nursing has an expression, a process, different patterns between cultures, includes measures to help, support, facilitate, compassion, caring, empathy, tenderness, touch, presence, confidence to improve and enhance the client's condition.

The influence of "Trisna" palliative nursing in patients with cervical cancer on quality of life of patients showed a statistically significant ($p< 0.001$), that there is a difference on the quality of life of patients between the intervention and control groups. The results of this study are supported by Singer (2010) which states that quality of life is something subjective, multidimensional experience of well-being are culturally constructed in seeking safety and security of the individual, integrity and a sense of meaning in life and a sense of belonging within a social network. Meanwhile Essen (2002) states that health – related quality of life and psychosocial functioning in cancer patients associated with objective clinical signs, the ability to adapt to the disease, treatment and patient satisfaction with care.

According to Chui (2005), findings of psychological responses to advanced cancer patients was acute crises, struggles, grief and wait for death. Cancer patients conditions in desperate needed of palliative nursing care as stated by Sukardja (2000) that the suffering of cancer patients, especially those who may not be cured in

need palliative care to ease the burden by improving the quality of life, overcoming complications and reduce or alleviate complaints. According to Essen (2002) that cancer patients often have long – term dependence on health services and may experience uncertainty and concern towards their disease, so that the effectiveness of the management of patients with dependency requires interpersonal and technical competence of health care providers. Therefore quality of life was a multidimensional concept that was defined as one's perception of life situations in relation to culture, values, welfare, economic and accommodation (Songhuai, 2009). Those included physical, psychological and social which is influenced by personal experiences, beliefs, expectations and perceptions (Testa, 1996). Quality of life includes two basic components, the subjectivity of a multi – dimensional perspective of the patient and referring to a different assessment of the patient's life, including physical, functional, emotional and social (Chui, 2009).

Implementation of patient care with individualized treatment approaches to meet patient needs, respecting the values and beliefs of patients (Radwin, 2003; Sidani, 2008) was expected to improve the ability of self-care, satisfaction, quality of life as well as the clinical relevance would improve the quality of nursing care (Sarkissian, 2010).

Nurses needed to apply Javanese cultural values were *temen* (earnest), *narima* (acceptance), *sabar* (patient) and rila (sincere) or "Trisna" in applying the nursing actions and in communicating with patients in order the patient feels supported, so that the patient was stronger and more resilient to face of illness. In addition, patients can also carry out daily activities and can surrender ourselves to The God Almighty, so that the patient can accept the situation.

Palliative nursing care with the Javanese cultural values approached *temen* (earnest), *narima* (acceptance), *sabar* (patient) and rila (sincere) or "Trisna"could be applied in nursing science. Cultural aspects are implemented by nurses to provide quality nursing care (Kozier, 2011) and effective for patients with a background of diverse cultures (Bastable, 2002) to meet the needs of the patient's physical, emotional, social and spiritual (Ferrell, 2010). Implementation of nursing care with respected to the values (culture) and the patient's beliefs (Radwin , 2003; Sidani , 2008) assist patients in finding safety, security, integrity and a sense of meaning in life, thus affecting patient satisfaction, patients quality of life and improve the quality of nursing care (Sarkissian, 2010; Singer, 2010).

5. Conclusion and suggestion

Conclusion in this study is palliative nursing care "Trisna" is more effective for patients intervention group especially for their quality of life. Development of "Trisna" Palliative nursing care for cervical cancer patients could be applied to the curriculum of nursing education, especially on the nursing terminal subject that could be applied in various areas with different cultures. Hospitals as the health care services was a good place to establish "Trisna" palliative nursing care as one of the program in improving patient'squality of life. Ministry of Health Agencies and the Indonesian National Nurses Association could use this research to develop policies"Trisna" palliative nursing management in cervical cancer in Indonesia.

Acknowledgement

We thank Prof. Yati Soenarto, Sp. A(K), Ph.D; Prof. Dr. Joko Surya; Dr. Indria Laksmi Gamayanti, M.Si., Psi.; and Prof. Dr. Bhisma Murti, MPH. M.Sc., Ph.D.

References

Aziz, M. F. 2005. Vaksin Human Papillomavirus: Suatu alternatif dalam pengendalian kanker serviks di masa depan. *Disampaikan dalam pidato Pengukuhan sebagai Guru Besar tetap dalam Obstetri dan Ginekologi.* Jakarta: FKUI.

Bastable, S. B. 2002. *Perawat Sebagai Pendidik Prinsip-prinsip Pengajaran & Pembelajaran.* Jakarta: EGC.

Chui, Y.Y., Donoghue.J., & Chenoweth. 2005. Responses to advanced cancer : Chinese- Australians. *Journal of Advanced Nursing*, 52(5), 498-507.

Chui, Y. Y., Kuan, H. Y., Fu, I. C. Y., Liu, R. K. Y., Sham, M.K., Lau, K. S. 2009. Factors associated with lower quality of life among patients receiving palliative care. *Journal of Advanced Nursing* 65 (9), 1860-1871.

Dein, S. 2006. *Culture and Cancer Care Antropological Insights in Oncology*. Berkshire: Open University Press.

Dep Kes RI. 2007. *Kepmenkes RI No 812 Tentang Kebijakan Perawatan Paliatif.* Jakarta.

Diver, F. Alexander, M. Weeks, L. 2003. The palliative care needs of ethnic minority patients: staff perspectives.*International Journal of Palliative Nursing*, 9: 343 – 351.

Essen, L, V. 2002. Satisfaction with care: associations with health-related quality of life and psychososial fuction among Swedish patients with endocrine gastrointestinal tumours. *European Journal of Cancer Care.* 11, 91-99.

Ferrell, B. R., Coyle. N. 2010. *Oxford Textbook of Palliative Nursing.* 3rd ed. Oxford Univercity Press,

Incorporated.
Hastono, S. P. 2007. *Analisis Data Kesehatan*. Jakarta: Fakultas Kesehatan Masyarakat Universitas Indonesia.
Jemal, A., Siegel R., Ward E., 2006. Center Statistics. *CA CancerJ Clin,* 56: 106-130.
Kleinbaum, D.G., Klein. M. 2002. *Statistics for Biology and Health, Logistic regression*: second edition. New York: Spinger-Verlag Inc.
Kozier, B., Erb, G., Berman, A., Snyder, S. 2011. *Fundamental Keperawatan Konsep, Proses & Praktik.* Jakarta: EGC.
Leininger, M. 1991. *Culture care diversity and universality: a theory of nursing*. New York: National league for nursing press.
McNamara, B., Martin, K., Waddell, C., Yuen, G. 1997. Palliative care in multicultural society: perceptions of health care professionals.*Palliat Med*, 11: 359 – 367.
Mertowardoyo. 2006. *Sasangka Jati.* Jakarta: Paguyuban Ngesti Tunggal Pusat.
Oliviere, D. 1999. Culture and Ethnicity. *European Journal of Palliative Care,* 6(2):53-56.
Radwin, L. E. 2003. Cancer Patients' Demographic Characteristics and Ratings of Patient-Centered Nursing Care. *Journal of Nursing Scholarship*, 35:4, 365-370.
Sarkissian, S. P., Sidani, S. 2010. Examining the relationship between patient-centered care and outcomes. *Canadian Journal of Neuroscience Nursing*. 32(4).
Sidani, S. 2008. Effects of patient-centered care on patient outcomes: An evaluation. *Research and Theory for Nursing Practice*, 22(1), 24-37.
Singer, M. J., Padilla, G. V., Kimlin, A. G. 2010. Health- Related Quality of Life and Culture. *Seminar in Oncology Nursing*. 26(1): 59-67.
Songhuai, L., Olver, L., Jianjun, L., Genlin, L., Wilson, U. S. 2009. A comparative review of life satisfaction, quality of life and mood between Chinese and British people with tetraplegia. *Spinal Cord*. 47: 82-86.
Sukardja, I. D. G. 2000. *Onkologi Klinik*. Ed 2. Surabaya: Airlangga University Press.
Testa, M. A., Simonson, D. C. 1996. Assessment of Quality-of-Life Outcomes. *The England Journal of Medicine,*13(334): 835-840.
Tomey, M. A., Alligood, R. M. 2006. *Nursing Theorists and Their Work*. United States of America: Elsevier.