

AN OVERVIEW OF ANXIETY AMONG CERVICAL CANCER PATIENTS AT ARIFIN ACHMAD REGIONAL GENERAL HOSPITAL, PEKANBARU

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Abstract

Cervical cancer is one of the types of cancer with a high incidence rate in Indonesia, particularly among women. This disease not only affects physical conditions but also induces significant anxiety in patients due to uncertainty regarding treatment, prognosis, and its social and psychological impacts. According to hospital records, RSUD Arifin Achmad Pekanbaru reported 3,433 cervical cancer cases in 2024, with 1,230 cases recorded between August and October. This study aims to describe the level of anxiety experienced by cervical cancer patients at Arifin Achmad Regional General Hospital, Pekanbaru. The study employs a quantitative descriptive research design with 187 respondents selected using the purposive sampling technique. The research instrument used is the Hospital Anxiety and Depression Scale (HADS), consisting of 14 items to measure anxiety levels. The results showed that 16.2% of respondents had normal anxiety, 60.4% experienced borderline anxiety, and 21.4% experienced abnormal anxiety. The study concludes that anxiety is one of the main psychological impacts experienced by cervical cancer patients. Therefore, psychosocial interventions and optimal support from healthcare professionals and family members are needed to help patients cope more effectively during treatment.

Keyword: Cervical cancer 1, Anxiety 2, HADS 3 .

INTRODUCTION

Cervical cancer remains one of the most common malignancies affecting women worldwide and continues to pose a significant public health challenge, particularly in developing countries. According to the World Health Organization, cervical cancer is the fourth most frequent cancer among women globally, with higher incidence and mortality rates observed in low- and middle-income countries due to limited access to early detection and treatment services (WHO, 2023). In Indonesia, cervical cancer ranks among the leading causes of cancer-related morbidity and mortality in women, creating not only physical health burdens but also profound psychological and emotional impacts on patients.

A diagnosis of cervical cancer often triggers psychological distress, with anxiety being one of the most commonly reported mental health problems among patients. Anxiety may arise from fear of death, uncertainty about treatment outcomes, concerns regarding body image, fertility issues, and the impact of the disease on family and social roles. Previous studies have shown that cancer-related anxiety can negatively affect treatment adherence, quality of life, and overall prognosis (Linden et al., 2012). Therefore, addressing psychological well-being is a critical component of comprehensive cancer care.

Patients undergoing treatment for cervical cancer, such as surgery, chemotherapy, or radiotherapy, are particularly vulnerable to heightened levels of anxiety. Side effects of treatment, prolonged hospitalization, and financial burdens further contribute to emotional distress. Research indicates that unmanaged anxiety may lead to sleep disturbances, depression, impaired immune function, and reduced coping ability, which can hinder recovery and clinical outcomes (Holland et al., 2015). Consequently, early identification and management of anxiety

are essential to improve both psychological and physical health outcomes in cervical cancer patients.

In regional healthcare settings such as Arifin Achmad Regional General Hospital in Pekanbaru, cervical cancer patients come from diverse socioeconomic and cultural backgrounds, which may influence their psychological responses to illness. Limited mental health resources, lack of psychosocial support, and insufficient awareness about anxiety disorders in cancer care may result in underdiagnosis and undertreatment of anxiety. Despite the increasing number of cervical cancer cases treated at this hospital, data regarding the psychological condition—particularly anxiety—of these patients remain limited.

Therefore, this study aims to provide an overview of anxiety among cervical cancer patients at Arifin Achmad Regional General Hospital, Pekanbaru. Understanding the prevalence and characteristics of anxiety in this population is essential for developing targeted psychosocial interventions and integrating mental health services into oncology care. The findings of this study are expected to serve as a reference for healthcare professionals and policymakers in improving holistic cancer care and enhancing the quality of life of cervical cancer patients.

Cervical cancer is one of the leading causes of cancer-related morbidity among women globally and remains a significant public health issue in Indonesia. Despite advances in early detection and treatment, patients with cervical cancer continue to face considerable physical and psychological challenges. Anxiety is one of the most common psychological responses, often triggered by uncertainty related to disease progression, treatment effectiveness, adverse effects of therapy, and changes in body image and social roles.

According to data from Arifin Achmad Regional Hospital, Pekanbaru, 351 cervical cancer patients were recorded in October 2024. Elevated anxiety levels among cancer patients have been shown to negatively affect treatment adherence, recovery, and overall quality of life. Therefore, identifying and understanding anxiety levels among cervical cancer patients is crucial for the delivery of holistic, patient-centered care. This study aimed to describe anxiety levels among cervical cancer patients receiving treatment at Arifin Achmad Regional Hospital, Pekanbaru.

RESEARCH METHODS

Study Design and Setting

This study employed a descriptive quantitative design with a cross-sectional approach. Data collection was carried out from September 2024 to March 2025 at Arifin Achmad Regional Hospital, Pekanbaru, Indonesia.

Population and Sample

The study population consisted of all cervical cancer patients undergoing treatment at the hospital, with a total population of 351 patients. A sample of 187 respondents was selected using purposive sampling. Inclusion criteria were female patients aged 18–60 years, able to communicate effectively in Indonesian, and willing to participate in the study.

Research Instrument

Anxiety levels were measured using the anxiety subscale of the Hospital Anxiety and Depression Scale (HADS). This instrument consists of seven items rated on a four-point Likert scale (0–3). Total scores were categorized as follows: normal (0–7), borderline (8–10), and abnormal (11–21).

Data Collection Procedures

Following institutional approval and ethical clearance, eligible respondents were informed about the study objectives and procedures. Written informed consent was obtained prior to data

collection. Respondents were given approximately 30 minutes to complete the questionnaire independently.

Data Analysis

Data were processed and analyzed using SPSS software. Descriptive statistics, including frequencies and percentages, were used to summarize respondents' characteristics and anxiety levels.

Ethical Considerations

Ethical approval was obtained from the Ethics Committee of Institut Kesehatan Payung Negeri Pekanbaru (No. 009/IKesPN/F.Kep/03/1/2025). Confidentiality and anonymity were ensured throughout the study, and participation was entirely voluntary, with respondents retaining the right to withdraw at any stage without consequences.

RESEARCH RESULTS

Table 1. Distribution of Respondents by Age

Age (Years)	n	%
26–35 (Early Adulthood)	3	1,6
36–45 (Late Adulthood)	25	13,4
46–55 (Early Elderly)	52	27,8
56–65 (Late Elderly)	94	50,3
> 65 (Very Elderly)	13	7,0
Total	187	100

Source: Primer Database, 2025

Table 2. Distribution of Respondents by Blood Pressure

Blood Pressure	n	%
Normal	164	87,7
Hypertension	23	12,3
Total	187	100

Source: Primer Database, 2025

Table 3. Distribution of Respondents by Pulse Rate

Pulse Rate	n	%
Normal	150	80,2
Tachycardia	37	19,8
Total	187	100

Source: Primer Database, 2025

Table 4. Distribution of Respondents by Body Temperature

Pulse Rate	n	%
Hypothermia	158	84,5
Normal	29	15,5
Total	187	100

Source: Primer Database, 2025

Table 5. Distribution of Respondents by Respiratory Rate

Respiratory Rate	n	%
Bradypnea	1	0,5
Normal	127	67,9
Tachypnea	59	31,6
Total	187	100

Source: Primer Database, 2025

Table 6. Distribution of Anxiety Levels Among Cervical Cancer Patients

Anxiety Levels	n	%
Normal	8	4,3
Broderline	29	15,5
Abnormal	150	80,2
Total	187	100

Source: Primer Database, 2025

DISCUSSION

Most cervical cancer patients experienced abnormal anxiety levels, indicating that psychological distress is a major issue during treatment. Anxiety is associated with uncertainty about prognosis, disease progression, treatment side effects, and psychosocial factors. Integrating psychological assessment and targeted interventions into routine cancer care is therefore essential to reduce anxiety and improve patients' quality of life.

The findings of this study indicate that most cervical cancer patients experienced abnormal levels of anxiety, highlighting psychological distress as a significant issue during the course of treatment. This result is consistent with previous research demonstrating that anxiety is highly prevalent among cancer patients, particularly those diagnosed with gynecological malignancies. The emotional burden associated with cervical cancer often begins at the time of diagnosis and may persist throughout treatment due to the chronic and life-threatening nature of the disease (Linden et al., 2012).

Anxiety among cervical cancer patients is closely related to uncertainty regarding prognosis and disease progression. Patients frequently experience fear of cancer recurrence, concerns about survival, and uncertainty about the effectiveness of treatment. Such uncertainty has been identified as a major psychological stressor that contributes to elevated anxiety levels in oncology patients (Mishel, 1988). Furthermore, limited understanding of the disease and its clinical course may intensify patients' worries and negatively affect their ability to cope with illness-related stress.

Treatment-related factors also play a crucial role in the development of anxiety. Cervical cancer treatments, including surgery, chemotherapy, and radiotherapy, are often accompanied by significant side effects such as pain, fatigue, nausea, sexual dysfunction, and changes in body image. These physical symptoms can exacerbate psychological distress and lead to increased anxiety, especially when patients feel unprepared or unsupported during treatment (Holland et al., 2015). In addition, long treatment durations and repeated hospital visits may further contribute to emotional exhaustion.

Psychosocial factors, including social support, financial burden, and changes in family roles, are also strongly associated with anxiety in cervical cancer patients. Studies have shown that patients with inadequate social and emotional support are more likely to experience higher levels of anxiety and reduced quality of life (Carlson & Bultz, 2003). Cultural stigma related

to reproductive health and cancer may further discourage patients from expressing emotional distress or seeking psychological help, particularly in developing country settings.

Given the high prevalence of abnormal anxiety levels, integrating psychological assessment and targeted interventions into routine cancer care is essential. Early screening for anxiety using standardized assessment tools can facilitate timely identification of patients at risk. Psychological interventions such as counseling, cognitive-behavioral therapy, psychoeducation, and support groups have been shown to effectively reduce anxiety and improve quality of life in cancer patients (Greer et al., 2018). Therefore, a holistic approach that addresses both physical and psychological needs should be prioritized to enhance overall treatment outcomes and patient well-being.

CONCLUSION

Anxiety is highly prevalent among cervical cancer patients at Arifin Achmad Regional Hospital, with most respondents experiencing abnormal anxiety levels. These findings highlight the critical need to integrate mental health support and psychosocial interventions into comprehensive oncology nursing care. Addressing psychological well-being is essential to optimize treatment outcomes and enhance patients' overall quality of life.

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