Original Research Article

The influence of self-help group therapy towards quality of life of cancer patients in palliative care

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ABSTRACT

Background: The therapy of cancer treatment for patient affects the significant of physic, psychology, and information and social, so that it needs to support the adequate care. The supporting for adequate care is the way to improve the quality life of patients. One of the cares that given is self-help group therapy (SHG), it is a group treatment to share about the experiences of each other for cancer patient. This research is conducted to know the influences of self-help group therapy towards the quality of life of cancer patients that have a palliative care.
Methods: The research uses a quantitative approach with quasi-experimental method with pre-test and post-test with control group design. The sample of this research is 14 respondents in control group and 14 respondents in intervention group.
Results: There was significant difference value of quality of life pre-test rather than post-test in the intervention group, p=0.033, and there was no significant difference in the control group before and after intervention, p=0.190. The comparison between post-test intervention and post-test control group showed that there was significant difference of quality of life value. P value in intervention group was 0.002, while p value for the control group was 0.221.
Conclusions: There was influence by giving self-help group (SHG) therapy towards the quality of life of cancer patients that have palliative treatment. The patient can expand the social networking, to accept the information, get the emotional supporting from their own group.

Keywords: Self-help group therapy, Quality life, Cancer patient

INTRODUCTION

A diagnose and cancer therapy impact significantly towards the significant of physic, information and social, so that it need the supporting of the care needs. The interference of physic function always is related to the stress symptoms, then both of them can cause of the difficulty for daily activity and improve the service needs of supporting that are not fulfilled.[1] The quality of life is the important aim of cancer treatment and the anxiety of physic condition, psychology, body disorder, and the symptoms that can appear distress. It needs to anticipate for improving of quality of life for cancer patients. To improve the quality of life of cancer patients during treatment will improve the obedience of caring and treatment then to give the power to overcome symptoms or complaint of cancer patients.[2] One of the best supporting for caring to improve the quality of life of cancer patients is self-help group therapy.

Self-help group is as health promotion program in empowering individuals by improving of supported hope and expression. The forming of self-help group enables the members of group to expand the social networking, to accept the information, and to get the emotional supporting from their own group, so that it can give many benefits for many things.[3] Self-help group is a form of group therapy that is conducted of situation and condition; it consists of many people that have same problems to share experiences and to overcome the problems that the patients faced. The indication to give therapy is the patients that have mental disorders, weight problems, drug dependence, diabetes clients, the elderly, cancer clients and chronic diseases.[4] The previous result study from 7 patients that is diagnosed of cancer in Yayasan Kanker Indonesia, it is found that the quality of life patients are disturbed, who the patients feel that they cannot do anything for their family, the patients feel troublesome for family and insecure. These problems are conducted for the treatment and the way nursing effort for adequate, one of the way is giving SHG intervention. So, the researchers are conducting research to know the influences of SHG intervention towards quality of life of cancer patients.

METHODS

Study design

The research uses a quantitative approach with quasi-experimental method with pre-test and post-test with control group design. Intervention group got the therapy of self-help group by giving educational about the caring of cancer patients and sharing experiences during cancer treatment group. While for the control group, respondents only got education about the caring of cancer patients. The effectiveness of treatment is assessed by comparing between the score of posttest and pre- test for each group.[5]

Study place

The research was conducted in a non-profit organization that is social and humanitarian in the health sector, specifically in the effort to tackle cancer, named "Yayasan Kanker Indonesia branch Yogyakarta". Most who live there are patients who are waiting for cancer treatment at Sardjito Central General Hostpital Yogyakarta.

Period of the study

This study was held on November 2018 until January 2019.

Selection of the criteria of patient

The collecting data for sample used purposive sampling. The respondents of this research are 28 samples. The criteria of the sample of this study were all cancer patients at Yayasan Kanker Indonesia who met the inclusion criteria as follows: cancer patients undergoing palliative care, cooperative patient, patients are able to communicate well. While the exclusion criteria in this study are patient does not do the therapy schedule correctly, patient experienced a decrease in health conditions so that it was not possible to participate in this study.

Procedure of the study

Administrative procedure is the first procedure in this study, which regulates the licensing of research sites. Furthermore, technical procedures by providing interventions to the intervention group with material sharing patient knowledge about cancer and during palliative care, nutritional needs, stress management, activity and recovery, care and management of cancer patients, and support from families, as well as patient assistance for their condition. Each meeting for research, each takes 40-60 minutes. The Self-Assistance Group Program module is used for activities. Respondents also filled out a quality of life questionnaire thereafter for measurement data before and after the test.

Instrument

The instrument used in this research was WHOQOL-BREF which has modified by previous researcher. The instruments consist of four domains; they are physic, psychology, environment and social relation dimensions. The validity and reliability of the instrument has been carried out by previous researchers. The validity test results have R-value >0.361, then the reliability test showed the value of R=0.951 which is greater than the value of R table (0.361). So it can be conclude that this instrument valid and reliable to be used in this study.

Ethical approval

The research is conducted after getting the ethical test from the ethical institution (Research Ethics Commission of Yogyakarta Health Polytechnic), with the number of LB.01.01/ KE-01 / XLV / 926/2018.

Statistical analysis

This study uses two analyses:

Univariate analysis

The univariate stage of analysis is used to analyze existing variables descriptively according to the type of data. For categorical by calculating the frequency and the percentage of each variable. Univariate data analysis of all categorical data, presented in the form of a frequency distribution table and interpreted based on the results obtained.

Bivariate analysis

The stages of bivariate analysis are used to test the differences between the two variables. Based on the data obtained for differences in the quality of life of pre-test and post-test, a normality test was performed using the Kolmogorov Smirnov test (sample>50). It is known that the data is not normally distributed because the p value<0.05. Therefore, the hypothesis test conducted is an alternative paired t-test, the Wilcoxon test. The results of the difference were from the group if the significance level is less than α, so accept the alternative hypothesis. Next, researchers conducted a bivariate test to determine the relationship between potential confounding variables with quality of life. This is done as a basis for determining multivariate tests. The confidence interval is 95% with a significance level of 5% (α=0.05). If the value of p<α, then there is a relationship between potential confounding variables with the dependent variable. The bivariate analysis used in this study is t-test analysis.

RESULTS

Respondents characteristic

Respondents of this research are 28 cancer survivors; there are 14 for intervention group and 14 for control group. Respondents characteristic for this research of the survivor are the age, gender, cancer diagnose, time of cancer diagnosed, and sources of supporting. The characteristics of respondent are presented in the form of frequency distributions and percentages that is shown in the Table 1 below.

Table 1: The frequency distribution based on the characteristics of respondents.

No.	Characteristic	Frequency	
		N (%)	
		Intervention (n=14)	Control (n=14)
1.	**The age of survivor**		
	<50 years old	10 (71.4)	9 (64.3)
	>50 years old	4 (28.6)	5 (35.7)
2.	**Cancer diagnosed**		
	Ca Mamae	12 (85.7)	9 (64.3)
	Ca Serviks	2 (14.3)	1 (7.1)
	Ca Endometrium	0 (0)	4 (28.6)
3.	**Time of cancer diagnosed**		
	<5 years old	10 (71.4)	10 (71.4)
	>5 years old	4 (28.6)	4 (28.6)
4.	**Resource of supporting**		
	Family	13 (92.9)	11 (78.6)
	Friends	1 (7.1)	2 (14.3)
5.	**Gender**		
	Women	14 (100)	14 (100)

Source: Primer data (2019).

Table 1 shows that the respondents in the intervention group and the control group. The respondents in this study were all female; the age of the survivor is predominantly <50 years old; with the majority of medical diagnoses being Ca Mamae; with the majority diagnosed with cancer for a majority of less than 5 years; and the majority got support from the family.

The effect of self-help group (SHG) therapy on quality of life of cancer patients

The result of difference test for mean in the pre-test and post-test score for quality of life on the control group with the value of pre-test and post-test score for quality of life of the intervention group in Yayasan Kanker Indonesia Yogyakarta 2019 year showed that there were the differences of value from the mean result for every groups. The result of this research can be seen in the Table 2.

Table 2 showed that the result of different tests using paired t-test of quality of life pre and post in each groups of significance for 5% is obtained the value of sig (p)=0.000. Because p<0.05, it showed that the value of t-count is significant at the 5% on the significance level. Pre-post result in the control group showed p value of 0.190, which showed that there was no significant change in the control group for life quality before and after treatment. The intervention group showed that p value of 0.033 so that there was an effect of changes in the value of the pre-test quality of life compared to the post-test in the intervention group.

Table 3 showed that the results of the comparison for post-test mean in each groups (unpaired t-test). The results of different tests showed that there were significant differences between control group and intervention group. This is indicated by comparing the value of p value in the control group was p=0.221 while

the p value in the intervention group was p=0.002, this indicates that there was no significance different for quality of life in the control group, but there was significant different for quality of life in intervention group.

Table 2: The comparison of the mean scores pre-test and post-test for quality of life scores in the control group with the scores of pre-test and post-test quality of life scores for the intervention group in YKI Yogyakarta 2019 (n=28).

Group	Pretest-postest			P value
	N	Mean±SD	Minimum, Maximum	
Control	14	-19.214±51.965	-49.218, 10.789	0.190
Intervention	14	-45.571±39.438	-68.342, -22.801	0.033

Source: Primer data (2019).

Table 3: The comparison of post-intervention mean values for quality of life scores between intervention groups and control groups in YKI Yogyakarta 2019 (n=28).

Groups	Pretest-postest			P value
	N	Mean±SD	Minimum, Maximum	
Control	14	-16.143±47.007	-43.283,10.998	0.221
Intervention	14	-41.714±39.153	-64.321,-19.108	0.002

Source: Primer data (2019).

DISCUSSION

The result research of correspondent characteristic are based on the age, it shows that the cancer survivor for control group and intervention groups are majority of <50 years old. It supports the result research before that the majority of cancer survivor was as categorized adult, they are from 36 to 45 years old (33.3%).[6] The social demographic data especially age affects the quality of life for cancer patients. The older a person is, the lower the quality of life the patient will have.[7]

The majority of respondents in this study received support from the family. Family supports are from parents, partners, and relatives as source of social support.[8] All respondents in this research were women. Furthermore, the Ministry of Health said that women suffer from cancer as much as 1.4%, while men have cancer as much as 1.1%.[9]

The cancer diagnose majority in this research was Ca Mamae. Based on the data of previous study in 2012 explained that the treating cancer (Ca mamae) is the highest rating for the percentage of 43.3% and the highest percentage of death (12.9%) for the women in the world. Based on the experiences of cancer, most of respondents for both of groups that are intervention group and control group had cancer for <5 years.[10]

The questionnaire which used in this research is quality of life instrument based on WHO. This questionnaire has been translated to Indonesian language. WHOQOL-BREF is chosen because of the previous researcher that has been conducted, self-managed and understood easily. To enforce the hypothesis that support group intervention effect of quality of life by comparing quality of life before and after intervention.

The health-related questionnaires generally are developed by WHO chose to measure the quality of health related to the lives of cancer patients recovering palliative care. The quality of life can be viewed in terms of subjective and objective. Subjective aspects are good feelings and satisfied with everything in general, whereas objectively are fulfilment of demands for material welfare, social status and social perfection in a socio-cultural way.[11] Assessment of the quality of life of cancer undergoing palliative care can be seen in aspects of physical health, mental health (psychology), social functions, role functions and the environment. Individual coping sources on external factors are derived from information, create similar groups, seek spiritual support, the used social support such as self-help groups.[12]

The intervention of this research used the Self-help group (SHG) therapy. After the implementation of the SHG intervention in the intervention group is gotten the results of changing in the mean of quality of life score between before and after the SHG intervention. The p value of 0.001 indicates that there was significant different with SHG intervention. Whereas in the control group, the mean value before and after that there was no significant difference with a value of p=0.190. In the intervention, group and control group obtained the knowledge about care and treatment for cancer patients but in the control group did not get SHG intervention. SHG intervention was given in the intervention group.

The comparison of data analysis for post-test values between control group and intervention group show that there were significant differences between two groups. P value in the control group of 0.221 showed there was no changing of quality of life for cancer patients while p value in the intervention group was 0.002 that is indicated a significant changing for life quality of patients. It shows that the treatment for group with Self-help group therapy

for quality of life is better than the group that did not get therapy. Based on the research before, define that Self-help group has proved that it is effective enough to handle problems and to improve coping.[13] The effectiveness of group begins from many statements. Firstly, the emotional supporting from other people can decrease the social isolation that is experienced by many people in the cronies' condition. Secondly, it can appear the identity of someone that is collective by group participation, each member of group can develop the new concept that gotten from them. Thirdly, the participation from each member of each group may share knowledge, experiences and suggestion about the cancer patient's problems.

People who have the same problem was collected with the aim that they can exchange ideas, share experiences and know each other in Self-help group therapy.[14] If there are problems that can be solved together so that research can improve the quality of life after being given SHG.

Self-help group therapy is the treatment of nursing to improve quality life for cronies' patients. By empowering individuals are to improve continually the hope supporting and statement. Self-help group therapy enables for the member of group to expand their networking so that it can give many benefits.[3] One of the benefits for patient is the improvement of quality of life for cancer patient; that is related based on the way for improving the cancer patient. The quality life is endeavoured through Self-help group activity. Remembering of SHG therapy can be conducted in many situation and condition, it consists of many people who have same problems for cancer patients, SGH supports cancer patient to share experiences and the way to solve problems that the cancer patient are facing.[4]

Self-help group supports the members of therapy to study about their problems and to share the experiences, strength and hope for recovery, the chance to help each other and as role model.[15] This meaning supports the quality of life is getting better, remembering the quality of life of cancer patient can improve through education. The knowledge about cancer makes the cancer patient realized for better treatment and caring for early stage.[16]

Many proofs from the result research can be conducted to show approached social support that can be determining the development of healthy. For cancer patient, supporting social encourages fighting spirit and helps the cancer patient to be stronger. The correlation analysis shows that the greater of social support is gotten, the lower of perceived psychological tension. Patients who have high social support show that they have better adjustments.[17] Many stroke patient also explained to support same group then it can affect the improvement of social relation, the improvement of believes and comfortable to live. The involving of healthy Tim, the training of group support and skill coordinators is important to success of this program. The research of

supporting diabetes showed the significant impact statistically on improving glycaemic control, blood pressure, cholesterol, severe BMI, increased physical activity, self-efficacy, decreased depression and perceived social support.[18]

The available of support from fellow members who have the same disease, it is an activity that planned to be carried out.[19] Support groups are the same cancer patient that can be effectively for increasing knowledge about conditions that felt significantly among members. In addition, the patients know that the disease is not only from them. In Self-help groups, group members will not feel alone and have the opportunity to recognize coping and mastery of role models from other members.[20]

CONCLUSION

Self-help group therapy gives the significant influence towards the improving of life quality of cancer patients who have the treatment of palliative. The patient can expand the social networking, to accept the information, get the emotional supporting from their own group.

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