Description of Discharge Teaching in Breast Cancer Patients at RSUD Arifin Achmad

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Abstract

Breast cancer is a chronic disease that not only affects patients' physical condition but also their psychological and social well-being. From the time of treatment through to discharge, patients require adequate education to enable them to perform self-care at home safely and appropriately. Discharge teaching plays a crucial role in preparing patients and their families for the transition from hospital care to home care. Methods: This study is a descriptive quantitative study using an observational approach, conducted among breast cancer patients undergoing treatment in the inpatient ward of Arifin Achmad Regional General Hospital in Pekanbaru, Riau Province. The study population consisted of breast cancer patients receiving care during the study period. Sampling was performed using accidental sampling, with a total of 110 patients who met the inclusion criteria. The research instrument used was the Quality of Discharge Teaching Scale (QDTS) questionnaire. Univariate analysis was performed to describe the characteristics of the respondents and the implementation of discharge teaching. Results: The characteristics of the respondents showed that the majority were in the 19–59 age range (88 respondents, 80.0%), had a high school education (39 respondents, 35.5%), were unemployed or homemakers (91 respondents, 82.7%), and were in stage 3 (50 respondents, 45.5%). An overview of discharge education showed that the majority of respondents received discharge education rated as "good," totaling 74 respondents (67.3%). Conclusion: The implementation of discharge education for breast cancer patients at Arifin Achmad Regional General Hospital in Pekanbaru was mostly rated as "good." Nevertheless, the implementation of this education needs to be maintained and optimized so that patients and their families are better prepared to manage self-care at home.

Keywords: *Breast Cancer, Discharge Teaching, Patients, Education, Self-Care.*

A. INTRODUCTION

Cancer is one of the leading causes of death worldwide and remains a major global public health concern. In 2020, approximately 10 million deaths were attributed to cancer, representing nearly one in six deaths worldwide. Among the most frequently diagnosed types of cancer, breast cancer recorded the highest number of new cases, with approximately 2.26 million cases, followed by lung, colorectal, prostate, non-melanoma skin, and stomach cancer (WHO, 2025). Furthermore, in 2022, approximately 2.3 million women were diagnosed with breast cancer, and 670,000 deaths were reported worldwide. Breast cancer can affect women after puberty, with the risk increasing as age advances (WHO, 2024). The number of breast cancer cases is also projected to increase to approximately 3.2 million new cases, with 1.1 million deaths in the future, particularly affecting countries with lower Human Development Index levels (IARC, 2026). These figures demonstrate that breast cancer remains a significant health problem requiring

continuous attention through prevention, early detection, appropriate treatment, and comprehensive healthcare services.

The burden of cancer continues to increase in Indonesia. Approximately 400,000 new cancer cases are detected annually, accompanied by around 240,000 deaths. Without effective prevention and early detection strategies, the number of cancer cases is projected to increase by more than 70% by 2050 (Kemenkes, 2025). According to the Global Cancer Observatory, approximately 20.6 million new cancer cases and 9.8 million cancer-related deaths were estimated worldwide in 2024, with projections reaching 34.4 million new cases by 2050. Breast cancer remained the most frequently diagnosed cancer among women, with approximately 2.43 million new cases in 2024 (IARC, 2026). In Indonesia, the government has continued to prioritize cancer control through the National Cancer Action Plan, including breast cancer prevention and treatment. The financial burden of cancer treatment has also become a concern, as the Social Security Agency for Health (BPJS Kesehatan) spent approximately IDR 7.6 trillion on cancer treatment in 2019 and 2020 (Kemenkes, 2022). These circumstances emphasize the importance of improving cancer healthcare services, including patient education and continuity of care.

Breast cancer affects multiple dimensions of patients' lives, including economic, physical, psychological, and social aspects. The economic burden, commonly referred to as financial toxicity, is one of the most significant consequences experienced by patients and their families. This burden includes direct medical expenses, such as diagnostic examinations, surgery, chemotherapy, medication, and follow-up treatment, as well as non-medical expenses, including transportation and accommodation. Patients and family members may also experience reduced income because of limitations in work activities during treatment. Research conducted by (Pangestu S., 2024) among cancer patients in Indonesia found that financial difficulties were associated with limited insurance coverage, out-of-pocket non-medical expenses, and reduced income resulting from work disruptions. Patients and their families may consequently need to adjust household budgets, seek financial assistance, and reconsider treatment-related decisions. This economic burden may also affect long-term savings and employment opportunities for patients and their families (Afiyanti, 2020).

In addition to economic consequences, breast cancer can cause various physical problems, particularly during treatment and recovery. Patients may experience persistent pain, fatigue, insomnia, decreased body weight, reduced appetite, and limitations in physical activities. Surgical procedures may also cause changes in breast appearance and body image, while chemotherapy and radiotherapy can result in side effects such as nausea, vomiting, diarrhea, constipation, and other digestive disturbances (Syamsuddin F., 2025). Psychological consequences are also important concerns among breast cancer patients. Anxiety, depression, emotional distress, changes in self-concept, and concerns regarding physical appearance may occur during diagnosis and treatment. Previous research reported psychological distress among cancer patients, including anxiety associated

with treatment procedures, diagnostic examinations, and changes in body image and personal relationships (Utami S. S., 2017). These changes may negatively affect patients' overall quality of life and their ability to maintain normal daily activities (Dedi A., 2021). Furthermore, breast cancer may alter patients' social roles and relationships because of changes in physical appearance and bodily functions. Therefore, family and community support are important in helping patients cope with emotional difficulties, changes in self-concept, and potential social stigma (Dedi A., 2021).

These physical, psychological, social, and economic challenges may contribute to anxiety and insufficient understanding of the treatment and recovery processes. Although patients receive professional healthcare services during hospitalization, their treatment and recovery do not end when they are declared clinically stable and discharged from the hospital. After returning home, patients may still require medication management, symptom monitoring, lifestyle modifications, nutritional management, and regular follow-up appointments. The transition from hospital care to home care is therefore an important period because patients and their families must understand and independently implement healthcare instructions (Batewa E., 2025). Inadequate information during this transition may increase the risk of complications, difficulties in managing treatment side effects, and unplanned hospital readmissions. Clear and structured discharge instructions covering medication management, warning signs, follow-up schedules, and family involvement are necessary to improve patients' understanding and adherence to recommended care (Desai C. Janowiak, 2021).

In this context, discharge teaching is an essential nursing intervention that connects healthcare information with patients' ability to perform self-care independently. Discharge teaching refers to the educational process provided to patients and their families during hospitalization to prepare them for the transition from hospital-based treatment to home-based care. The intervention aims to provide patients with relevant information, knowledge, problem-solving skills, and practical abilities required to manage their health conditions after discharge. The implementation of discharge teaching should consider patients' clinical conditions, levels of understanding, and individual educational needs to ensure that the information can be understood and applied in daily life (et al Pellet J., 2023). Structured educational interventions that are adjusted to patients' levels of activation may improve their participation and involvement in the healthcare process (W. M. Z. F. & M. C. Pellet J., 2024). Furthermore, discharge teaching supports patients in managing their health conditions, recognizing potential complications, and following appropriate healthcare recommendations and referrals (Carey A., 2024). Therefore, discharge teaching should not merely focus on delivering information before discharge but also ensure that patients and their families are adequately prepared to continue care safely and appropriately at home.

The quality of discharge teaching is particularly important for breast cancer patients, especially those undergoing mastectomy and chemotherapy. Patients who

have undergone mastectomy require adequate information regarding postoperative wound care, pain management, drain management, gradual mobilization, and the prevention of complications. Structured education before discharge can help patients and their families understand the appropriate self-care procedures and identify conditions that require medical attention. (Natarajan M., 2023) demonstrated that educational interventions before discharge improved knowledge regarding lymphedema prevention among women after mastectomy, with the proportion of participants having good knowledge increasing from 72% before the intervention to 100% afterward. Furthermore, self-care practices related to lymphedema among breast cancer survivors are associated with knowledge, self-efficacy, illness perceptions, and social support (Shen A., 2023). For patients undergoing chemotherapy, nurse-led educational programs can also improve quality of life and reduce psychological distress by providing information about potential side effects, symptom management, and appropriate situations in which medical assistance should be sought (Rani et al., 2021). These findings indicate that discharge teaching is an important component of continuous nursing care for breast cancer patients.

The implementation of discharge teaching at Arifin Achmad Regional General Hospital in Riau Province is particularly relevant because breast cancer represents a significant healthcare burden at this institution. Based on medical record data from Arifin Achmad Regional General Hospital, breast cancer was the most frequently recorded cancer condition, with approximately 11,000 patient visits in 2023. This number increased to approximately 15,000 patient visits in 2024 (Medical Records of Arifin Achmad Regional General Hospital, 2025). Preliminary interviews conducted with five breast cancer patients between January 22 and February 11, 2025, revealed that all interviewed patients had not adequately understood home-based self-care, the appropriate timing of postoperative exercises, and the correct techniques for performing these exercises. These findings indicated a gap in patients' knowledge regarding the information required to support their recovery after hospital discharge.

Furthermore, preliminary interviews with two nurses at Arifin Achmad Regional General Hospital during January and February 2025 revealed that discharge teaching for breast cancer patients included education regarding home-based self-care, chemotherapy side-effect management, medication use, nutritional requirements, complication monitoring, and follow-up schedules. The educational content was adjusted according to patients' clinical conditions and individual needs. However, the nurses explained that discharge teaching had not been implemented through a standardized procedure and was instead guided by patients' conditions and the recommendations of the responsible physicians. Patients were considered ready for discharge when their clinical conditions were stable and they were assessed as capable of continuing their care at home. Nurses also emphasized the importance of ensuring that patients and their families understood the information provided. To improve understanding, explanations were repeated using simple and

understandable language so that patients could apply the instructions during home-based care.

The findings from the preliminary study indicate that evaluating discharge teaching is important to identify the extent to which patients receive adequate and appropriate educational information before leaving the hospital. Discharge teaching for breast cancer patients is particularly necessary because the transition to home care may involve postoperative complications, chemotherapy and radiotherapy side effects, and the need for continuous self-care. (Nguyen, 2022) emphasized the importance of discharge teaching during the transition period because patients may experience increasing needs for information and support when managing treatment-related conditions at home. In addition, structured education before discharge can improve patients' knowledge and preventive behaviors regarding long-term complications, including lymphedema following mastectomy (Natarajan M., 2023). Therefore, evaluating the quality of discharge teaching can provide valuable information for healthcare professionals and hospitals to maintain and improve the educational services provided to breast cancer patients.

Based on these considerations, this study aimed to describe the quality of discharge teaching among breast cancer patients at Arifin Achmad Regional General Hospital in Pekanbaru, Riau Province. Specifically, this study identified the characteristics of breast cancer patients, including age, educational background, occupation, cancer stage, and type of surgery, and described the quality of discharge teaching received by these patients. The findings are expected to provide an overview of the implementation of discharge teaching and serve as an evaluation basis for improving nursing education and preparing breast cancer patients and their families to perform safe and appropriate self-care after hospital discharge.

B. LITERATURE REVIEW

1. Breast Cancer

Breast cancer, also known as carcinoma mammae, is a malignancy that originates from abnormal and uncontrolled cell growth in breast tissue. It may develop from the epithelial cells of the ducts or lobules and, in certain types, from the stromal tissue of the breast. Invasive cancer cells may spread into surrounding tissues and other organs (Rochmawati L., 2021). Breast cancer can develop in the milk-producing glands or the ducts that transport milk to the nipple (Nova D., 2024; Novelia S., 2021).

The exact cause of breast cancer has not been fully established. However, its development may be associated with genetic, endocrine, and environmental factors. Risk factors include family history, obesity, exposure to carcinogenic substances, hormonal factors, reproductive history, radiation exposure, and lifestyle characteristics (Khayati N., 2021; Rochmawati L., 2021).

Clinical manifestations of breast cancer vary according to the stage of the disease. A breast lump or thickening is among the most commonly reported symptoms. Other manifestations may include breast pain, nipple discharge or

retraction, local swelling, skin changes, redness, ulceration, itching, and enlargement of the axillary lymph nodes (Nova D., 2024; Rochmawati L., 2021).

Breast cancer staging describes the extent of disease progression based on tumor size, regional lymph node involvement, and distant metastasis. The stages range from stage I, which generally indicates early disease, to stage IV, in which cancer has spread to distant organs.

2. Breast Cancer Care and Self-Care After Treatment

Patients with breast cancer may require surgery, chemotherapy, or other treatments depending on their clinical condition. Following mastectomy, home care is important to support recovery, manage postoperative discomfort, and prevent complications. The care required may include pain management, surgical wound care, drain management when applicable, gradual mobilization, and monitoring of the patient's physical condition. Patients and families need to understand the appropriate care procedures and recognize conditions that require medical attention (Ludwig K., 2022).

Post-treatment self-care also includes maintaining adequate nutrition, managing rest and sleep, and gradually performing daily activities according to the patient's physical tolerance. (Dewi E. U., 2023) explain that patients recovering after chemotherapy require guidance regarding nutritional management, rest, sleep, and daily activities. Family members may support patients by helping prepare meals, assisting with activities that remain difficult, and observing changes in their physical condition.

Family education and support are also important in helping patients carry out self-care after treatment. Education should provide understandable information about medication use, warning signs, follow-up appointments, and when to contact healthcare facilities. Involving patients and their families in demonstrations and care-related discussions may help prepare them to manage treatment-related effects and continue care at home (Dewi E. U., 2023).

3. Discharge Teaching in Breast Cancer Patients

Discharge teaching is the provision of health education to patients and their families before the patient returns home. Its purpose is to prepare them to continue care at home and reduce the possibility of adverse events after discharge. Discharge teaching is a complex intervention, and its effectiveness depends on the specific context in which the education is delivered (Pellet Joanie; Weiss & Mabire, 2020).

For breast cancer patients, discharge teaching is particularly relevant because patients may still require care and assistance after leaving the hospital. Education should address the patient's individual needs and provide information that supports safe and appropriate self-care. The information may include wound care, pain management, nutrition, physical activity, medication use, recognition of complications, and follow-up care (Dewi E. U., 2023; Ludwig K., 2022).

4. Principles and Implementation of Discharge Teaching

Discharge planning should focus on the patient and consider individual needs, potential problems after returning home, and available resources. The process should involve collaboration among healthcare professionals and be adapted to the resources and facilities available to the patient. Discharge planning should also be integrated into healthcare services throughout the patient's care process (Oakley C., 2024).

The implementation of discharge teaching for breast cancer patients involves several stages. (Li N., 2022) describe the process as follows:

a. Assessment of learning needs: Assess the patient's readiness to learn, existing knowledge, preferred learning style, and specific educational needs. The patient's physical and psychosocial condition should also be considered.
b. Providing clear and structured information: Deliver information in simple language and in an organized manner. Topics may include wound care, nutrition, arm exercises, complication monitoring, chemotherapy side effects, psychological support, and follow-up appointments.
c. Using the teach-back method: Ask patients or family members to repeat the information provided to confirm their understanding.
d. Using educational materials: Provide printed materials, videos, or visual aids to support the explanation.
e. Involving family members and caregivers: Include family members or caregivers so they understand the care required after the patient returns home.
f. Facilitating questions and discussion: Give patients and families opportunities to ask questions and discuss difficulties related to post-discharge care.
g. Post-discharge monitoring and follow-up: Conduct follow-up contact, such as telephone calls or visits, to assess whether care is being performed appropriately and to identify any difficulties.

In addition, (Sexson K., 2017) emphasize several important components of discharge teaching. These include identifying the person who will assist the patient at home, determining educational needs, coordinating the timing of education and return demonstrations, establishing care goals with family involvement, and providing oral and written explanations about the patient's medical condition, warning signs, and home care procedures. Instructions should be written clearly and adjusted to the literacy level of patients and families. Healthcare providers should also discuss access to healthcare services, potential medication-related problems, and the importance of follow-up coordination. Patient and family understanding should be confirmed by asking them to repeat the instructions provided.

5. Quality of Discharge Teaching

The quality of discharge teaching refers to the extent to which health education provided by nurses to patients and families before discharge meets their information needs and prepares them to continue care independently at home. This

education is important because patients may leave the hospital before fully recovering and therefore need adequate knowledge and skills to continue their care (Nurhayati N., 2019).

According to (Nurhayati N., 2019), the quality of discharge teaching consists of two main components: content and delivery. Content refers to the adequacy of the information provided by nurses during health education. Delivery refers to the effectiveness of the way nurses communicate and deliver information to patients and their families. Both components contribute to patients' perceptions of the quality of education received before discharge.

The quality of discharge teaching can be assessed using the Quality of Discharge Teaching Scale (QDTS), a patient-reported instrument developed by Weiss et al. (2007). The instrument measures patients' perceptions of the education received during hospitalization. It consists of 25 items rated on a scale from 0 to 10. The assessment covers the information patients need, the information they receive, and the way the information is delivered. Therefore, the QDTS provides an assessment of both the adequacy of educational content and patients' perceptions of the teaching process (Nurhayati N., 2019; Weiss M. E., 2007).

C. METHOD

This study employed a quantitative descriptive design with a non-experimental observational approach and a cross-sectional design. Data were collected at a single point during the study period to describe the characteristics of breast cancer patients and the quality of discharge teaching they received. No intervention or treatment was administered to the respondents.

The study was conducted at the Dahlia Inpatient Ward and the Seruni Cancer Unit of Arifin Achmad Regional General Hospital, Pekanbaru, Riau Province, Indonesia. Data collection took place from April 9 to May 15, 2026.

The study population consisted of breast cancer patients at the Dahlia Ward and Seruni Cancer Unit of Arifin Achmad Regional General Hospital. The hospital data recorded 897 patients in 2024, comprising 167 patients in the Dahlia Ward and 730 patients in the Seruni Unit. The accessible population in the Dahlia Ward during the previous six months was 46 patients. Based on the sample size calculation using the Slovin formula with a 10% precision level, the minimum required sample was 90 respondents. A total of 110 respondents participated in the study.

The respondents were selected using accidental sampling, a non-probability sampling technique in which eligible patients encountered during the data collection period were recruited until the required sample was obtained. The inclusion criteria were: (1) female patients diagnosed with breast cancer; (2) patients receiving treatment or follow-up care at Arifin Achmad Regional General Hospital during the data collection period; (3) patients who had received discharge teaching from healthcare professionals; and (4) patients who were able to communicate effectively and agreed to participate in the study.

The exclusion criteria were: (1) patients in critical or emergency conditions that prevented them from participating in an interview or completing the questionnaire; (2) patients with cognitive or mental disorders that could affect the validity of the data; (3) patients who declined to participate; and (4) patients with severe illnesses that could significantly affect their perceptions or experiences of discharge teaching, such as severe neurological disorders.

Data were collected using two questionnaire sections. The first section gathered respondents' demographic and clinical characteristics, including age, educational level, occupation, type of breast surgery, and cancer stage. The second section assessed discharge teaching using the Quality of Discharge Teaching Scale (QDTS), developed based on the concept proposed by (Weiss M. E., 2007). The instrument consisted of 25 items, with each item scored on a scale ranging from 0 to 10. The total score ranged from 0 to 250 and was classified into three categories: poor (0–83), moderate (84–166), and good (167–250). Before the main data collection, the questionnaire was tested on 30 respondents who were not included in the main study sample. The validity test showed Corrected Item-Total Correlation values ranging from 0.389 to 0.676, indicating that all 25 items were valid. The reliability test produced a Cronbach's Alpha value of 0.931, indicating that the instrument was reliable for use in the main study.

Data collection was conducted after the researcher obtained the required research permissions and ethical approval. Eligible breast cancer patients in the Dahlia Inpatient Ward and Seruni Cancer Unit were approached using accidental sampling. The researcher introduced herself, explained the purpose and procedures of the study, and informed potential respondents about their rights, including confidentiality and voluntary participation. Respondents who agreed to participate provided informed consent. The researcher then explained how to complete the questionnaire. Respondents completed the questionnaire independently, which took approximately 5–20 minutes. After completion, the researcher checked each questionnaire to ensure that all items had been answered. Data collection continued from April 9 to May 15, 2026, until the required number of respondents had been obtained.

The collected data were processed through editing, coding, and data entry. Editing was performed to check the completeness and clarity of questionnaire responses. Coding was then applied to facilitate data classification, followed by data entry into a computer program. The data were analyzed using IBM SPSS Statistics version 20. Univariate analysis was performed to describe respondents' demographic and clinical characteristics, as well as the distribution of discharge teaching quality among breast cancer patients. The results were presented using frequency distributions and percentages.

Ethical principles were applied throughout the study. Informed consent was obtained from respondents before data collection. Participation was voluntary, and respondents were free to decline participation. Anonymity was maintained by using

initials or identification codes instead of respondents' names. The confidentiality of respondents' information and research data was also protected.

D. RESULT AND DISCUSSION

1. Respondent Characteristics

The study was conducted at RSUD Arifin Achmad, Riau Province, from April 9 to May 15, 2026. A total of 110 breast cancer patients who had received discharge planning participated. Respondent characteristics included age, educational level, occupation, cancer stage, and type of surgery. The frequency distribution is presented in Table 1.

Table 1. Characteristics of Respondents (n = 110)

Characteristics	Frequency (n)	Percentage (%)
Age		
19–59 years (adult)	88	80.0
Over 60 years (older adult)	22	20.0
Education		
No formal education	6	5.5
Elementary school	18	16.4
Junior high school	23	20.9
Senior high school	39	35.5
Diploma/Bachelor's degree	24	21.8
Occupation		
Homemaker	91	82.7
Civil servant	10	9.1
Retired	3	2.7
Entrepreneur	6	5.5
Cancer stage		
Stage II	15	13.6
Stage III	50	45.5
Stage IV	45	40.9
Type of surgery		
Total mastectomy	56	50.9
Modified radical mastectomy	54	49.1
Total	110	100.0

As shown in Table 1, most respondents were aged 19–59 years (88; 80.0%). Senior high school was the most common educational level (39; 35.5%), and most respondents were homemakers (91; 82.7%). Stage III was the most frequently reported cancer stage (50; 45.5%), followed by stage IV (45; 40.9%) and stage II (15; 13.6%). Total mastectomy was reported by 56 respondents (50.9%), while 54 respondents (49.1%) had undergone modified radical mastectomy.

Most respondents were aged 19–59 years (88; 80.0%), while 22 respondents (20.0%) were older than 60 years. The thesis explains that adults generally have cognitive abilities that support receiving, understanding, and processing information from healthcare professionals. This may help patients understand discharge teaching about self-care, medication use, activity restrictions, warning signs, and follow-up schedules. Therefore, education should be delivered clearly and

systematically, while still being adapted to each patient's developmental stage and individual condition.

Age is also discussed in the thesis as a factor associated with breast cancer risk, which tends to increase with age. However, the present study used a descriptive design and did not test the relationship between age and discharge-teaching quality. The age distribution should therefore be interpreted as a description of the respondents, not as evidence that age determines how well patients understand discharge information. The thesis also refers to (Zebua, 2024), which reported that adult breast cancer patients' participation in discharge teaching was in the sufficient category (64.4%). This comparison supports the importance of involving adult patients actively through systematic explanations, opportunities to ask questions, and repetition of key information.

The largest educational group was senior high school graduates (39; 35.5%). Education may influence an individual's ability to receive, understand, and process health information. Patients with higher educational attainment may have greater familiarity with written and verbal instructions, while patients with less formal education may find complex medical terminology or detailed instructions more difficult to understand.

The thesis compares this finding with (Sinaga C., 2025), who reported that 55.3% of women in the case group had a senior high school education. The comparison is descriptive only because that study focused on factors associated with breast cancer incidence rather than discharge-teaching quality. The thesis also cites (Bintari A. R., 2025) on the relationship between education, understanding of health education, and treatment adherence, as well as (Indrawati L., 2024) on the role of effective communication and simple educational media. (Guan M., 2023) and (Annurrahman A., 2018) are discussed in relation to education and patients' ability to understand discharge teaching and prepare for home care.

These points indicate that nurses should not assume that educational attainment alone determines a patient's understanding. Discharge teaching should use plain language, avoid unnecessary medical terminology, and be adapted to the patient's level of comprehension. The thesis specifically identifies the teach-back method—asking patients to explain the information in their own words—as a way to check whether instructions have been understood.

Most respondents were homemakers (91; 82.7%). The thesis notes that homemakers' daily activities are often centered on household and family responsibilities. This status may affect opportunities to obtain health information through workplace interactions, but it does not directly indicate lower knowledge or a reduced ability to understand health information. (Ameina, 2022), as cited in the thesis, discusses the relationship between occupation and access to health information and services.

For breast cancer patients who are homemakers, discharge teaching needs to address how to manage medication, wound care, nutrition, daily activities, warning signs, and follow-up appointments while recovering and managing household

responsibilities. The thesis also refers to (Nurhayati N., 2019) in discussing the relationship between occupational characteristics and motivation during recovery. Nevertheless, motivation is not determined by occupation alone; health status, family support, economic needs, and the desire to resume daily activities may also be relevant.

The predominance of homemakers highlights the importance of tailoring education to patients' routines and available support at home. Nurses should use understandable language, allow patients to ask questions, and involve family members when needed. Family support may help patients remember medication schedules, attend follow-up visits, and meet daily care needs during recovery.

Stage III was the most common cancer stage (50; 45.5%), followed by stage IV (45; 40.9%) and stage II (15; 13.6%). The thesis discusses that patients with advanced breast cancer may experience physical problems such as pain, fatigue, nausea, and reduced ability to perform daily activities. (Winsen & Warmiyati, 2023) and (Fereidouni Z., 2024), as cited in the thesis, are used to emphasize the need to consider patients' physical condition when providing health education. These symptoms may affect concentration and the ability to receive information, particularly when teaching is delivered while the patient is tired or uncomfortable.

The thesis also notes that patients with advanced disease may experience anxiety and psychological distress related to the illness, treatment, and possible complications. (Aniarti, 2024) is discussed in relation to psychological problems experienced by patients with cancer. Therefore, discharge teaching should be delivered gradually, in language that is easy to understand, and at a time when the patient is able to concentrate. (Anisah N., 2025) is cited to emphasize family support and therapeutic communication. Family involvement may help patients remember care instructions, manage medication, recognize warning signs, and attend follow-up appointments.

Given the proportion of respondents with stage III disease, the thesis emphasizes that education should be tailored to continuing-care needs. Topics include post-operative wound care, management of treatment side effects, nutrition, activity planning, treatment adherence, and recognition of symptoms requiring prompt assessment. (C. Y. L. Y. J. X. L. C. & K. X. Zhang J., 2025), as discussed in the thesis, highlights the importance of adapting cancer education to patients' continuing-care needs. However, cancer stage does not directly determine understanding of discharge teaching; education, physical and psychological condition, treatment experience, and communication with healthcare professionals may also influence understanding.

Total mastectomy was reported by 56 respondents (50.9%), while 54 respondents (49.1%) had undergone modified radical mastectomy. The thesis explains that total mastectomy may involve substantial changes in body image. Such changes may contribute to emotional adjustment needs in addition to the physical demands of post-operative care.

The thesis cites (Zhang J., 2026) in relation to transition theory, explaining that sufficient time in hospital may allow patients to pass through the initial crisis phase after surgery under medical supervision. By the time discharge teaching is provided, patients may have had an opportunity to develop greater confidence in performing self-care. Accordingly, education for patients after mastectomy should address wound care and other post-operative instructions while also acknowledging concerns about body image and adjustment. The study's descriptive findings do not establish a direct relationship between surgery type and discharge-teaching quality.

2. Overall Quality of Discharge Teaching

The overall quality of discharge teaching was assessed using the Quality of Discharge Teaching Scale (QDTS). Respondents were classified into poor, moderate, and good categories based on the scoring criteria described in the study.

Table 2. Quality of Discharge Teaching among Breast Cancer Patients (n = 110)

Quality category	Frequency (n)	Percentage (%)
Poor	2	1.8
Moderate	34	30.9
Good	74	67.3
Total	110	100.0

The main finding was that 74 respondents (67.3%) rated discharge teaching as good, 34 (30.9%) rated it as moderate, and 2 (1.8%) rated it as poor. This indicates that most respondents perceived that they had received useful education before continuing care at home. As described in the thesis, discharge teaching included information about self-care, psychological conditions, medical needs, care or treatment exercises, and whom to contact if problems occurred after discharge.

The good overall category reflects both the content of the information and the way nurses delivered it. The QDTS assessed whether nurses listened to patients' concerns, used understandable teaching methods, checked patients' understanding, provided consistent information, and supported confidence in self-care at home. The thesis relates the result to (Guan M., 2023), which reported a positive relationship between discharge-teaching quality and patients' readiness for discharge. This previous finding provides context for the importance of discharge teaching; however, the present descriptive study did not test an association or causal relationship between teaching quality and discharge readiness.

Although most respondents rated discharge teaching as good, nearly one-third (30.9%) rated it as moderate. This suggests that the educational process may still be improved to ensure that all patients receive information that meets their needs. The item-level results in the thesis show that patients reported substantial needs for information about self-care at home, psychological conditions, medical care, and whom to contact when problems arise. The information received was also rated positively by many respondents, although the difference between reported

information needs and information received indicates the importance of checking whether the teaching provided fully addresses each patient's concerns.

Information about medical needs is particularly important for patients returning home after breast cancer treatment. The thesis discusses wound care, chemotherapy side effects, and correct medication dosage and schedules as relevant subjects. It also refers to (Dewi E. U., 2023) in discussing nutrition, rest, sleep, and daily activities as components of self-care after chemotherapy. Patients and family members need clear instructions about balanced nutrition, fluid intake according to medical advice, adequate rest, and gradual activity based on the patient's tolerance.

The results also emphasize the role of family members or significant others. The QDTS items assessed family members' need for information and the information they received. Family participation may help patients remember instructions, organize medication, recognize warning signs, and follow the planned schedule of care. (Anisah N., 2025), as discussed in the thesis, emphasizes family support and therapeutic communication in helping patients understand health information. Therefore, involving family members in discharge teaching, when the patient agrees and circumstances allow, may support continuity of care at home.

Communication quality is another important part of discharge teaching. The item-level results included patients' perceptions of whether nurses understood their beliefs and values, whether information from nurses, doctors, and other healthcare professionals was consistent, and whether information was provided when family members could be present. These findings reinforce the need for coordinated communication among healthcare professionals and for education to be delivered at a time when patients and their families can participate.

Confidence in self-care and the ability to respond to emergencies are also important components of the transition from hospital to home. The thesis discusses the importance of helping patients understand whom to contact and when to seek assistance if problems occur after discharge. Patients should not only receive information but also have an opportunity to clarify uncertainties and demonstrate their understanding. The thesis recommends using clear language, allowing questions, and asking patients to explain information back to the nurse.

The thesis further discusses structured educational media, such as leaflets or guidebooks, as a way to support patients' understanding of breast cancer care after discharge. (Rahman F., 2025), as cited in the thesis, is used to support the potential contribution of educational media to discharge teaching for patients with chronic illness. Such materials may help patients and families review instructions after returning home, provided that the content is understandable and consistent with the information given by healthcare professionals.

3. Item-Based Findings

The item-level results in the thesis describe patients' information needs and the information they received, as well as communication, family involvement, and

confidence in continuing care at home. The following findings summarize selected responses reported in the item-level table.

Table 3. Selected Item-Level Findings from the QDTS

Item/Aspect	Most Frequent or Good Response	n (%)
Need for information about self-care at home (1a)	Score 10	38 (34.5%)
Information received about self-care at home (1b)	Score 8	36 (32.7%)
Need for information about psychological condition (2a)	Good category	83 (75.5%)
Information received about psychological condition (2b)	Good category	67 (60.9%)
Need for medical-care information (3a)	Good category	76 (69.1%)
Medical-care information received (3b)	Good category	66 (60.0%)
Need for information on whom to contact after discharge (5a)	Good category	78 (70.9%)
Information received on whom to contact (5b)	Good category	66 (60.0%)
Family's need for information about care after discharge (6a)	Good category	76 (69.1%)
Information received by family/significant others (6b)	Good category	66 (60.0%)
Nurses' understanding of patients' beliefs and values (9)	Good category	78 (70.9%)
Consistency of information from healthcare professionals (14)	Good category	73 (66.4%)
Information delivered when family could be present (16)	Good category	75 (68.2%)
Nurses' support for confidence in self-care (17)	Good category	61 (55.5%)
Confidence about what to do in an emergency (18)	Good category	60 (54.5%)
Information reducing anxiety about going home (19)	Good category	64 (58.2%)

For item 1a, 38 respondents (34.5%) gave the highest score of 10 for their need for information about self-care at home. For item 1b, the most frequent score for information received about home care was 8, selected by 36 respondents (32.7%). The item-level results also showed that 83 respondents (75.5%) rated their need for information about their psychological condition as good, while 67 (60.9%) rated the information received in this area as good.

For medical-care information, including wound care, chemotherapy side effects, and medication dosage and schedules, 76 respondents (69.1%) rated their need for information as good and 66 (60.0%) rated the information received as good. In relation to post-discharge support, 78 respondents (70.9%) rated their need for information about whom to contact as good, while 66 (60.0%) rated the information received on this topic as good.

The table further indicated that 76 respondents (69.1%) rated the family's need for information about care after discharge as good, and 66 (60.0%) rated the information received by family members or significant others as good. Regarding communication and delivery, 78 respondents (70.9%) rated nurses' understanding of their beliefs and personal values as good; 73 (66.4%) rated information consistency as good; and 75 (68.2%) rated the timing of information delivery when family members could be present as good.

For confidence-related items, 61 respondents (55.5%) rated nurses' support in building confidence for self-care at home as good, while 60 (54.5%) rated their confidence in knowing what to do in an emergency as good. In addition, 64 respondents (58.2%) rated the information provided by nurses as good in helping reduce anxiety about going home.

The findings support maintaining and improving discharge teaching for breast cancer patients at RSUD Arifin Achmad. The thesis recommends that the hospital develop or refine structured discharge-education guidance. The material should include home self-care, post-operative exercises, medication use, management of treatment side effects, nutrition, recognition of complications, and follow-up schedules. Periodic evaluation is needed to ensure that the content remains relevant to patients' needs.

Nurses should provide education gradually and adapt it to each patient's condition, educational background, treatment experience, and home circumstances. They should use simple language, invite patients to express concerns, allow sufficient time for questions, and use teach-back to confirm understanding. Family members should be involved where appropriate so that they can assist patients in continuing care at home.

Patients and families should actively participate in discharge education, ask about information they do not understand, and follow the instructions provided by healthcare professionals. They should understand medication use, post-operative exercises as instructed, warning signs, and follow-up schedules. Families may provide reminders and practical assistance during recovery and should contact healthcare professionals if concerning symptoms arise. These implications follow the recommendations stated in the thesis.

The researcher could not fully control respondents' physical condition during hospitalization. Some respondents experienced pain or discomfort related to their disease or treatment, which may have affected their concentration and comfort while completing the questionnaire. To minimize this influence, the researcher waited until respondents' conditions improved and they were not experiencing pain before distributing the questionnaire. The researcher also explained how to complete the questionnaire and ensured that respondents understood the questions. In addition, activities and conditions in the inpatient environment could not be fully controlled during data collection. These circumstances may have influenced the respondents' comfort while completing the questionnaire and should be considered when interpreting the findings. The study's descriptive approach also means that the results describe respondent characteristics and perceptions of discharge teaching; they do not establish causal relationships between respondent characteristics and discharge-teaching quality.

In summary, the respondents were predominantly aged 19–59 years, had senior high school education, were homemakers, had stage III breast cancer, and had undergone total mastectomy. Most respondents rated the quality of discharge teaching as good. The findings suggest that discharge education at RSUD Arifin Achmad was generally perceived positively. Nevertheless, the moderate ratings reported by a substantial proportion of respondents indicate the need to continue improving the relevance, clarity, consistency, and family involvement of discharge education. The overall aim is to ensure that patients and their families are adequately prepared to continue safe and appropriate self-care at home.

E. CONCLUSION

This study found that the implementation of discharge teaching among breast cancer patients at RSUD Arifin Achmad, Pekanbaru, was predominantly categorized as good. Of the 110 respondents, 74 (67.3%) received discharge teaching in the good category, 34 (30.9%) in the moderate category, and 2 (1.8%) in the poor category. The majority of respondents were aged 19–59 years (80.0%), had a senior high school education (35.5%), were homemakers (82.7%), and were diagnosed with stage III breast cancer (45.5%). These findings indicate that most patients perceived the discharge teaching provided by nurses positively. However, the proportion of patients who rated discharge teaching as moderate or poor highlights the need for continued improvement. Nurses are encouraged to provide clear, structured, and patient-centered discharge education that considers patients' conditions and individual needs, while involving family members when appropriate. Maintaining and improving the quality of discharge teaching is essential to help patients and their families prepare for safe and appropriate self-care after returning home.

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