



FACTORS THAT INFLUENCE ADHERENCE TO BREAST TUMOR PATIENTS AT SURGICAL CLINIC IN THE BHAYANGKARA BRIMOB HOSPITAL

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Abstract

Background: Breast tumors as one of the causes of death rates in Indonesia increase every year. For this reason, several breast tumor detection methods are currently needed to be developed to track the presence of cancer early on. Breast examinations can be carried out routinely and independently, namely by self-examination of the breasts (BSE). This method is an examination technique to find out whether there are lumps in a woman's breasts. Research Objective: To determine the factors that influence awareness compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic. Research Method: The research approach used in this research is cross-sectional. The population in this study was 501 breast tumor patients in 2023. In the Slovin formula, the sample required is 83 respondents. The sampling technique for respondents used a simple random sampling technique. The instrument in this research was to use a questionnaire. Researchers used the Chi Square test with a confidence level of 95% or a significance level of 5%. Research Results: The results of statistical tests on the relationship between knowledge and conscious compliance showed a P value = 0.029. The relationship between motivation and conscious compliance obtained a P value = 0.000. The relationship between support from health workers and awareness of compliance was found to have a P value = 0.007. Conclusions and Suggestions: There is a relationship between knowledge, motivation and support of health workers with conscious compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic. Suggestions for hospitals to create educational classes for patients, especially women of childbearing age, to be aware of early detection of breast tumors

Keywords: Compliance, Knowledge, Motivation, Support, SADARI

Introduction

Breast tumors are lumps in the breast. Lumps in the breast can indicate a certain type of tumor/breast cancer. However, to confirm this, a pathological examination is needed. Tumors are new tissues (tumors) that appear in the body under the influence of various tumor-causing factors, which cause local tissues to lose control of their normal growth at the genetic level (Sihombing and Sapardin, 2015).

Tumors are divided into benign tumors and malignant tumors or cancer. The characteristics of benign tumors in microscopic and macroscopic images are that they are well differentiated, usually grow expansively, with a slow growth rate, do not invade surrounding tissue and do not metastasize. At the same time, malignant tumors or cancer are usually poorly differentiated, anaplastic, have a faster growth rate, attack the surrounding tissue, damage it (destructive) and form metastases (Maharani, 2022). Unlike malignant lumps, these lumps can spread to other areas of the body and form new tumor cells (Rahayu, Kartika and Mahmudah, 2020).

According to the World Health Organization (WHO), 13% of women suffer from breast tumors.

This makes breast tumors the most common type of tumor in women. Each year, more than 260,000 new cases of breast cancer are diagnosed in Europe and approximately 180,000 new cases of breast cancer in the United States. According to the World Health Organization (WHO), around 1.4 million women in Asia were diagnosed with breast cancer in 2013 (Kemenkes RI, 2014).

Data (Basic Health Research, 2018) states that the incidence rate and estimated number of breast tumors in Indonesian women increased from 1.4% per 1000 population in 2013 to 1.79% per 1000 population in 2018. 45-65 years old (Debby, 2019). Mostly women suffer from 42.1 per 100,000 population, followed by cervical cancer at 23.4 per 100,000 (Kemenkes RI, 2019). Ministry of Health (Kemkes) in 2019 the incidence rate for women suffering from breast tumors was 42.1% per 100,000 population with an average mortality of 17% per 100,000 population. Based on the hospital information system (SIRS) in 2013, the number of outpatients and inpatients for breast neuplasm was 12,014 people (28.7%).

Based on data from Bhayangkara Brimob Hospital, it is known that breast tumor patient data continues to increase each year, seen from 2020 with 155 patients, 2021 with 196 patients, 2022 with 464 patients and 2023 with 501 patients.

To reduce morbidity and mortality rates, routine examinations and early detection are carried out. can be done to increase the patient's chances of recovery (Seale and Tkaczuk, 2022). One of the screening examinations that can be carried out to detect breast tumors is breast self-examination. The importance of doing BSE to detect abnormalities in a woman's breasts. If the symptoms of a lump or tumor are known and diagnosed early, the risk of death from breast tumors can be reduced (Marfianti, 2021).

Lack of public information about breast cancer makes prevention and treatment difficult. Because usually the symptoms of cancer arise from several small events that are often considered trivial and harmless. Even a high level of education cannot indicate a high level of knowledge of BSE in society, even though highly educated people should have more knowledge about breast health (Noviani *et al.*, 2023).

Based on a preliminary study at Bhayangkara Brimob Hospital from the results of short interviews with 10 breast tumor patients, it was found that 7 out of 10 people did not do BSE to determine early detection of breast tumors.

Breast tumor patients at Bhayangkara Brimob Hospital are always given education by doctors on how to detect breast tumors early. Patients have been given a way to carry out breast examinations routinely and independently, namely by self-examination of breasts.

From the description above, the author is interested in researching the analysis of awareness compliance with early detection of breast tumors in patients at the Bhayangkara Brimob Hospital Surgical Polyclinic in 2023.

Methods

Research design

Research design is a scientific way to produce data with specific purposes and uses. The research approach used in this research is cross-sectional. What is meant by cross-sectional is an observational (non-experimental) research design, where the researcher only observes and measures variables at a certain time and the research does not have to be carried out exactly at the same time, but this means that each subject is only subjected to one measurement without monitoring or obstructing measurements (Sugiyono, 2016).

Population and Sample

The population in this study was 501 breast tumor patients in 2023. The sample is part of the number and characteristics of the population. In the Slovin formula, the sample required is 83 respondents. The sampling technique for respondents used a simple random sampling technique.

Research Instrument

Research instruments are tools used by researchers to collect data to make work easier and the results better (Sugiyono, 2018). The instrument in this research was to use a questionnaire

Data analysis

The research uses univariate analysis to describe each variable studied. Researchers used the Chi Square test with a confidence level of 95% or a significance level of 5%. If the p-value is \leq 0.05, it means that the statistical calculation results are meaningful and if the p-value is \geq 0.05, it means that the statistical calculation results are not meaningful.

Research result

Table 1 Description of Awareness Compliance in Breast Tumor Patients at the Bhayangkara Brimob Hospital Surgical Clinic as follows:

No	Compliance	Frequency (f)	Percentage (%)	
1.	Performed	48	57,8	
2.	Not Done	35	42,2	
	Total	83	100%	

Based on table 1, it is known that compliance with breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic showed that more respondents performed BSE, namely 48 out of 83 respondents (57.8%).

Table 2 Description of Knowledge of Breast Tumor Patients at the Bhayangkara Brimob Hospital Surgical Clinic as follows:

No	Knowledge	Frequency (f)	Percentage (%)	
1.	Good	53	63,9	
2.	Just	25	30,1	
3.	Less	5	6,0	
	Total	83	100%	

Based on table 2, it is known that the awareness of breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic shows that more respondents had good knowledge, namely 53 out of 83 respondents (63.9%).

Table 3 Description of awareness motivation in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic as follows:

No	Motivation	Frequency (f)	Percentage (%)	
1.	Height	46	55,4	
2.	Low	37	44,6	
	Total	83	100%	

Based on table 3, it is known that the awareness of motivation in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic shows that more respondents had high motivation, namely 46 out of 83 respondents (55.4%).

Table 4 Description of support from health workers for breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic as follows:

No	Health support	Frequency (f)	Percentage (%)
1.	Support	44	53,0
2.	Less Supportive	39	47,0
	Total	83	100%

Based on table 4, it is known that the support of health workers for breast tumor patients at the Bhayangkara Brimob Hospital Surgical Polyclinic shows that there is more support from health workers, namely 44 out of 83 respondents (53.0%).

Table 5 The relationship between knowledge and awareness compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic as follows:

		C	ompliance		To	otal		
Knowledge		Done Not Done		Not Done			P value	OR
	f	%	f	%	f	%		
Good	36	67,9	17	32,1	53	100		
Just	11	44	14	56	25	100	0,029	-
Less	1	20	4	80	5	100		
Jumlah	48	57,8	35	42,2	83	100		

From table 5, it is found that there is a relationship between knowledge and conscious compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Polyclinic. It is found that good knowledge is greater for those who adhere to BSE, namely 36 out of 53 respondents (67.9%), knowledge is quite greater for those who comply with BSE. not carried out, namely 14 out of 25 respondents (56%) and more or less knowledge that BSE compliance is not carried out, namely 4 out of 5 respondents (80%). The statistical test results obtained a P value = 0.029, meaning p value $< \infty$ (0.05), so it can be concluded that there is a relationship between knowledge and conscious compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic.

Table 6 The relationship between motivation and conscious compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic as follows:

		C	ompliance	npliance		Total		OR
Motivation	Done			Not Done			P value	
	f	%	f	%	f	%		
Height								
	35	76,1	11	23,9	46	100	0,000	5,875
Low	13	35,1	24	64,9	37	100		
Jumlah	48	57,8	35	42,2	83	100		

From table 6, it is found that there is a relationship between motivation and conscious compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Polyclinic. It is

found that with high motivation, there are more people who comply with BSE, namely 35 out of 46 respondents (76.1%) while with low motivation, there are more people who comply with BSE. not carried out, namely 24 out of 37 respondents (64.9%). The statistical test results showed that the P value = 0.000 means the p value < \propto (0.05) so it can be concluded that there is a relationship between motivation and conscious compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic. From the analysis results, the OR value is 5.875, meaning that if there is high motivation, there is a 5.8 times chance of experiencing BSE compliance compared to low motivation.

Table 7 The relationship between health worker support and awareness compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic as follows:

	Compliance Total							
Health worker support	Done			Not Done				OR
	f	%	f	%	f	%		
Support	32	72,7	12	27,3	44	100	0,007	3,833
Does not support	16	41,0	23	59,0	39	100	0,007	2,022
Jumlah	48	57,8	35	42,2	83	100		

From table 7, it is found that the relationship between health worker support and awareness compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Polyclinic shows that the support of health workers who support more BSE compliance is 32 out of 44 respondents (72.7%) while support from health workers Health that does not support the greater number of people who do not comply with BSE, namely 23 out of 39 respondents (59%). The statistical test results obtained a P value = 0.007, meaning p value < \propto (0.05) so it can be concluded that there is a relationship between support from health workers and awareness of compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic. From the analysis results, the OR value is 3.833, meaning that if the support from health workers is supportive, there is a 3.8 times chance of experiencing BSE compliance compared to support from health workers who are not supportive.

Discussion

The Relationship between Knowledge and Compliance with Awareness in Breast Tumor Patients at the Bhayangkara Brimob Hospital Surgical Clinic

Based on the results of the research, it was found that there was more good knowledge that SADARI compliance was carried out, namely 36 out of 53 respondents (67.9%), quite a lot more knowledge that SADARI compliance was not carried out, namely 14 out of 25 respondents (56%) and more or less knowledge. Those who did not comply with SADARI were 4 out of 5 respondents (80%). The statistical test results obtained a P value = 0.029, meaning p value $< \propto (0.05)$, so it can be concluded that there is a relationship between knowledge and conscious compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic.

In line with Erica Nur Afifah in 2022. Based on the results of the Chi-Squere test, the p-value = 0.000 < a (0.05), which means there is a significant relationship between knowledge and SADARI behavior in WUS. The results of this research are also in line with research conducted by Hermas Rifka (2018) entitled Factors that Influence Breast Cancer Early Detection Behavior with Awareness in Women in Tegalrejo District that there is a relationship between respondents' knowledge of SADARI behavior with p-value = 0.001 which is This means that there is a relationship between knowledge and SADARI behavior.

In theory, compliance is influenced by the level of knowledge, namely a disposition that can influence a person's behavior. Compliance based on one's knowledge will last longer than behavior that is not based on knowledge. If someone has good information, there will be a positive response to SADARI behavior. However, if there is no information, it will not provide a good answer to SADARI's behavior (Notoatmodjo, 2011).

According to researchers' assumptions, many WUS who are well informed have secondary and advanced education, this is because respondents have the ability to think and have sufficient knowledge so that it is easier to obtain sources of information. of WUS knowledge, the greater their potential in carrying out SADARI, because knowledge-based activities can increase desire or motivation, and what is done is not in vain because it has clear goals and reasons.

The Relationship between Motivation and Adherence to Awareness in Breast Tumor Patients at the Bhayangkara Brimob Hospital Surgical Clinic

Based on the research results, it was found that those with high motivation were more likely to comply with SADARI, namely 35 out of 46 respondents (76.1%), while with low motivation, SADARI compliance was more likely to be implemented, namely 24 out of 37 respondents (64.9%). The statistical test results showed that the P value = 0.000 means the p value $< \propto (0.05)$ so it can be concluded that there is a relationship between motivation and conscious compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic. From the analysis results, the OR value is 5.875, meaning that if there is high motivation, there is a 5.8 times chance of experiencing SADARI compliance compared to low motivation.

In line with Anggie Irmalia's (2014) research, there is a relationship between self-motivation and SADARI behavior with a p-value = 0.015 < 0.05, which means there is a relationship between self-motivation and the behavior of women of childbearing age in breast self-examination (SADARI). This is also in line with Erica Nur Afifah's research in 2022. Based on the results of the Chi-Squere test, the p-value = 0.000 < a (0.05), which means there is a significant relationship between self-motivation and SADARI behavior in WUS.

Theoretically, according to Kodijah, motivation is the desire to behave, but leading behavior can be done by oneself or others (Nyayu Khodijah, 2016). Motivation is a desire that arises consciously or unconsciously from someone to achieve a certain goal (Kusyairy *et al.*, 2018).

According to researchers' assumptions, most women's motivation for doing SADARI is in the good category. This may be due to a response favoring breast care to prevent unwanted breast disease. The availability of information and advice can encourage WUS to routinely carry out SADARI as a secondary prevention effort for breast cancer. Meanwhile, respondents who are less motivated and do not carry out SADARI can give rise to feelings of laziness, reluctance and reluctance, resulting in a lack of awareness and response to the importance of conducting SADARI research.

Relationship between support from health workers and awareness compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic

Based on the research results, it was found that the support of health workers who supported more people who adhered to SADARI was carried out, namely 32 out of 44 respondents (72.7%) while the support of health workers who did not supported more people who did not comply with SADARI, namely 23 out of 39 respondents (59 %). The statistical test results obtained a P value = 0.007, meaning p value $< \propto (0.05)$ so it can be concluded that there is a relationship between support from health workers and awareness of compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic. From the analysis results, the OR value is 3.833, meaning that if the support from health workers is supportive, there is a 3.8 times chance of experiencing SADARI compliance compared to support from health workers who are not supportive.

In line with research conducted by Khotimah (2019), it shows that there is a significant relationship between support from health workers on SADARI behavior, with a p-value = 0.007, which means p-value < 0.05, which means there is a relationship between support from health workers and the behavior of women aged fertility in breast self-examination (SADARI).

Theoretically, Notoatmodjo (2014) states that autonomy is usually someone who is ready, obedient and follows the advice of health workers to facilitate a person's knowledge about SADARI. Support and motivation of health workers is one of the factors driving health behavior. Motivation can influence a person's behavior because the motivation within a person motivates him to take certain actions. Therefore, the support of health workers greatly influences the mother's behavioral patterns in SADARI examinations.

According to researchers' assumptions, the majority of WUS support SADARI behavior among health workers. This is because health workers provide good information, encouragement and advice regarding SADARI to increase women's awareness of SADARI. Meanwhile, respondents who did not receive support from health workers regarding SADARI behavior were because the respondents did not receive enough information and advice about SADARI from health workers or respondents rarely visited health services so that health workers lacked information.

Implication and Limitations

The questionnaire is filled out by the respondent himself so that there could be (information bias), namely the information conveyed by the respondent is subjective. The results of the respondent's answers depend on the respondent's honesty. Questionnaires with closed questions so that information cannot be explored in depth.

Conclusions

Based on the results of the research and discussion presented by the researchers, the following conclusions can be drawn: The description of conscious compliance with early detection of breast tumors in Surgical Polyclinic patients shows that more respondents do BSE, more have good knowledge, more are motivated higher and more health workers support it. There is a relationship between knowledge and conscious compliance in breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic. There is a relationship between support from health workers for breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic. There is a relationship between support from health workers for breast tumor patients at the Bhayangkara Brimob Hospital Surgical Clinic.

Suggestions for hospitals to create educational classes for patients, especially women of childbearing age, to be able to understand awareness of early detection of breast tumors and create posters or leaflets related to awareness of early detection of breast tumors that are given to patients.

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Author Contribution

Author 1 and Author 2 contributed to the design and implementation of the research, to the analysis of the results and to the writing of the manuscript.

Conflict of interest

The results of this research can be used as an additional literature for the development of nursing science, and to meet the requirements of obtaining Bachelor of Nursing Degree

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