

SELF EFFICACY: SUPPORT TO IMPROVE QUALITY OF LIFE IN LUNG CANCER PATIENT IN INDONESIA

Mega Dwi Septivani



AIMS

Lung cancer (LC) is the leading cause of, cancer deaths worldwide and has the highest morbidity of all cancers. An estimated 228,820 new cases of lung cancer and 135,720, patients will die from the disea se in 2020 in the United States (Siegel et al., 2020). Lung cancer ranks 3rd most cancer in Indonesia. Whil e in men, lung cancer ranks no. 1 most cancer suffered (Indonesia Cancer Care Community).

By the time most patients Lung Cancer are diagnosed, the condition has deteriorated, the cancer c ells have metastasized and spread, and the disease is mostly intermediate to late stage. Therefore, the patien t receives chemotherapy in the clinic. Chemotherapy intervention can not only support surgical treatment, but also reduce the recurrence rate of postoperative disease. However, most chemotherapy drugs have different stimuli on the patient's body, so effective nursing interventions should be performed during chemotherapy (Zhang et al., 2022). However, some of chemotherapy's main side effects, such as nausea, vomiting, and pain, are associated with decreased quality of life (Luszczynska et al 2012).

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Quality of life is an essential goal in cancer treatment as an indicator of successful thera py. Therefore, it is vital to improve cancer patients' quality of life during treatment and to overco me various symptoms or complaints experienced by cancer patients (Bayram, Durna & Akin, 20 14). Quality of life is a vital measurement indicator because it includes perceptions related to as pects of physical, emotional, social, cognitive function, and somatic disorders (diarrhea, nausea, vomiting, gastric disorders, dry mouth, dizziness, tremors, shortness of breath, sweating, restless ness) and other symptoms resulted from cancer and its treatment (Rahou et al., 2016). Appropria te treatment of Lung Cancer is necessary to minimize both physical and psychological effects. O ne way to do this is with a self-efficacy approach

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Self-efficacy are a number of the top candidates, as their outcomes on fitnes s signs are primarily based totally on strong theoretical and empirical foundations. B esides proving that self-efficacy and social aid give an explanation for first-rate of life, it's far essential to discover if those elements are chained in a particular way, with both self-efficacy prompting aid receipt or with aid receipt prompting self-efficacy. Establishing the order wherein self-efficacy and social aid function could assist to la yout higher psychosocial interventions (Hoffman et al., 2017; Zhang et al., 2022).

Self-efficacy is worried with individuals' ideals of their functionality to exer cising manage over hard needs and their very own functioning. Social cognitive idea shows that self-efficacy represents the self belief that you can appoint the capabilitie s important to deal with pressure and mobilize one's sources required to fulfill situat ional needs. There is confined proof for the function of self-efficacy for handling ill ness, regarding handling pain, symptoms, and very own purposeful obstacles among st lung most cancers patients(Banik et al., 2017).

METHODS

Articles starting from 2002-2022 are collected from an electronic database. Then as many ten selected articles were reviewed to answer the objectives of this study.

RESULTS

Two cross-sectional studies have shown an association between improved self-efficacy and qualit y of life (physical andfunctional aspects), better adjustment to disease, and diseasemanagement behaviors in lung cancer treatment. Liao et al., (2014) found that pretreatment self-efficacy in diseasemanagement explained emotional, social, and overall quality of life, whereas quality of life did not predict the physical and functional aspects of A longitudinal studyconducted on a mixed patient population (including lung cance resurvivors as well as patients with other types of cancer) found that self-efficacy in coping with disease-rel ated symptoms was associated with emotional well-being. It has been shown in to predict but not physical well-being.

The results of this study show that there is a significant correlation between self-efficacy, improved quality of life for lungcancer patients, and physical and functional support, which increases patient motivation. Additionally, self-efficacy is an important factor in protecting against negative mental states and reducing unpredictable behavior and mortality.

CONCLUSION

It can be concluded that self efficacy as a supporting factors for improving the quality of life of lung cancer patients.