

Conference Paper

Symptoms Burden among Women with Gynecological Cancer in Indonesia: A Descriptive Study

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Abstract

Background: Gynecological cancer is one of the most common reproductive health problems of cancer. Factors that cause high rates of the incidence of gynecological cancer, because many symptoms are ignored so that symptoms that can actually be treated early become a very serious disease. Women with gynecological cancer have a burden of symptoms over time which can cause a negative response to the patient's physical, psychological and emotional. **Objectives:** This study aimed to describe the symptom burden in women with gynecological cancer. **Methods:** This study used quantitative and descriptive research using cross sectional approach. Conducted in May 2019, with 95 subjects research at Rumah Singgah in Bandung using convenience sampling. Symptom Burden was assessed using Memorial Symptom Assessment Scale (MSAS). **Results:** Ten common symptoms experienced by respondents with gynecological cancer were worrying 96.8% (92), feeling sad 95.8% (91), insomnia 93.7% (89), problems with activity or sexual arousal 89, 5% (85), feeling tired 86.3% (82), lack of appetite 81.1% (77), dizziness 80% (76), irritability 80% (76), pain 78.9% (75), less energy 78.9 (75), with a symptom mean of 1.08 (\pm 0.386). **Conclusion:** Indicated that psychological symptoms is the common symptom that experienced by women with gynecological cancer. Nursing and other healthcare professional is expected to pay more attention to psychological symptoms to meets the need of patient.

Keywords: Gynecological Cancer, Symptom Burden, Women

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Received: 22 September 2019

Accepted: 4 October 2019

Published: 10 October 2019

Publishing services provided by
Knowledge E

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Selection and Peer-review under the responsibility of the ICHT 2019 Conference Committee.

1. Introduction

World Health Organization (WHO) states that the reproductive health rate of women in developing countries reaches 36% calculated from the total burden of illness suffered during the productive period [1].

Gynecological cancer is one of the reproductive health problems that often occurs. WHO states that in 2030 it is predicted that an increase in the incidence of ovarian cancer sufferers by as much as 70% is in developing countries, including Indonesia

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[2]. Based on the 2012 Global Burden of Cancer estimate, the International Agency for Research on Cancer (IARC), cervical cancer and ovarian cancer are the most common gynecological cancers in Indonesia. The incidence of cervical cancer is 17.3% per 100,000 women per year and ovarian cancer at 8.4% per 100,000 women per year [3].

Ovarian cancer is one of the gynecologic malignancies that causes death, based on data obtained from the Darmas Cancer Hospital in Indonesia in 2013, there were 46 people died of ovarian cancer and there were 134 new cases of women with ovarian cancer [4].

Cervical cancer is a case of malignancy that mostly attacks women throughout the world and ranks third in the world in terms of malignancy that attacks women. In developing countries including Indonesia, in 2002 there were 80% of cervical cancers causing death while in 2008 around 88% and possibly in 2030 will increase to 98% [1]. Common symptoms caused by cervical cancer sufferers, namely the emergence of pain and bleeding during sexual intercourse, excessive vaginal discharge and abnormal bleeding outside the menstrual cycle [2].

Symptom burden can be defined as the prevalence of the frequency, and the severity of symptoms are subjective and quantitative, that puts a burden on the patient physiological and can produce negative response on the physical, psychological, and patients emotions [5]. Women with cancer gynecology having symptom burden from time to time, some data showing that fatigue, limited cognitive, depression, anxiety, trouble sleeping, pain and trouble having sexual intercourse that lasts for the therapeutic process [6].

Apart from the various types of gynecological cancers that occur, patients with gynecological cancer are a common problem and have the highest number of symptoms among all cancer groups [7]. Symptom burden analysis of a disease is carried out aimed at measuring the combined impact of fatal burdens that cause death and non-fatal burdens which are detrimental to [6].

Previous research has focused on the symptom burden that arises after the process of chemotherapy in patients with gynecological cancer, the symptom burden that is seen when diagnosed with gynecological cancer-related diseases is rarely noticed. In Indonesia no one has examined the symptom burden related to gynecological cancer, while the symptom burden in gynecological cancer is important to note because symptoms that cause distress can reduce the quality of life of patients and cause difficulties in daily activities. This research will look at the symptom burden in gynecological cancers both those who have done the chemotherapy process and those who have not yet done the chemotherapy process.

2. Methods

This research is a descriptive research with cross-sectional approach. The research was carried out in shelter home Bandung, on May to June 2019. Population was patients with cancer gynecology residing in a stop in Bandung. Convenience of sampling was used to recruit sample with inclusion criteria women > 18 years with cancer gynecology and understand Indonesian Language. Exclusion criteria is women with cancer gynecology who has mental disorders. Estimation sample size calculated use of software g-power version 3.1.9.2 use exact – Proportion: Difference from constant (binomial test, one sample case) assuming $\alpha = 0.05$ effect size = 0.15 power level = 0.95 constant proportion 0.65, results 95 sample size. An instrument used in this research was *The Memorial Symptom Assessment Scale (MSAS)* developed by portenoy in 1994 with Cronbach $\alpha = 0,88$ and $0,83$. MSAS developed is an instrument to inform multidimensional (The presence of symptoms, frequency, intensity, distress related symptoms).

MSAS of Indonesian version have been adopted and been validated by Haryani (2018) without change of original version for measuring prevalence of symptoms, characteristic and distress. Be translatable in through two procedure consisting of translation forward-backward and validation done [8]. The process of validation pre-test involving terminal patient, 34 psychometrics MSAS and examination of Indonesian version (207) MSAS-I involving terminal patient. Internal consistency, repeated reliability, construct, and validity of is same MSAS-I. Alpha the cronbach to scale total MSAS-I ranged from 0,75 to 0,87. The validity Cronbach α to scale the total and MSAS-I = 0,75-0,87. To test the reliability = - 0,80 0,89. MSAS-I provides a valid and it can be used to judge frequency symptoms, severity, and distress of patients with cancer

3. Results

The result shows that more than half of respondents with gynecological cancer aged 40-60 years 63.2% (60) with an average age of 44.0 (± 7.87) The highest education level of respondents is elementary school of 51, 6% (49), then at the SMP level 32.6% (31) and SMA 15.8% (15). The majority of respondents' work is IRT (Housewife) at 90.5% (86) and all respondents in this study were married (100%). The most common types of cancer experienced by respondents were cervical cancer 66.3% (63), then ovarian cancer 29.5% (28) and endometrial cancer 4.2% (4). Around 46.3% (44) respondents were in stage III and 63.2% (60) respondents were in the process of chemotherapy.

TABLE 1: Ten Most Frequent Symptoms Burden.

Symptom	Prevalence % (n)	Frequency %				Severity %				Burden %				
		1	2	3	4	1	2	3	4	0	1	2	3	4
Pain	78.9 (75)	40.0	22.1	10.5	6.3	36.8	34.7	4.2	3.2	45.2	17.9	6.3	3.2	6.3
Lack of energy	78.9 (75)	43.2	32.6	2.0	1.1	51.6	21.1	3.2	3.0	57.8	10.5	4.2	1.1	5.3
Fatigue	86.3 (82)	50.5	32.6	2.1	1.1	37.9	46.3	2.1	-	42.0	26.3	15.8	1.1	1.1
Difficulty sleeping	93.7 (89)	9.5	45.3	16.8	22.1	8.4	57.9	8.4	18.9	5.4	58.9	4.2	6.3	18.9
Feeling sad	95.8 (91)	18.9	60.0	15.8	1.1	23.2	70.5	2.1	-	49.4	41.1	3.2	2.1	-
Worrying	96.8 (92)	14.7	78.9	2.1	1.1	47.3	48.4	-	1.1	49.4	32.6	8.4	5.3	1.1
Problems with sexual interest or activity	89.5 (85)	1.1	5.3	56.8	26.3	-	38.9	35.9	14.7	-	13.7	35.8	33.7	6.3
Lack of appetite	81.1 (77)	46.3	15.9	18.9	-	47.4	30.5	3.2	-	50.2	13.7	14.7	3.2	-
Dizziness	80.0 (76)	37.9	29.5	12.6	-	53.6	25.3	1.1	-	30.4	45.3	3.2	1.1	-
Feeling irritable	80.0 (76)	16.8	47.4	14.7	1.1	36.8	41.1	2.1	-	33.7	44.2	2.1	-	-

Based on table 1 above shows that the 10 highest prevalence of symptoms experienced by respondents ranged from 78.9% (76) for pain problems to 96.8% (92) who were worried. Ten common symptoms experienced by respondents were feeling worried 96.8% (92), feeling sad 95.8% (91), insomnia 93.7% (89), problems in activity or sexual arousal 89.5% (85), feeling tired 86.3% (82), lack of appetite 81.1% (77), dizziness 80% (76), irritability 80% (76), pain 78.9% (75), lack of energy 78, 9 (75). From the total score of all symptoms obtained an average symptom of 1.08 (± 0.386) with a minimum value of 0.61 and a maximum of 2.06.

4. Discussion

Ten common symptoms experienced by respondents with gynecological cancer were feeling worried, feeling sad, insomnia, problems in activity or sexual arousal, feeling tired, lack of appetite, dizziness, irritability, pain and less energy. As research conducted by Harrington, Hansen and Moskowitz (2010), that women with gynecological cancer have a burden of symptoms from time to time, some data indicate that fatigue, cognitive limitations, depression, anxiety, sleep problems, pain and difficulty having sex which takes place during the treatment process[6]. Symptoms are more severe in patients

who receive active cancer treatment and the prevalence of symptoms increases with an increase in the stage of the disease in gynecological cancers.

Some researchers have also reported specific emotional reactions to women with gynecological cancer, and have found that the burden of psychological stress is a common problem. Emotions that can be caused such as symptoms of depression due to life uncertainty and doubts about the future, anxiety, confusion, anger due to loss of reproductive function and opportunities to have children, feelings of guilt due to disrupted sexual activity [9]. In the study of Cleeland & Reyyes (2002), symptoms can originate from the disease itself or due to treatment / treatment of an illness [10]. In previous study, patients said the impact of living with severe symptoms in their definition was "burden of symptoms"[11]. They talked about the effect that uncontrolled symptoms have a function and the amount of emotion from severe symptoms. Patients state that they have special concerns about the death / progression of the disease.

5. Conclusion

Indicated that psychological symptoms is the common symptom that experienced by women with gynecological cancer. Nursing and other healthcare professional is expected to pay more attention to psychological symptoms to meets the need of patient.

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