

Palliative Nursing Care with Cultural Values Approach for Cervical Cancer Patients in Moewardi General Hospital Surakarta

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Abstract

Cervical cancer in Indonesia in 2007 has the second number cancer after breast cancer with 4,649 (11.07% of the population). Palliative nursing with cultural approach gives holistic nursing care. The Javanese values; *temen* (earnest), *nrima* (sincere), *sabar* (patient) and *rila* (compation) and then shortened to be “*Trisna*” are easily understood and applicable so that it is a phsycotherapy for Javanese. The aim of this research is to know the palliative influence of “*Trisna*” toward 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 quality of palliative nursing care “*Trisna*” with questionnaire, observation and interview; to measure the patient’s quality of life and satisfaction, the researcher applied Z test (Mann Whitney Test), t – test and double linear regrestion test. The result shows that palliative nursing care training “*Trisna*” given to nurse intervention group was more effective compared with the control group. It is also effective for patients intervention group especially for their quality of life and satisfaction. Palliative nursing care model “*Trisna*” is recommended as one of guidances in giving nursing care with Javanese values for servical cancer patients in hospitals.

Keywords: servical cancer, nurse, nursing care quality, patient’s quality of life, patient satisfaction, training, palliative nursing care “*Trisna*”

1. Introduction

Aziz (2005) claims that the most 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). Based on the data from Depkes Profil Kesehatan Indonesia (Indonesian Health profile) 2007 (2008) among the 10 cancers, uterus servical cancer is the second rank after breast cancer with 4,649 patients.

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 management, the other symptoms management, nursing care, psychological, social, cultural and spiritual support, and supporting for loss and grieving.

The Javanese values; *temen* (earnest), *rila* (acceptance), *sabar* (patient) and *nrima* (sincere) can be applied in nursing. Nurses giving nursing care to weak and hopeless patients can apply the philosophy of *temen* (earnest) which if applied will raise *nrima* (sincere), and will create *sabar* (patient). With *sabar*, ones will have *rila* (acceptance) in conducting their duties. When one has all the four characteristic, he will come to budi luhur (great characteristic) (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), *rila* (acceptance), *sabar* (patient) and *nrima* (sincere) which is called “*Trisna*” (compation) Palliative Nursing Care which is similar to the concept of caring and its culture.

In the interview with two nurses of Moewardi Hospital and two lecturers from Nursing Program of Poltekkes Surakarta, they said that nurses in their duties giving palliative nursing care to their patients for 24 hours a day need to undertsand the various cultural background of their patients. It is necessary because nurses need to know what the patients want and need so that the nurses are accepted by the patients’ family during their nursing cares to cure the patients’ health. The nurses said that the Javanese values, *temen* (earnest), *nrima* (sincere), *sabar* (patient) and *rila* (compation), are applicable to nursing care. The values abviously gave phisical and phsycological comfort to the patients and it made easily for the nurses to help the patients to recover well. Indept-

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 them weak and hopeless. The patients said that it is preferable 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 satisfied with the service. This research aims tot investigating influence of “Trisna” (compation) Palliative Nursing Care toward the quality of nursing care and the satisfaction of servical cancer patients.

2. Method

This research applies mixed method, both qualitative and quantitative. The quantitative uses Experimental Design with rancangan Non Randomized Control Group Pretest Postest Design. The qualitative method is applied to understand the patient’s holistic needs; bio-psycho-social-spiritual-culture. The respondents of this research are patients and nurses. The inclusive criterias of the nurses respondents are D3 background, have been working for at least 2 years, do not take leaves during the training, ready to get involved in the training and research. While the exclusive criterias are male and room leader. The respondents for nurses are 19 for intervention group and 15 for control group. The inclusive criterias for patients respondents are servical cancer patients with palliative phase, stadium IB to IVB with chemotherapy and having previous nursing care before in dr. Moewardi General Hospital Surakarta with composmentis awareness, without mental health disorder, have their first day nursing, with minimum 5 days care, willing to be respondents. While the exclusive criterion is those with difficulty in verbal communication, and those home forcibly. The patient’s respondents are 69 each for interventions and control.

The instruments to measure the quality of nursing care was adapted and modified from Depkes (1994), Adriani (1997) and Mertowardaya (2006) to know the behavior of Javanese values which consists of assessment, nursing diagnose, nursing intervention, implementation, nursing evaluation and documentation, and the patient’s perception toward nursing care. The instruments used to measure the patients’ satisfaction modified from Depkes RI 2005 and based on patient satisfaction concept by Pohan (2007) and Haryanti (2010) which consists of 37 questions covering physical, psychology, social, spiritual, nursing aspect and education. In qualitative design, the researcher also conducted indepth-interview about patients’ satisfaction toward nursing care with interview guide of 7 questions.

The patients were given a pre test about patients’ satisfaction and quality of nursing care before given “Trisna” Palliative Nursing Care. Tthe nurses in control group applied conventional nursing care established by the hospital while the control group, beside the conventional nursing care are also given training on “Trisna” Palliative Nursing Care. The training were conducted for 4 days with 4 intervention sesion. The post test was conducted in the 5th day to measure the quality of nursing care and the patients’ satisfaction after the patients were given “Trisna” Palliative Nursing Care.

The bivariat analysis uses two mean test, comparing the means of the two groups (Hastono 2007) with Z test approach (Mann Whitney Z test) and t-test. Bivariat analysis was used to proof the hipotesis that the nurses given training “Trisna” Palliative Nursing Care is better than those with the conventional one and that patients given “Trisna” Palliative Nursing Care are more satisfied than those without it. The multivariat analysis was used to proof that there are nurses characteristics (work experience, education, staff status, incentive) as factors contributed to the quality of “Trisna” Palliative Nursing Care to the patients. Multivariat analysis was also used to proof that there are patients characteristics (age, education, fund source) as factors that is contributed to the patients satisfaction. Multivariat analysis was used to measure the quality of “Trisna” Palliative Nursing Care while double linier regretion (Kleinbaum 2002) test was used to measure the patients satisfaction

3. Result

3.1. The influence of “Trisna” Palliative Nursing Care training on cervical cancer patients to quality of nursing care.

3.1.1. Analysis of Nursing care quality after “Trisna” Palliative Nursing Care training done to see difference of Nursing care quality between the intervention and control group, analysis conducted using Z test (Mann Whitney).

Table 1. The result of Z test (Mann Whitney) on the difference between the Nursing care quality score between control group and intervention before and after training intervention of “Trisna” Palliative Nursing Care in dr. Moewardi General Hospital Surakarta in October 2012 – May 2013 (n = 138).

Group	N	Mean	Median	SD	Mann Whitney Z	p
Control	69	1.35	1.00	2.8	-10.23	< 0.001
Intervention “Trisna”	69	72.71	73.00	7.35		

Table 1 indicated that there is a statistically significant difference ($p < 0.001$), about the patient satisfaction

between intervention and control groups. The average satisfaction in the intervention group (mean 72.71) higher than in the control group (mean 1.35); (p < 0.001).

Table 2. The result of multiple linear regression analysis of training intervention “Trisna” Palliative Nursing Care to quality of nursing care with and without controlling for the influence of work experience, education, employment status, insentive and nursing care quality before the intervention

Variable	Model I				Model II			
	Regression Coefficient b	CI 95%		p	Regression Coefficient b	CI 95%		p
		The lowest limit	The highest limit			The lowest limit	The highest limit	
Constant	46.81	46.42	47.21	<0.001	49.04	37.89	60.19	<0.001
Intervention “Trisna”	33.23	32.67	33.79	<0.001	33.10	32.39	33.81	<0.001
Work experience ≤ 11 th					0.21	-0.63	1.05	0.617
Education D3					0.05	-0.84	0.93	0.918
Employment status PNS					0.01	-0.84	0.86	0.018
Benefits Rp ≥ 1.500.000					-0.24	-1.12	0.64	0.590
Nursing care quality before intervention					-0.05	-0.28	0.19	0.693
n observation	34				34			
Adjusted R ²	99%				99%			
P	< 0.001				< 0.001			

The result of Multiple linear regression analysis was summarized in table 2 presented 2 models. Model I connected training intervention “Trisna” Palliative Nursing Care only with the quality of the nursing care without controlling the distractor variable. Model II is a multivariate analysis that connects training intervention “Trisna” Palliative Nursing Care toward nursing care quality by controlling 4 distractor variable which is work experience, education, employment status, and insentive. Based on the Model 1 could be inferred that training intervention “Trisna” Palliative Nursing Care interventions was effective for improving nursing care. Nurses who applied intervention “Trisna” Palliative Nursing Care on average provide quality of nursing care of 33.23 points higher than on treatment that do not implement “Trisna”intervention, and the difference statistically significant (b=33.23; CI 95%32.67 – 33.79; P<0.001).

3.1.2. The Analysis of patients perception of the quality of nursing care after training “Trisna” Palliative Nursing Care done to see the difference between the quality of nursing care intervention and control groups. The analysis is carried out using independent t test.

Table 3. The result of independent t test about the difference patients perceptual of nursing care between the control and intervention groups, before and after the intervention of “Trisna” Palliative Nursing Care training at dr Moewardi General Hospital Surakarta in October 2012 – May 2013 (N = 138)

Group	N	Mean	Median	SD	t	p
Control	69	-0.28	0.00	3.21	-87.24	< 0.001
“Trisna”Intervention	69	45.91	46.00	3.00		
t value		45.63				

Table 3 showed that there are differences that stastistically significant (p<0.001), about the patient’s perception of the quality of nursing care between the intervention group and the control group. The average patients’ perception about the quality of nursing care in the intervention group (mean 45.91) higher than in the control group (mean -0.28); (p<0.001).

The research result of the quality of the nursing care were supported by qualitative data revealed that, after the training intervention of “Trisna” Palliative Nursing Care was changed that seen in nursing services for the better. The nurses have started asking circumstances and patients’ complaints. They have started to be communicatively and always given information about the results of diagnostic examinations such as laboratory results and USG, as well as when measuring blood pressure result directly informed. Even when, giving the act of nursing they have more responsive and friendly, asked for permission first, and after giving such action, they give occasion

dialogue beforehand about what the patients' felt after given the act of nursing whether the pain has lessened, what effects posed, and others. The nurses are more open to receive patients' complaints and more trying to provide solutions to overcome pain inflicted on patients. For example, patients felt pain, having performed the nurse will try to provide solutions to teach patients to draw a breath in to reduce the pain suffered, and if the patient cannot urination, nurses will be provide stimulus, by pressing lower abdomen, if not, then the nurses will given solution by giving catheter. The measures were considered provide solutions for the patients and patients felt it was taken care of by the nurse.

3.2. The influence of training intervention of "Trisna" Palliative Nursing Care toward satisfaction of cervical cancer patients.

The analysis patients' satisfaction after get "Trisna" Palliative Nursing Care in patients cervical cancer done to perceive the difference between the satisfaction of patients in intervention and control group. Analysis conducted using Z test (Mann Whitney).

Table 4. The result of Z test (Mann Whitney) about the difference patients' satisfaction between the control group and the intervention before and after the training intervention of "Trisna" Palliative Nursing Care at dr Moewardi General Hospital Surakarta in October 2012 – Mei 2013 (N = 138)

Group	N	Mean	Median	SD	Mann Whitney Z	p
Control	69	1.35	1.00	2.8	-10.23	< 0.001
"Trisna"intervention	69	72.71	73.00	7.35		

Table 4 showed there was differences that statistically significant ($p < 0.001$), about patients' satisfaction between the intervention and the control group. The average of patients' satisfaction in the intervention (mean 72.71) higher than in the control group (mean 1.35); ($p < 0.001$).

Table 5. The result of multiple linear regression analysis of intervention of "Trisna" palliative nursing care towards the satisfaction of patients with and without controlling for the influence of age, education, patient satisfaction, cost before the intervention

Variable	Model I				Model II			
	Regretion coef	CI 95 %			Regretion coef	CI 95 %		p
		lowest limit	Highest limit			Lowest limit	Highest limit	
Constant	53.51	52.37	54.65	<0.001	32.82	25.22	40.41	<0.001
Intervention of "Trisna" nursing care	77.22	75.60	78.83	<0.001	74.76	73.16	76.36	<0.001
Age (<53y)					0.32	-1.22	1.86	0.684
Education (<SMA)					0.34	-2.36	3.05	0.803
fee (JPKM)					-0.76	-2.85	1.34	0.476
Patient satisfaction before intervention					0.41	0.29	0.54	<0.001
Observation	138				138			
Adjusted R ²	98.5%				98.8%			
P	< 0.001				< 0.001			

The result of Multiple linear regression analysis was summarized in table 5 presented 2 models. Model I connected training intervention "Trisna" Palliative Nursing Care with satisfaction of the patients without controlling the distractor variable. Model II connected training intervention "Trisna" Palliative Nursing Care with satisfaction of the patients by controlling 4 distractor variable which is age, education, a source of charge, and the patients' satisfaction before intervention. Patients received "Trisna" Palliative Nursing Care intervention, the average of patient satisfaction is 77.22 point higher than in patients who did not get "Trisna" Palliative Nursing Care intervention and the difference is stastistically significant ($b=77.22$; CL 95% 75.60 – 78.83; $P < 0.001$). The distractor variable in the model II turned out do not distract the estimation of the effect of "Trisna" Palliative Nursing Care. So, estimation effect of "Trisna" Palliative Nursing Care is using Model I. Adjusted R² of 98.5% on the model 1 showed that "Trisna" Palliative Nursing Care was able to explain the patients' satisfaction of 98.5%. In the other words, "Trisna" Palliative Nursing Care was able to explain variation of patients' satisfaction with almost perfect.

The research results of patients' satisfaction were supported by qualitative data revealed that, after "Trisna" Palliative Nursing Care patient felt that there are positive changes in nursing service. They felt more cared and

impacted on the patients' psychological. Patients such as gaining full supported from nurses in dealing with their illness. They have friends swapping thoughts, because the patient was not in need of medical treatment, but also need a friend to help cultivate the spirit of life to be strong to face their illness.

4. Discussion

"Trisna" Palliative Nursing Care on nurses was effective for improving nursing care. Nurses who applied "Trisna" Palliative Nursing Care, mostly provide the nursing care on treatment 33.23 points higher than that do not implement "Trisna" Palliative Nursing Care and the difference statistically significant ($b=33.23$; CL 95% 32.67 up to 33.79; $p<0.001$). The research result supported by Kamil (2010) stated that training show any process in the development of talent, skill and the ability to resolve a specific job. Wilkinson's research (2002) showed that an integrated approach to communication skills training has the potential to enhance the ability of nurses, especially the emotional at the whole role in cancer treatment. The importance of understanding culture to the individually and holistic care (Oliviere 1999) also supported by Bastable (2002) suggest that nurse who is competent must be sensitive to culture, Likewise Dein (2006) presented that palliative care must be sensitive to culture, so that it can realize and fulfill the need of patients. Mcnamara (1997) noted using the same culture would be very helpful in the provision of health services. The philosophy of palliative care with the culture approach can provide holistic service: physical, psychological, social and spiritual individually (Diver 2003). This philosophy was still required to solve the problem of life particularly in providing services, as it can give spiritual tranquility, especially at a government hospital. For exertion nurse in providing service on a weak patient, powerless and need help with applying *temen* (earnest) philosophy in service of care it will foster a sense of *narima* (sincere) then there will come a sense of *sabar* (patience), with a heart patient people will *rila* (acceptance) in the conduct of its duties. The values of Java store that align with the values in the nursing altruistic and include human caring (Leininger 1991; Tomey 2006)

According to Tomey (2006), caring in nursing practice describes unity in basic humanitarian values that include kindness, concern, support, affection, communication and sincerity with a positive response in the act of nursing. Similarly, Leininger (1991) suggested human caring in nursing has expressions, processes, patterns that differ in cultures, includes act of helping, support, facilitate, compassion, caring, empathy, tenderness, touch, presence, confidence to improve and enhance the client's condition.

Quality of palliative care according to the National Consensus Project (2009) is a common approach to patient care that should be routinely integrated with disease, modification of therapy and the development of specialist practice for physicians, nurses, social workers, clergy, and have the expertise needed to optimize quality of life for those with chronic, debilitating or life threatening illness that include the structure and process of care for all aspects of a person: physical, psychological and psychiatric, social, spiritual and religious, cultural, and ethical care of dying and also ethic and law.

Documentation of nursing care plans is an indicator of the quality and outcomes of care are documented and it affects patient satisfaction of treatment (Jansson 2009).

The description can be concluded that after nurses have been trained for "Trisna" Palliative Nursing Care in providing care for cervical cancer patients, the nurse has the ability to improve the quality of "Trisna" Palliative Nursing Care of patients with cervical cancer in terms of prevention and help alleviate suffering through early identification and orderly assessment and treatment of pain and other problems of physical, psychosocial and spiritual approach to Javanese cultural values. Thus, nurses can improve patient satisfaction.

Effect of "Trisna" Palliative Nursing Care in cervical cancer patients revealed that there is a statistically significant difference ($p < 0.001$), on patient satisfaction between the intervention and control groups. Results of patient satisfaction research are supported by qualitative data that revealed that after the training intervention "Trisna" Palliative Nursing Care, patients perceived better quality of the nursing care. Patients feel that they receive more attention and also full support of the nurses in the facing their illness. Results of this study are supported by Lieu (2008) stated that satisfaction is a condition in which the needs, wants and expectations of customers are met through the service or services received. Schulmeister (2005) states that patients who have better clinical outcomes will be more satisfied with the care, patient satisfaction is a multidimensional concept consisting of elements of subjectivity, which is the expectation and perception of quality of care indicators. Satisfaction in the treatment allows to evaluate the effects of treatment or treatment program (Essen 2002). Quality health assurance is important to know the quality of health services, on the other hand, it also can lead to satisfaction on every patient, which is an inseparable part of the quality of health services. Implementation of patient care with individualized treatment approach to meet patient needs, respect the values and beliefs of patients (Radwin 2003; Sadani 2008) is expected to improve the ability of self-care, satisfaction, quality of life and the clinical relevance will improve the quality of nursing care (Sarkissian 2010).

After cervical cancer patients have received treatment at "Trisna" Palliative Nursing Care, the patient has the ability to increase satisfaction in getting nursing services, especially in terms of prevention and help alleviate

suffering through early identification and orderly assesment as well as handling pain and other problems physical, psychosocial and spiritual through Javanese cultural approach or values, thereby improving patient satisfaction. Nurses who apply the Javanese cultural values are *temen* (earnest), *narima* (sincere), *sabar* (patient), and *rila* (acceptance) named "*Trisna*" (loving) in applying the nursing actions and in communicating with patients is needed so patients feel supported, so that the patient is stronger and more resilient in facing their illness. In addition, patients can also carry out daily activities and can surrender ourselves to God Almighty, so that the patient can accept the situation.

5. Conclusion

"*Trisna*" Palliative Nursing Care training provided for nurses in the intervention group were more effective in improving the quality of nursing care in patients with cervical cancer compared with nurses who were in the control group, it was revealed through statistically significant differences. Results of this study was supported by the statement of the patients that nurses provide patients with good nursing care and support patients in facing their disease.

Models of "*Trisna*" Palliative Nursing Care in cervical cancer patients which were applied by nurses in the intervention group were more effective in improving patient satisfaction compared with patients who did not receive "*Trisna*" Palliative Nursing Care models, revealed through statistically significant differences. Results of this study was supported by the statement that nurses provide patients with good nursing care to patients.

Approach to palliative nursing care with Javanese cultural values that are *temen* (earnest), *narima* (sincere), *sabar* (patient), and *rila* (acceptance) named "*Trisna*" (loving) can be applied in nursing science. Cultural aspects are implemented by nurses to provide quality of nursing care (Kozier 2011) and effective to patients with different cultural backgrounds (Bastable 2002) to meet the physically, emotionally, socially and spiritually needs of each patient (Ferrell 2010) .

Implementation of nursing care with respect for the values (culture) and patients' beliefs (Radwin 2003; Sadani 2008) assists patients in finding the safety, security, integrity and a sense of meaning in life, thus affecting patient satisfaction, and improving the quality of nursing care (Sarkissian 2010; Singer 2010) . Quality of nursing care can affect patient satisfaction (Skarstein 2002; Schulmeister 2005).

Development of "*Trisna*" Palliative Nursing Care for cervical cancer patients can be applied to the teaching curriculum of nursing education, especially in different areas with different cultures.

Hospital as health care is a good place to establish "*Trisna*" Palliative Nursing Care as one of the programmes in improving the quality of nursing care and improving the quality of palliative nursing care services, and patient satisfaction.

Department of the Ministry of Health and the Indonesian National Nurses Association (PPNI) is expected to develop policies concerning nursing care "*Trisna*" palliative management in cervical cancer in Indonesia.

Results of this study are limited in dr. Moewardi General Hospital Surakarta in patients with cervical cancer, so that further research can be done by taking the availability of palliative patient samples before the study into account, and further research examining nurses' satisfaction with the implementation of "*Trisna*" Palliative Nursing Care can be done.

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