

# The Effect of Palliative Care Education on The Family Knowledge of Cancer Patients of Bali Branch Rumah Singgah Peduli

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**Abstract** Cancer is one of the biggest killer diseases in the world. Cancer patients have a high need for palliative care. Palliative care is a treatment to improve the quality of life of patients and families in the face of life-threatening diseases. Family knowledge related to palliative care is varies but most families have little information. The purpose of this study was to determine the effect of palliative care education on family knowledge of cancer patients at Bali Branch Rumah Singgah Peduli. This type of research was pre-experimental with the design of one group pre-test post-test design. The study was conducted on April 5 to May 05 2019 with a sample of 36 respondents. The research instrument used was the palliative care knowledge questionnaire and the results were analyzed by the Wilcoxon test. The results of respondents' knowledge scores after the pre-test average were 24.78 and the post-test average score was 33.75. The Wilcoxon test results were p-value 0.000 ( $p < 0.05$ ) showing the influence of palliative care education on cancer patients at the Bali Branch Rumah Singgah Peduli. Families and health workers are expected to increase their knowledge about palliative care so that it can be applied to cancer patients.

**Index Terms**— educational palliative care, family of cancer patients, knowledge

## I. INTRODUCTION

In the facing the life-threatening disease, palliative care is needed to improve the quality of life of patients and families. Palliative care focuses on alleviating the pain that starts from the diagnosis to the end of the patient's life [1, 2]. Guiding and assisting patients and families in making decisions to maximize quality of life is the goal of palliative care [3].

*Palliative Care Quality Network* states that cancer is the highest number that requires palliative care, which is 30% [4]. Cancer patients have a high need for palliative care. [5]. Cancer is one of the biggest killer diseases in the world [6]. Cancer is a non-communicable disease caused by tissue cell division that is not normal and uncontrolled so that it spreads to other places [7]. Cancer can cause high morbidity and mortality [8]. Statistical data on *Global Burden Cancer* (GLOBOCAN) states that cancer is the leading cause of death worldwide [9]. The Indonesian Ministry of Health 2015 reports that the death rate from cancer in Indonesia

continues to increase by 1.4% or an estimated 347,792 people in 2013.

Palliative care cannot only be provided by nurses, but can also be provided by families [10]. The family is the closest person to the patient and is the main nurse for the patient. Family knowledge about palliative care in Indonesia has never been the main focus since it is still focused on curative medicine. Family knowledge about palliative care is varies but most families are lack of information about palliative care [11, 12]. Family participation from the beginning can improve the ability of families to take care of patients at home [13]. Research from Harrop, Emily, Anthony, & Annmarie states that palliative patients are more comfortable getting care and assistance from their families [14]. Assistance obtained from the family can reduce the psychosocial and spiritual burden on patients [15]. There are 63% of palliative patients who say they want to be treated by their families [16].

Sanglah Central General Hospital (RSUP) is the main referral hospital for Bali, NTB and NTT regions and is the

only hospital in Bali that applies palliative care in its services. Around Sanglah Hospital, there are several halfway houses, built by the government and self-help organizations. One of them is Bali BranchRumah Singgah Peduli, located on Jl. Diponegoro, Gg. Pertani, Dusun Sanglah Barat, No. 8C, Dauh Puri Klod Sub-District, West Denpasar District, Denpasar, Bali. The purpose of this study was to determine the effect of palliative care education on family knowledge of cancer patients at Bali Branch Rumah Singgah Peduli.

## II. METHOD

This research used the quantitative research methods with the type of pre-experimental research and used one group pre-test post-test design. The bivariate analysis in this study used the Wilcoxon test. The population in this research were all families who accompanied cancer patients at Bali Branch Rumah Singgah Peduli. The sample in this research was selected using the non-probability sampling technique, namely purposive sampling, with 36 cancer patients.

The data instrument used in this study was the Family Knowledge questionnaire about Palliative Care with Guttman scale. The questionnaire was tested for validity and reliability on 30 respondents at Pak Wen Cancer Halfway House. After carrying out the validity and reliability test, the results obtained were  $K_r$  value was 1 and  $K_s$  value was 1, therefore, the questionnaire could be concluded as valid. The instrument reliability obtained after the instrument test was 0.96, therefore, it can be concluded that the reliability of the questionnaire was very high.

Data collection was carried out after obtaining permission from various parties. In the data collection process, respondents were given pre-questionnaires, education about palliative care as well as a post-questionnaire at Bali Branch Rumah Singgah Peduli, assisted by 3 Enumerators, namely Nursing Students of Udayana University. The collected data were calculated and tabulated into the data collection matrix. The results obtained were analyzed bivariately with the Wilcoxon test ( $p \leq 0.05$ ).

## III. RESULT

This research was conducted on April 5 – May 5, 2019 at Bali Branch Rumah Singgah Peduli. Based on the characteristics of the research respondents, it was found that the age of the youngest respondent was 42 years old and the oldest was 56 years old with a balanced gender of men and women. Most respondents worked in the informal sector with their elementary school education.

TABLE I  
FREQUENCY DISTRIBUTION OF FAMILY KNOWLEDGE OF CANCER PATIENTS BEFORE AND AFTER PALLIATIVE CARE EDUCATION AT BALI BRANCH RUMAH SINGGAH PEDULI.

	Pre-Test	Post-Test
Mean	24.78	33.75
Median	25.00	33.50
Mode	26	32
Minimum	22	32

Maximum	27	36
Std Deviation	1.551	1.481

Based on Table 1, the pre-test frequency distribution data obtained with the mean value was 24.78, pre median value was 25.00, pre modus value was 26, pre minimum value was 22, pre maximum value was 27 and pre standard deviation value was 1.551 while the post-test frequency distribution data obtained the post average value was 33.75, post median value was 33.50, post modus value was 32, post minimum value was 32, post maximum value was 36 and post standard deviation value was 1.481.

TABLE II  
THE EFFECT OF PALLIATIVE CARE EDUCATION ON THE FAMILY KNOWLEDGE OF CANCER PATIENTS OF BALI BRANCH RUMAH SINGGAH PEDULI USING THE WILCOXON TEST

Knowledge	p-value	Z
Pre test	0.000	-5.248
Post test		

Based on Table 2, the data analysis was obtained by using the Wilcoxon Sign Rank Test with  $\alpha = 0.05$  to get a p-value of 0.000 whose value was smaller than  $\alpha$ , therefore, it showed the influence of palliative care education on the knowledge of cancer patient family at Bali BranchRumah Singgah Peduli.

## IV. DISCUSSION

The frequency distribution of respondent characteristics by age showed that the age of the youngest cancer patient family was 42 years old and the oldest was 56 years old. Based on this, the age range of respondents in this study was 42-56 years, which was classified as middle age. Notoamodjo states that one's comprehension and mindset are influenced by age. As we get older, we will also increase one's comprehension and mindset [17].

The frequency distribution of characteristics based on gender showed that the sexes of women and men in this study were balanced. There was no literature that explains that men or women have different levels of knowledge or cognitive. Characteristic frequency distribution based on family education of cancer patients who were the respondents with the most common education was elementary school. Supardi & Mulyono state that someone who has a higher education has a broader level of knowledge and more experience. This also affects the cognitive abilities of a person [18].

The frequency distribution of characteristics based on the occupation of the family of cancer patients was the respondents mostly worked in the informal sector. Notoatmodjo states that someone who works in the formal sector has better access to various information including health compared to someone who works in the informal sector [17].

Description of knowledge in research respondents before being given palliative care education. Respondents

answered correctly with less than 30 statements, meaning that the knowledge of the family of cancer patients before education was less than 75%, therefore, it was in accordance with the criteria of the respondents in this study. The number of questionnaire statements that were not answered correctly by the respondent proved the lack of information that respondents obtained from health workers, as well as self-awareness to get information from information media such as TV, radio, newspapers, magazines and other information media related to palliative care. Notoatmodjo states that knowledge is the result of knowing, and this happens after a person has obtained something from the results of his senses such as eyes, nose, ears and part of it. This is in accordance with the respondents in this study who received education through flipcharts received by the senses and the lecture method received by the listeners' senses [19].

Description of knowledge in research respondents after being given palliative care education. Respondents answered correctly more than 30 statements. This showed an increase in knowledge related to palliative care. Aurora's research on the effect of providing health education on changes in knowledge of attitudes and behavior in families states that there is an increase in knowledge after being given health education [20]. Education is an effort to deliver a message so that there is an increase in knowledge. Azwar's research states that education has a great influence in increasing knowledge [21].

The results of research on the influence of palliative care education on family knowledge of cancer patients at Bali Branch Rumah Singgah Peduli proved that the provision of education had an effect on the family knowledge of cancer patients Bali Branch Rumah Singgah Peduli. The effect of this education can be seen clearly through the pre and post test data. The data showed a change in the knowledge after the respondents were given an education related to palliative care. Knowledge is one of the important things in shaping one's actions. Providing interesting counseling and accompanied by demonstrations will be easier to remember and practice by participants rather than only given questions and answers. Salaudeen's research states that health education statistically influences knowledge enhancement [22].

According to Notoatmodjo education is a learning experience to influence attitudes and behavior [23]. Research from Jumiyati, Nugrahaeni & Margawati explains that education can improve the knowledge, attitudes and practices of health cadres [24]. The advantages of the education process in this study are in terms of longer education time and interspersed with demonstrations so that respondents easily understand the material presented by researcher, and this research also raises palliative care material which is a new material to the public and has never been studied before in relation to palliative care education of the families of cancer patients. The media used for delivering information in this study were flipcharts and leaflets. With the existence of educational activities in the form of health education, respondents obtained information

that results in a change of knowledge. Therefore, this educational activity needs to be continuously developed as an effort to increase public knowledge related to Palliative Care.

## V. CONCLUSION

The results of this study indicated the influence of palliative care education on the family knowledge of cancer patients at Bali Branch Rumah Singgah Peduli. The next researchers are expected to be more in control of the factors that influence knowledge, pay more attention to the language of the respondents, therefore, information can be conveyed clearly, and apply the criteria of an appropriate companion to be used as research respondents.

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