



## Life Experience of Women with Breast Cancer Undergoing Chemotherapy at Jayapura General Hospital, Indonesia

Suselo<sup>1\*</sup>, Sri Manianti Irnawan<sup>2</sup>, Siti Patimah<sup>1</sup>

<sup>1</sup>Nursing Academy of Marthen Indey Hospital, Jayapura, Indonesia

<sup>2</sup>Universitas Widya Nusantara, Palu, Indonesia

### ARTICLE INFO

#### Keywords:

Breast cancer  
Chemotherapy  
Jayapura General Hospital  
Life experience

#### \*Corresponding author:

Suselo

#### E-mail address:

[selosuselo65@gmail.com](mailto:selosuselo65@gmail.com)

All authors have reviewed and approved the final version of the manuscript.

<https://doi.org/10.37275/sjs.v6i2.91>

### ABSTRACT

**Introduction:** Breast cancer is the second most common cancer in the world and is the most common cancer among women. Cancer is a term used for malignant tumors, which are tumors that grow rapidly, infiltrate surrounding tissues, metastasize, and can cause death if they don't get proper treatment and therapy. One of the treatments for cancer is chemotherapy; the negative effects of chemotherapy treatment for patients can affect life. This study aimed to find out in depth the life experiences of women with breast cancer undergoing chemotherapy. **Methods:** The research design used is qualitative research using a phenomenological approach. The technique used is purposive sampling, with a total of 10 participants. This research was carried out at the Jayapura General Hospital in April 2023 using the in-depth interview method. **Results:** Subjects felt the side effects during chemotherapy, the impact during chemotherapy, adapting to reduce physical changes after chemotherapy, the support received during chemotherapy, and expectations of chemotherapy. **Conclusion:** Chemotherapy provides hope for patients but also causes uncomfortable side effects for patients. Efforts to educate and strengthen chemotherapy patients are important.

### 1. Introduction

Cancer is a condition where cells have lost control and mechanism normally, resulting in growth that is not normal, fast uncontrollable, and life-threatening to the individual sufferer. Until now, cancer is one of the diseases that causes misery and death to humans and is a frightening threat to people in all countries, especially in developing countries. Treatment for cancer that is usually done is surgery, radiotherapy radiation therapy and or chemotherapy. Chemotherapy is an anti-cancer treatment (cytostatica) that destroys cancer cells by inhibiting or interfering with DNA synthesis in the cell cycle. In modern usage, the term chemotherapy refers almost exclusively to cytostatic drugs used to treat cancer. Chemotherapy has been used since the 1950s and is

usually given before or after surgery. The severity of the side effects of chemotherapy depends on many things, including the type of chemotherapy drug, the dose, the condition of the body, and the psychological condition of the client. This will give a different response from one client to another. Side effects that appear during treatment or sometime after treatment. The physical and psychological changes experienced by the patient will also have an influence on the patient's social life such as changes in employment status, changes in relations in society or changes in the role of wife and mother. These changes will impact social problems for breast cancer patients. This cognitive disorder affects the patient's daily life. Patients often have difficulty completing simple tasks such as preparing food, paying bills, or preparing for

travel and need more time to complete these tasks. At an advanced level, patients experience difficulties in their work performance, so they have to change jobs or resign.<sup>1-4</sup>

According to data from the World Health Organization (WHO) for 2020, cancer is the second leading cause of death in the world by 13% after cardiovascular disease. It is estimated that by 2030, the incidence of cancer will reach 26 million people, and 17 million of them will die from cancer. Breast cancer is the second most common cancer worldwide and the most common cancer among women, with an estimated 1.67 million new cases diagnosed in 2012 (25% of all cancers). According to GLOBOCAN (IARC) data in 2012, it is known that breast cancer is a cancer with the highest percentage of new cases, namely 43.3%, and the percentage of deaths from breast cancer is 12.9%. Based on Globocan estimates, according to the International Agency for Research on Cancer (IARC) in 2021, the incidence of cancer in women in Indonesia is 134 per 100,000 per year, with the highest incidence in women being breast cancer at 40 per 100,000. Globocan's estimate of the death rate in Indonesia for breast cancer is 16.6 deaths per 100,000 population. Based on data from the hospital information system (SIRS) for 2020, there were 12,014 cases of hospitalization for breast cancer (28.7%), cervical cancer 5,349 cases (12.8%). Cervical and breast cancer are cancers with the highest prevalence in Indonesia in 2018, namely cervical cancer of 0.8% and breast cancer of 0.5%. DI Yogyakarta has the highest prevalence of breast cancer, which is 2.4%. Based on patient data at Dharmais Hospital, for the 2015-2019 period, breast cancer, cervical cancer, and lung cancer were the three most common diseases, and the number of new cases and the number of deaths from these cancers continued to increase. The magnitude of the problem of breast cancer in Indonesia can be seen in the breast cancer patients who come for treatment, where 60-70% of sufferers are already in a state of stage III-IV (advanced stage). Meanwhile, in Papua, from the medical records of the chemotherapy room at the Jayapura General Hospital,

from January 2017 to March 2020, 51 cases of breast cancer occurred, and 35 patients underwent chemotherapy in a year. Breast cancer is a stressor that can interfere with the integrity of the self-image. If this is missed by health services, then problems can occur, such as refusing to receive treatment, not accepting body structure and function, reducing social contact, and negative feelings and views of the body and decisions.<sup>5-8</sup> This study aimed to explore the life experiences of breast cancer patients receiving chemotherapy at Jayapura General Hospital Indonesia.

## **2. Methods**

This research is qualitative research that explores and describes in detail a situation or phenomenon of the research object studied by developing concepts and gathering existing facts. This research was conducted at Jayapura General Hospital. The informants needed in this study were breast cancer patients who received chemotherapy at Jayapura General Hospital Indonesia. To collect data from information sources (informants), research requires assistance instruments, namely screening forms, informant data, interview guidelines, and recording equipment. In this research, primary data and secondary data are needed. Primary data is data directly from the original source. This data was collected when carrying out research in the field in the form of interview results (interview) and direct observation/observation in Tanah Laut Regency. Secondary data is data obtained through a review of documents and literature sources, journals, and research reports related to the theme of this study. The raw data to be analyzed is organized based on the data collection date, data source, data type, data description, and data nature. All data must be read in order to find out what data has been obtained, the source of the data, and its meaning. After collecting data, researchers must know what information each informant conveys and compare it with other informants. By understanding all the data, the researcher will be able to select/reduce important,

new data and data related to the research question. Furthermore, researchers can also classify groups or create themes for the selected data. Coding is the process of marking the data that has been grouped. Groups of similar data are given the same code. Through coding, researchers can produce new categories or themes. Through coding, researchers produce themes or categorizations of research data, which are findings. Based on the resulting themes, the researcher then makes brief and systematic descriptions so that the themes found become clearer. The next step is to look for relationships between one theme and another. The results of the construction of relationships between themes or categories then need to be interpreted so that other people understand them.

### **3. Results and Discussion**

#### **Experiencing side effects during chemotherapy**

The results of the study found four participants out of ten participants said they felt side effects while undergoing chemotherapy, such as hair loss. Two out of ten participants say they experience unstable emotions such as irritability and sensitivity at work due to perceived side effects. This is in accordance with other studies that state that a person's anger, which experiences a physiological reaction, can appear as an emotional expression accidentally caused by an unpleasant incident. All of these sensory moods can combine in people's minds and form a reaction called anger. This anger reaction that appears can, of course, occur in breast cancer sufferers because a disease is an unpleasant thing. The emergence of an angry reaction in breast cancer sufferers can arise because of the feeling that many of their daily activities are interrupted by a disease that makes them helpless. Anger reactions in participants who carry out treatment usually arise because of a feeling of dislike when they feel the effects of the treatment, but to overcome this, it is necessary to have a balance or emotional control within the respondent so that they are able to suppress the emergence of these angry reactions.<sup>9,10</sup>

#### **Impact during chemotherapy**

The results of the study found four participants said they could not move while undergoing chemotherapy. Physical and psychological symptoms caused by the frequency of chemotherapy are related to decreased ability and functional status during chemotherapy. In some conditions, the symptoms associated with chemotherapy can reduce daily activities in breast cancer patients and cause them to be bedridden and unable to meet their needs for normal activities. The statement of four out of ten participants said they could not eat the food they liked. This is in accordance with the results of other studies, which found a relationship between the consumption of preserved and baked foods and breast cancer was analyzed using Chi-square, and the results showed that consumption of preserved and baked foods was associated with breast cancer ( $p < 0.05$ ). Based on the OR values above, it is known that women who consume preserved and baked foods have a high risk of 9,308 times (95% CI: 1,778-48,723). Participants also said that limiting oily food while undergoing chemotherapy was not in accordance with other studies, which found that the relationship between consumption of fatty foods and breast cancer was analyzed using Chi-square. The results showed that consumption of fatty foods was not associated with breast cancer ( $p > 0.05$ ). These results are inconsistent with some experimental data and epidemiological data showing an association between some types of cancer and the amount of fat in the diet. High-fat diets tend to be high in calories and contribute to obesity, which is associated with an increased risk of several cancers such as colon and rectum, esophagus, gallbladder, breast (especially postmenopausal), endometrial, pancreatic, and kidney.<sup>11-13</sup>

#### **Adapting to reduce physical changes after chemotherapy**

Participants said consuming boiled food was an effort to prevent cancer in the body and reduce the effects of chemotherapy on the body. Efforts to prevent the growth of cancer in the body can be made by

exercising regularly, getting used to consuming healthy foods and drinks, avoiding the habit of consuming junk food menus, reducing foods high in fat content, increasing consumption of fiber foods, consuming more foods that contain vitamins A and C (fruits and vegetables colored), reduce consumption of foods that have been preserved (salted, baked, smoked or contain preservatives) or stored for too long, avoid alcoholic beverages, avoid sexual intercourse multiple pairs, avoid smoking habits, strive for a balanced life and avoid stress and be diligent in having regular and periodic health checks. Participants also consumed juice and fruit in an effort to reduce the perceived side effects of chemotherapy. This is in line with other studies that state that vitamin C, which is abundant in fruits, has an antioxidant effect, which is widely used as a chemopreventive and will also strengthen the immune system. This is also in line with studies that state that there is a link between the function of beta carotene and vitamin A as antioxidants that are able to adjust immune function and the body's resistance system against microorganisms or other damage. There are many ways to deal with hair loss during chemotherapy, one of which is to use a head covering such as a hat, scarf, scarves, wigs, or other head coverings can protect the head, especially if the patient has undergone radiotherapy or chemotherapy. Carrying out spiritual activities carried out by the participant, namely praying and surrendering to God, the participant said he continued to pray to God for the smooth running of the chemotherapy and his healing. Religion plays an important role in terms of disease prevention and treatment. Religion teaches adherents to follow moral, social, and dietary practices designed to keep a person in good health and harmony. Medicines that use words in the form of mantras, prayers, and sacred actions are included in the form of magisoreligius folk medicine.<sup>14,15</sup>

#### **Support received during chemotherapy**

Participants said they got family support. Family is an important aspect for participants undergoing chemotherapy treatment. The support they get is very

helpful for their psychological condition to remain strong and enthusiastic in undergoing chemotherapy. This is in accordance with other studies that get the result that the highest percentage is family support in the high category with the implementation of chemotherapy in the obedient category, with as many as 24 respondents (72.7%). It can be seen that there is a significant and strong relationship between family support and the implementation of chemotherapy in Ca Mammae patients. While undergoing chemotherapy, the family is able to relieve tension and boredom due to a series of chemotherapy that must be carried out to relieve the psychological burden and stress. The most important thing is to provide more support and attention to chemotherapy patients. Participants also received support from health workers such as doctors and nurses. Doctors and nurses prohibit eating some foods for breast cancer patients undergoing chemotherapy, and while undergoing chemotherapy, participants get good facilities and infrastructure like health workers ask conditions, preparing bedding, and entertainment in the chemotherapy room.<sup>16,17</sup>

#### **Hope for chemotherapy**

Participants said the hope during chemotherapy was recovery and being able to return to activities. Participants said that when doctors recommended chemotherapy treatment, they agreed with the hope that with chemotherapy, their disease would be cured, they would not feel pain, and they could return to their normal activities, even though the effects of chemotherapy had a negative impact on their bodies, they still went through it with the hope of being cured after undergoing chemotherapy, this is also inseparable from external support that supports participants while undergoing treatment.<sup>18,19</sup>

#### **4. Conclusion**

The following themes were identified: side effects of chemotherapy, the impact of chemotherapy on activity, adapting to reduce physical changes after chemotherapy, support received while undergoing

chemotherapy, and expectations for chemotherapy.

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