

The Effect of Transformational Leadership Style and Conflict Management of the Head Nursing Care for Mrs. R with a Medical Diagnosis of Mammary Tumors in the Kemuning Room of Waled Regional General Hospital, Cirebon Regency

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Abstract

Mammary tumors are abnormalities of cells in the breast that grow multiple times and then form a mass or lump. Mammary tumors are among the most common benign tumors in women. Based on WHO data in 2009, 8--9% of women were diagnosed with breast tumors, with the prevalence of breast tumors in Indonesia in 2019 estimated to reach 42.1 per 100,000 population with an average mortality of 7.6 per 100,000. The purpose of this case study is to provide nursing care to patients who have mammary tumors. Using a qualitative approach with case studies as the main method, using observation sheets, interviews, and documentation studies. The case study selected one patient as the study subject, namely a patient with a mammary tumor in the Kemuning Room, RSUD Waled, Cirebon Regency. Nursing care management is based on the fulfillment of patient needs carried out in three days. The results of the case study showed that after being given nursing care, there was a decrease in pain and an improvement in breathing patterns. The conclusion is that nursing care is effective in meeting the needs of patients with mammary tumors.

Keywords: Nursing Care, Mammary Tumors, Acute Pain.

INTRODUCTION

Mammary tumors, commonly called breast tumors, are abnormalities in the function and control of cells in the breast, causing cells to divide faster, accumulate, and form masses or lumps (Putra, 2015). Some tumors are benign, and some are malignant. This malignant tumor is called cancer which has a characteristic property consisting of malignant cells that can spread to other parts of the body. Mammary tumors are among the most common benign tumors in women (DWI ASTUTI, 2019).

Risk factors for breast tumors can be caused by a history of breast tumors/cancers or descendants of family members who have breast tumors/cancer, unhealthy lifestyle habits, obesity, premature menopause, menopause at an advanced age, nullipara and advanced maternal age at the birth of the first child (Hinkle & Cheever, 2018). Breast tumors can be characterized by a lump in the breast, a change in breast size, bloody discharge or greenish-

yellow discharge that may be in the form of pus, a change in the texture of the skin on the breast, pain and swelling (Ariani, 2015).

The prevalence of breast tumors in Indonesia in 2019 is estimated to reach 42.1 per 100,000 population, with an average mortality of 7.6 per 100,000 (Kurniawan et al., 2022; Sari, 2023; Sharma, 2021). Based on data from the World Health Organization (WHO), in 2009, 8--9% of women were diagnosed with breast tumors. The incidence of benign breast tumors in Indonesia is very high; this can be seen from the data of the Jakarta Breast Center, showing that of the 2,495 patients who came in 2009-2010, it turned out that 79% had benign breast tumors, and only 14% had cancer (APRILLA, 2019).

The high incidence of breast tumors makes this disease not to be underestimated. Diagnosis and treatment of tumors can have a negative impact on physical and emotional aspects, severe pain, anxiety, depression, emotional changes and fear of death. All of these effects can negatively impact the quality of life of breast tumor patients (Mursyid et al., 2019). Good quality of life in an individual is very necessary to maintain the person to be able to get the best health status and maintain his or her physical function or ability optimally and for as long as possible (Hardiyani et al., 2022).

Based on this data and information, the researcher is interested in conducting a case study by providing nursing care to patients with mammary tumors in meeting patient needs. Because it is important for nurses to be able to provide comprehensive nursing care. In accordance with the background that has been stated, the objectives of this study include being able to explain the basic concept of nursing care for Mrs. R with a medical diagnosis of mammary tumors in the Kemuning Room, Waled Hospital, Cirebon Regency.

A study by Mursyid et al. (2019) highlighted that the high incidence of breast tumors necessitates effective management due to the negative impacts on physical and emotional well-being. Patients often experience severe pain, anxiety, depression, emotional changes, and fear of death, which can significantly affect their quality of life. Maintaining a high quality of life is essential for optimal health status and physical function (Hardiyani et al., 2022).

This study aims to address the gap in nursing care for patients with mammary tumors by providing comprehensive case management. Specifically, the study will focus on Mrs. R, a patient with a medical diagnosis of mammary tumors in the Kemuning Room, Waled Hospital, Cirebon Regency. The objectives are to elucidate the basic concepts of nursing care for breast tumor patients and to assess the effectiveness of nursing interventions in meeting patient needs. This research will contribute to enhancing nursing practices and improving patient outcomes in the management of breast tumors.

RESEARCH METHODS

This study uses a qualitative approach with case studies as the main method (Baskarada, 2014; Runfola et al., 2017). The study subjects used were one patient with mammary tumors who continued to receive nursing care according to standard practice guidelines. The taking of this case was carried out in the Kemuning Room of Waled Hospital, Cirebon Regency on March 11th, 2024. The data collection carried out by the researcher in managing this case study includes interviews, observations, and documentation studies. Data analysis is carried out from the time the researcher is in the research field, from the data collection until the data is collected; then, the researcher prepares a nursing care plan and implements and evaluates the nursing that has been

provided to the patient.

RESULTS AND DISCUSSION

Result

The pre-arrival assessment in this case is a female patient named Mrs. R, 52 years old, who entered on March 10th, 2024, with a medical diagnosis of a mammary tumor. At the assessment on March 11, 2024, the patient complained of pain in the left breast, such as being stabbed. Patients said there was a lump that pressed on the breast accompanied by swelling and pain, coupled with complaints of tightness. The patient has no previous history of disease but has a family history of tumor/breast cancer. Results of vital sign examination: blood pressure (TD): 130/70 mmHg, heart rate (HR): 113x/min, temperature: 36°C, SpO₂: 96%, respiratory rate (R): 25x/min.

A quick and immediate assessment on March 11th, 2024, was obtained; airway: shortness of breath, there are obstacles to the airway, no additional sounds. Breathing: respiratory rate: 25x/min, SpO₂ 96%. Circulation: blood pressure (TD): 130/70 mmHg, heart rate (HR): 113x/min, Glasgow Coma Scale: eye 5, motor 5, verbal 5, 15 (compos mentis), CRT <3 seconds. Installed nasal cannula 4 LPM. Patients received several drug therapies in the form of cefim 1 g x 12 hours, ketorolac 30 mg x 12 hours, tranexamic acid 500 mg x 8 hours. From the laboratory results, hemoglobin: 12.2 g/dL, hematocrit: 31%, erythrocytes 4.22/uL, leukocytes 11.6/uL, lymphocytes 23%, monocytes 7%, sodium 124 mmol/L, potassium 3.48 mmol/L, and chloride 95.1 mmol/L.

The comprehensive assessment obtained on March 11th, 2024, included that the patient still looked painful, like a 6 (moderate) scale prick on the left breast with a lump, and the patient appeared to be grimacing with pain. The patient's respiratory status can be seen with irregular breathing patterns with dyspnea displays. The neurosensory status obtained by compos mentis consciousness with the patient's GCS was 15, and the patient's body temperature was 36°C. Patients complain of disturbed sleep and restlessness. From the results of the inspection and palpation, there was a lump with ulcers, and a swollen and reddish appearance of the skin of the breast, wrinkled like an orange peel.

In the physical examination of pain comfort in patients, a pain assessment with PQRST was carried out where it was found that the patient said pain, the quality of pain, such as being punctured, the location of the pain felt in the left breast, with a pain scale of 6 (moderate), and pain felt continuously. Nursing diagnosis is based on the patient's condition using the Indonesia Nursing Diagnosis Standard (Working Group Team SDKI DPP PPNI, 2018). There are two nursing diagnoses, namely acute pain related to the suppression of tumor masses and ineffective breathing patterns related to decreased lung expansion.

Based on the nursing action plan that has been made and prepared to overcome the problems of nursing diagnosis for Mrs. R, the actions taken are carried out according to the plan. The implementation of nursing to overcome acute pain problems in Mrs. R is by identifying the location, characteristics, duration, frequency, quality, and intensity of pain, identifying the scale of pain, identifying factors that aggravate and alleviate pain, controlling the environment that aggravates pain, explaining pain relief strategies, and collaborating by providing analgetics if needed. The implementation of nursing carried out to overcome the problem of ineffective breathing patterns in Mrs. R, in accordance with the intervention, namely monitoring breathing patterns, monitoring breath sounds, frequency, rhythm, and breathing effort, monitoring oxygen saturation, adjusting respiratory monitoring intervals

according to the patient's condition, positioning semi-fowlers or fowlers, and providing oxygen if needed.

The evaluation found on Mrs. R after treatment for 3 x 24 hours on March 13th, 2024, acute pain problems related to the suppression of tumor masses were resolved, in accordance with the planning criteria, namely the patient's pain was reduced (scale 3), and the intervention was stopped. Likewise, the evaluation of the problem of ineffective breathing patterns related to decreased lung expansion has been resolved, in accordance with the planning criteria, namely increased breathing patterns and the intervention is stopped.

Discussion

Acute Pain

In this case, Mrs. R's complaint was found to be a pain in the left breast, like being stabbed, pain that was felt continuously with a pain scale of 6 (moderate). The diagnosis that is established is acute pain related to the compression of the tumor mass. At the time of the subjective data review, the patient said pain in the left breast. Objective data was obtained from pain scale data and facial expressions that appeared to be grimacing in pain. This is in accordance with the major signs obtained from the diagnosis of SDKI (Indonesia Nursing Diagnostic Standard) (2017), where the major criteria that can be found in the form of objective data include grimacing, restlessness, increased pulse frequency and difficulty sleeping while the subjective data that can be found on the major signs is complaining of pain.

According to the researcher, there is no gap in pain diagnosis because in the physical examination of pain comfort in patients, pain assessment with PQRST was obtained by patients saying pain, the quality of pain such as being stabbed, the location of pain felt in the left breast, with a pain scale of 6 (moderate), and pain felt continuously. In accordance with research conducted by Kurtin and Fuoto (2019), which stated that the diagnosis of acute pain related to tumor infiltration was established based on the assessment data, found that major and minor signs and symptoms met 80%. Namely, patients said the pain in the right breast was felt continuously as if it was being squeezed with a pain scale of 9 (severe), and the patient appeared restless and moaning in pain.

Based on Mrs. R's planning, the implementation of interventions carried out in accordance with the acute pain measures that have been prepared for patients is in accordance with SIKI (Indonesia Nursing Intervention Standards), which includes observation, therapy, education, and collaboration. The application and writing of outcome criteria in patients are in accordance with SLKI (Indonesia Nursing Output Standards). According to SIKI (Indonesia Nursing Intervention Standards) and SLKI (Indonesia Nursing Output Standards) which are used for the diagnosis of acute pain with the aim that after nursing action is carried out, it is expected that the level of pain decreases, outcome criteria: pain complaints decrease, grimacing decreases, protective attitude decreases, restlessness decreases, difficulty sleeping decreases, pulse frequency improves, breathing patterns improve, and blood pressure improves, patients can rest comfortably.

Appropriate pain management interventions have been carried out observations: identification of the location, characteristics, duration, frequency, quality, and intensity of pain, identification of pain scales, identification of non-verbal pain responses, identification of factors that aggravate and alleviate pain, monitoring the success of complementary therapies that have been given. Therapeutics: providing non-pharmacological techniques to

reduce pain (e.g., TENS, hypnosis, acupuncture, massage therapy, aromatherapy, warm/cold compresses), controlling the environment that aggravates pain, Education: explaining the causes, periods, and triggers of pain, explaining pain relief strategies, advocating independent pain monitoring, teaching non-pharmacological techniques to reduce pain, and Collaboration: administering analgetics if needed.

Ineffective Breathing Patterns

In this case, it was found that the patient's complaint was that Mrs. R seemed to be short of breath and had a nasal cannula attached to 4 LPM; the patient said that she was more comfortable with the semi-fowler position. This is in accordance with Devi's opinion in Jati et al. (2021), which states that patients with malignant breast tumors with ineffective breathing patterns who experience shortness of breath will be reduced when given the action of regulating the semi-fowler position.

In Mrs. R, the enforcement of nursing diagnosis, according to SDKI (2016), is that ineffective breathing patterns are related to decreased lung expansion characterized by shortness of breath. Based on SDKI (2016), there are major subjective dyspnea symptoms and objective data: use of respiratory aids and abnormal breathing patterns. This is in accordance with Khasanah's opinion in Jati et al. (2021), which states that in patients with malignant tumors that attack the breasts, complaints of shortness of breath due to malignant tumors that have metastasized to the lungs are obtained so that the physical examination of the lungs, tactile fremitus are found to decrease in both lungs, vesicular sounds in both lung fields but weakened, and wet muscles in both lung fields. This can occur because malignant tumors have a relatively faster growth rate, usually growing by infiltration, invasion, destruction, and even moving or spreading to surrounding tissues (Handayani et al., 2017).

There is no gap in the diagnosis of effective breathing patterns because, according to SDKI (2016), the symptoms and signs that support the enforcement of nursing diagnosis of ineffective breathing patterns are complaints of shortness of breath. Based on the nursing action plan that has been made and prepared to overcome the problem of ineffective breathing patterns in Mrs. R, the action is carried out according to the plan. An ineffective breathing pattern intervention has been prepared for Mrs. R's patient with the aim that after nursing treatment for 3 x 24 hours, it is expected that the breathing pattern will improve with the outcome criteria: Dyspnea decreases, breathing frequency improves. The action plan in respiratory monitoring includes making observations: monitoring breathing patterns (frequency, depth, breath effort), monitoring additional breath sounds, and monitoring oxygen saturation. Therapeutics: adjusting respiratory monitoring intervals according to the patient's condition, maintaining airway paternity with head-tilt and chin lift, positioning semi-Fowler or Fowler. Education: informing the monitoring results. Collaboration: providing oxygen.

CONCLUSION

Nursing problems in patients are acute pain associated with tumor mass suppression and ineffective breathing patterns associated with decreased lung expansion. The implementation of nursing actions in this case is carried out in accordance with the diagnosis that has been established, the nursing intervention that has been made and in accordance with the data analysis with the needs of the patient with a medical diagnosis of mammary tumors. After the implementation of nursing to Mrs. R with a medical diagnosis

of mammary tumors for 3x24 hours, the final result of the nursing process is an evaluation of the nursing care provided. In the evaluation, there were two nursing diagnoses that had been resolved as planned and the intervention was stopped.

Investigating the effectiveness of individualized nursing interventions could provide insights into their impact on pain management and respiratory function in patients with mammary tumors. Such research could assess long-term outcomes and patient satisfaction associated with tailored care approaches.

A comparative study of different nursing care models for managing acute pain and ineffective breathing patterns in cancer patients would be valuable. This study could determine which models are most effective in improving patient outcomes and quality of life.

Exploring strategies to enhance patient-centered care in oncology nursing could also be beneficial. Focusing on integrating patient feedback into the care planning process and evaluating its effect on treatment efficacy and patient well-being would be a significant contribution.

Lastly, examining the long-term effects of nursing interventions on both pain management and lung function in patients with malignant tumors could help in understanding the sustainability of care outcomes over extended periods.

These future research directions could contribute valuable insights into optimizing nursing care for patients with mammary tumors and similar conditions, ultimately enhancing patient outcomes and nursing practices.

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