



UNIVERSITAS GADJAH MADA



Penerapan Evidence Based Practice (EBP) pada pasien kanker serviks

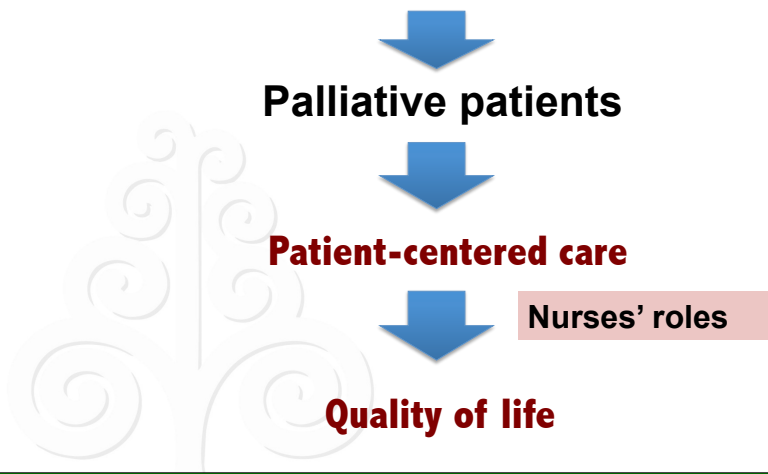


Christantie Effendy., S.Kp., M.Kes., Ph.D

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60% patients with cancer refer to the hospital in an advanced stage (Depkes, 2005)



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graph TD; A[60% patients with cancer refer to the hospital in an advanced stage (Depkes, 2005)] --> B[Palliative patients]; B --> C[Patient-centered care]; C --> D[Quality of life]; E[Nurses' roles] --- C;
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Universitas Gadjah Mada, Indonesia





CANCER EVIDENCE???

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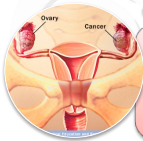
Kanker

Suatu pertumbuhan sel abnormal dan tidak terkendali sehingga menimbulkan suatu keganasan dan berakibat fatal bagi kehidupan (Rasjidi, 2009)

14,1jt jiwa terdiagnosa kanker dan 8,2 jt jiwa meninggal karena kanker (IARC, 2012). Angka kematian akibat kanker di Indonesia 13%, terutama pada kalangan wanita sebanyak 92.200 jiwa.



Insiden kanker serviks sebanyak 20.928 jiwa dengan mortalitas 10,3% (tertinggi kedua)



Insiden kanker ovarium sebanyak 10.238 jiwa dengan mortalitas 7,6% (tertinggi keempat)

Sumber : Cancer Country Profiles Indonesia, 2014

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CANCER PATIENTS

- Being diagnosed and living with a life-threatening illness such as cancer is a **stressful** event that may profoundly affect multiple aspects of an individual's life.
- Suffer from **multiple physical symptoms** such as fatigue and pain (Miaskowski et al., 2006)
- **Psychological changes** such as fear of death and fear of progression or recurrence of disease, and **changes in the quality of life** (QoL) (Kang, 1999; Schreier & Williams, 2004).



Bagaimana dgn bukti ilmiah terkait perawatan pasien kanker di Indonesia???



Current condition in Indonesia



- >60% in advanced stage of cancer
- high number die at the hospital
- Palliative care performed only in big cities (Jakarta, Surabaya, Makassar, Yogyakarta, Denpasar, Semarang, Bandung)
- Defisit knowledge about palliative care
- Un-well known (community)

Top ten problems and needs of patient with advanced cancer in Indonesia (n=180)

| Sub domain | Problems % | Needs % * |
|---|------------|-----------|
| Extra expenditures because of the disease (1) | 79.4 | 72.0 |
| Loss of income because of the disease (2) | 71.7 | 67.4 |
| Pain (3) | 71.1 | 66.4 |
| Fatigue (4) | 66.7 | 60.0 |
| Body care, washing, dressing or toilet (5) | 53.9 | 58.8 |
| Sleeping problem(6) | 53.3 | 65.6 |
| Experiencing loss of control over one's life (7) | 50.6 | 69.2 |
| Fear of physical suffering and the disease (8) | 50.0 | 65.6 |
| Difficulty coping with the unpredictability of the future (9) | 48.3 | 81.6 |
| Being dependant of others (10) | 47.8 | 59.3 |

* N Vary based on patients who experienced problems

(Effendy C, Vissers K, Osse BH, et al., 2014)



| | | Indonesia | The Netherlands |
|---------------------------------------|---------------|-----------|-----------------|
| Problems | Pain | 71% | 67% |
| | Fatigue | 66% | 92% |
| | Psychological | 25-50% | 53-86% |
| | Financial | 70-80% | 30-42% |
| Needs for more professional attention | All problems | >54% | <35% |

Effendy C, Vissers K, Osse BH, Tejawinata S, Vernooij-Dassen M, Engels Y. Pain Pract. 2014

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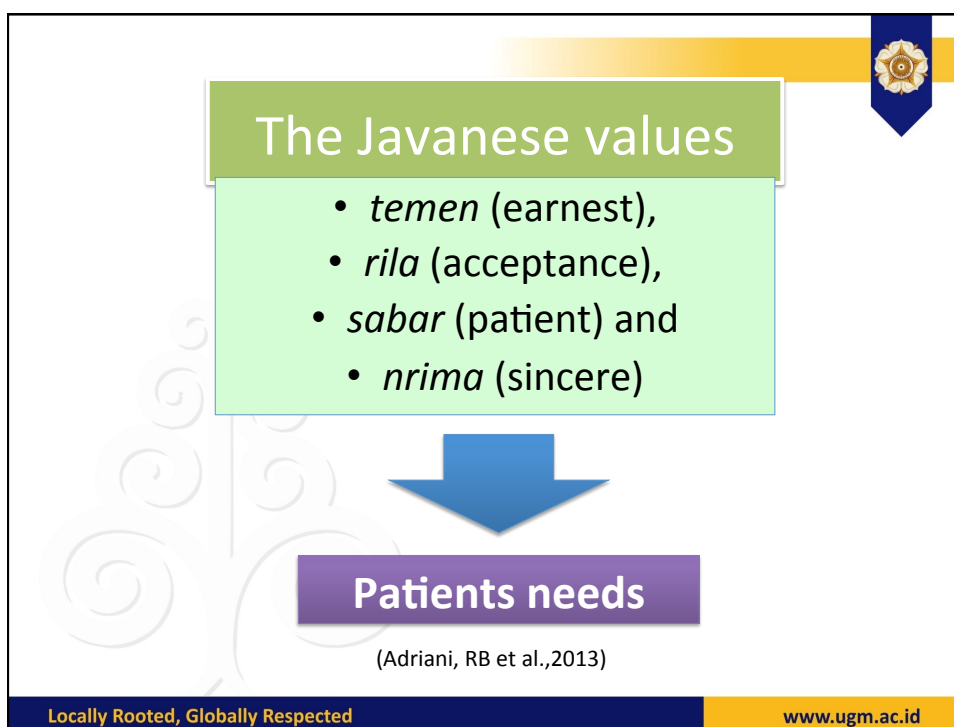
Keluarga terlibat dalam penanganan setiap masalah pasien (Effendy et al., 2015)



Christantic
10.11.12

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This slide, titled 'Pandangan Masyarakat', lists several cultural beliefs and practices. It includes a list of five items: TABOE (speech about death), family autonomy, family decision-making, culture/beliefs related to 'ngopeni' (hiding illness) of sick family members, and a belief in bloodletting until it reaches a certain point, with specific Javanese terms: '*sak pol-pole*', '*diusahake*', and '*ndak mengko gelo*'. The slide features a red circular logo in the top left, a yellow header bar, a blue footer bar, and a UGM logo in the top right corner.

Pandangan Masyarakat


- TABOE bicara tentang kematian
- Otonomi keluarga
- Pengambilan keputusan oleh keluarga
- Kultur/budaya terkait 'ngopeni' anggota keluarga yang sakit
- Berobat sampai titik darah penghabisan; '*sak pol-pole*', '*diusahake*' '*ndak mengko gelo*'

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What is Evidenced Based Practice
in caring for *patients with
cervical cancer*????

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**APA YANG PERLU
DIKETAHUI
OLEH PERAWAT????**

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Kanker serviks

490.000 perempuan terkena kanker serviks tiap tahunnya (WHO, 2012)



80 persen di antaranya berada di negara-negara berkembang, termasuk Indonesia.

Kanker serviks di Indonesia

- Di Indonesia, pada tiap harinya, diperkirakan muncul 40-45 kasus baru
- Setiap hari, Sekitar 20-25 orang meninggal akibat kanker serviks.
- Tiap bulan Indonesia kehilangan 600-750 perempuan akibat kanker serviks.
- Angka kematian kanker serviks di Indonesia tergolong tinggi dan sebagian besar disebabkan oleh keterlambatan dalam diagnosis.

Kanker Serviks di Indonesia

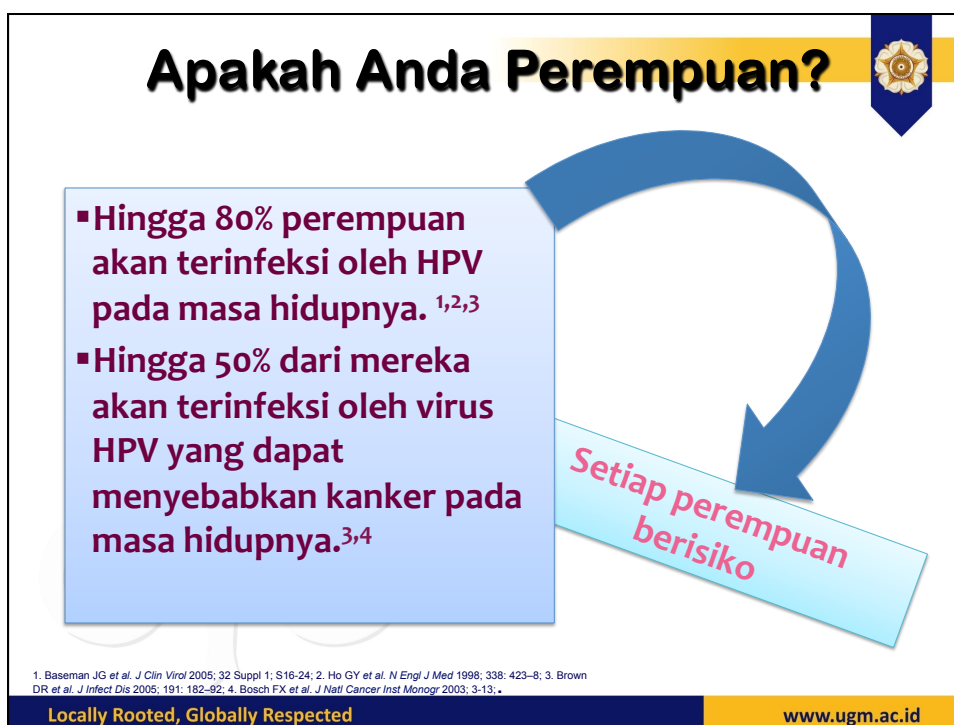
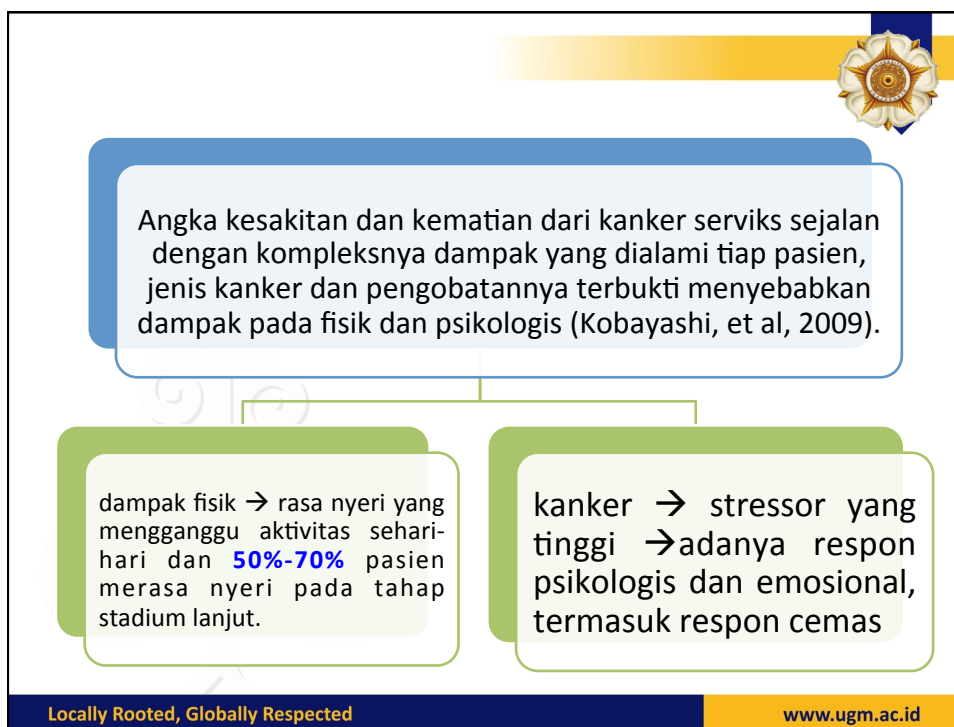
- *Kanker tersering di Indonesia
~ (34.4% dari kanker pada perempuan)¹*
- *Hampir 70% sudah pd stadium lanjut (> stage IIB)²*
- *15.000 kasus baru, 8.000 kematian³;
40 – 45 kasus baru,
20 – 25 meninggal dunia/hari,
1 orang meninggal/jam*
- *Cakupan Skrining < 5%
(ideal ~ 80%)*


1). Dirjen Pelayanan Medik Departemen Kesehatan RI. Badan Registrasi Kanker IAPI, Yayasan Kanker Indonesia. Kanker di Indonesia Tahun 1998. Data Histopatologik.

2). Mochtarom M. Data registrasi Kanker Ginekologik. Bagian Obstetri dan Ginekologi. RSUPN / FKUI, Jakarta 1992

Beban Kanker Serviks di Dunia

- **Di dunia, setiap 2 menit seorang perempuan meninggal akibat kanker serviks.¹**





kanker dan terapinya dapat mempengaruhi kualitas hidup penderita kanker ginekologi (Leiden, 2007; Pearman, 2003)

Mengetahui QOL penting utk standar perawatan, perencanaan pengobatan, pengambilan keputusan, dan efek samping penyakit serta terapi yang didapat pasien

Bagaimana gambaran kualitas hidup Penderita Kanker Serviks di Indonesia?

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Health Related QOL

- The cancer diagnosis and the treatments may have significant impact on the patients' quality of life.
- There is considerable evidence that patients in chemotherapy may experience effects on a wide spectrum of HRQL issues

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Factors related to QOL

- The physical distress and psychological distress of cancer patients are mutually related (Yang, Jeon, Han, Han, & Eom, 2000), and demographic variables and social support are generally associated with measures of adjustment and QoL
- Medical variables such as time since diagnosis, recurrence status, treatment variables, and stage of disease are not generally associated with measures of adjustment and QoL (Parker, Baile, de Moor, & Cohen, 2003).

HRQL after chemotherapy

- Many symptoms and problems had declined or disappeared, but some persisted: anticipatory nausea, weight gain, endocrine effects (e.g., hot flushes/sweats, irregular bleedings/amenorrhea, vaginal dryness), disturbed sleep, and sexual dysfunction.

Penerapan bukti-bukti Ilmiah pada perawatan pasien dengan kanker serviks

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Hasil komparasi kualitas hidup, nyeri dan kecemasan pasien kanker serviks dan kanker ovarium berdasarkan tingkat stadium (Ririn, 2017)

| Variabel | Mean \pm SD Stadium IIB | | Beda Nilai Mean | p | Mean \pm SD Stadium III-IV | | Beda Nilai Mean | p |
|-----------------------------------|---------------------------|-------------------|-----------------|-------|------------------------------|-------------------|-----------------|---------------|
| | Ca. serviks n=14 | Ca. Ovarium n= 4 | | | Ca. serviks n=20 | Ca. Ovarium n= 37 | | |
| Kualitas Hidup (EORTC C30) | | | | | | | | |
| 1. Skala fungsional | | | | | | | | |
| a. Fungsi fisik | 81,92 \pm 14,11 | 78,00 \pm 19,15 | 3,92 | 0,871 | 52,60 \pm 32,92 | 63,46 \pm 27,93 | 10,86 | 0,236 |
| b. Fungsi peran | 85,71 \pm 20,53 | 95,75 \pm 8,50 | 10,04 | 0,395 | 46,65 \pm 39,59 | 66,70 \pm 39,28 | 20,05 | 0,081 |
| c. Fungsi emosional | 82,71 \pm 23,99 | 81,25 \pm 14,10 | 1,46 | 0,539 | 66,20 \pm 26,06 | 83,40 \pm 21,18 | 17,2 | 0,009* |
| d. Fungsi kognitif | 86,85 \pm 20,86 | 79,00 \pm 20,92 | 7,85 | 0,288 | 71,60 \pm 27,08 | 81,00 \pm 24,92 | 9,4 | 0,111 |
| e. Fungsi sosial | 78,57 \pm 27,21 | 87,50 \pm 15,84 | 8,93 | 0,690 | 50,80 \pm 36,47 | 82,83 \pm 24,69 | 32,03 | 0,001* |
| 2. Skala gejala | | | | | | | | |
| a. Kelelahan | 38,85 \pm 25,85 | 50,00 \pm 21,59 | 11,15 | 0,445 | 53,25 \pm 33,28 | 50,48 \pm 27,69 | 2,77 | 0,739 |
| b. Mual dan muntah | 34,50 \pm 40,55 | 4,25 \pm 8,50 | 30,25 | 0,154 | 27,45 \pm 32,09 | 20,21 \pm 31,91 | 7,24 | 0,236 |
| c. Nyeri | 27,42 \pm 23,21 | 37,75 \pm 24,94 | 10,33 | 0,451 | 60,80 \pm 37,96 | 41,00 \pm 35,03 | 19,8 | 0,061 |
| d. Kesulitan bernapas | 9,57 \pm 24,33 | 8,25 \pm 16,50 | 1,32 | 0,743 | 15,00 \pm 29,60 | 11,72 \pm 23,93 | 3,28 | 0,741 |
| e. Kesulitan tidur | 38,14 \pm 43,13 | 24,75 \pm 16,50 | 13,39 | 0,822 | 64,95 \pm 42,59 | 46,83 \pm 38,92 | 18,12 | 0,096 |
| f. Kehilangan nafsu makan | 26,21 \pm 29,87 | 16,75 \pm 33,50 | 9,46 | 0,515 | 40,00 \pm 36,91 | 24,32 \pm 30,15 | 15,68 | 0,109 |
| g. Konstipasi | 14,29 \pm 25,27 | 25,00 \pm 32,03 | 10,71 | 0,445 | 36,60 \pm 44,46 | 12,59 \pm 27,62 | 24,01 | 0,019* |
| h. Diare | 0,00 \pm 0,00 | 8,25 \pm 16,50 | 8,25 | 0,061 | 11,65 \pm 27,09 | 8,10 \pm 22,80 | 3,55 | 0,536 |
| i. Kesulitan keuangan | 50,00 \pm 44,85 | 41,75 \pm 50,05 | 8,25 | 0,695 | 56,65 \pm 47,48 | 40,56 \pm 40,98 | 16,09 | 0,169 |
| 3. Skala kesehatan umum | 77,43 \pm 18,61 | 60,50 \pm 8,19 | 16,93 | 0,101 | 60,50 \pm 26,00 | 69,43 \pm 19,82 | 8,93 | 0,152 |
| Level Nyeri (VAS) | 33,36 \pm 24,63 | 43,50 \pm 22,43 | 10,14 | 0,136 | 45,00 \pm 32,77 | 34,78 \pm 29,02 | 10,22 | 0,259 |
| Kecemasan (VAS-A) | 22,07 \pm 17,99 | 32,75 \pm 28,49 | 10,68 | 0,369 | 41,90 \pm 32,16 | 29,51 \pm 24,71 | 12,39 | 0,178 |

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kualitas hidup, nyeri dan kecemasan pasien kanker serviks dan kanker ovarium berdasarkan tingkat stadium (Ririn, 2017)



- Komparasi level nyeri dan kecemasan tidak berbeda bermakna, namun nilai rerata pada stadium IIB pasien kanker ovarium yang tertinggi, sedangkan stadium III-IV pasien kanker serviks tertinggi
- Gejala nyeri menyebabkan pasien menjadi emosional terkait dengan perawatan lebih lanjut, rasa ketidaknyamanan terhadap pengobatan dan keparahan penyakit, harus hidup terus dengan penyakit yang diderita, dan hilang fungsi reproduksi
- Pemikiran terkait kesembuhan penyakit, tentang kematian membuat rasa ketidaknyamanan pasien semakin membesar (Zamurovic & Perisic, 2009).

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Hasil komparasi kualitas hidup, nyeri dan kecemasan pasien kanker serviks dan kanker ovarium berdasarkan lama rawat (Ririn, 2017)



| Variabel | Mean \pm SD Lama rawat \leq 2 hari | | Beda Nilai Mean | p | Mean \pm SD Lama rawat $>$ 2 hari | | Beda Nilai Mean | P |
|-----------------------------------|---|---------------------|-----------------------|---------------|--|---------------------|-----------------------|---------------|
| | Ca. serviks n=29 | Ca. Ovarium n=25 | | | Ca. serviks n=5 | Ca. Ovarium n=16 | | |
| Kualitas Hidup (EORTC C30) | | | | | | | | |
| 1. Skala fungsional | | | | | | | | |
| a. Fungsi fisik | 66,86 \pm 30,06 | 64,24 \pm 28,07 | 2,62 | 0,570 | 52,00 \pm 31,69 | 65,87 \pm 27,10 | 13,87 | 0,195 |
| b. Fungsi peran | 62,65 \pm 37,70 | 67,36 \pm 39,83 | 4,71 | 0,585 | 63,20 \pm 44,74 | 72,93 \pm 36,90 | 9,73 | 0,661 |
| c. Fungsi emosional | 73,24 \pm 26,84 | 84,08 \pm 22,17 | 10,84 | 0,111 | 71,60 \pm 24,79 | 81,81 \pm 18,10 | 10,21 | 0,397 |
| d. Fungsi kognitif | 79,82 \pm 24,53 | 74,56 \pm 25,95 | 5,26 | 0,421 | 66,60 \pm 31,26 | 90,56 \pm 18,29 | 23,96 | 0,118 |
| e. Fungsi sosial | 59,17 \pm 34,96 | 84,00 \pm 24,24 | 24,83 | 0,005* | 80,00 \pm 35,97 | 82,18 \pm 24,00 | 2,18 | 0,857 |
| 2. Skala gejala | | | | | | | | |
| a. Kelelahan | 43,58 \pm 30,96 | 49,80 \pm 25,44 | 6,22 | 0,363 | 69,00 \pm 21,44 | 51,43 \pm 29,93 | 17,57 | 0,242 |
| b. Mual dan muntah | 29,82 \pm 34,89 | 14,60 \pm 21,57 | 15,22 | 0,107 | 33,40 \pm 42,45 | 25,00 \pm 41,29 | 8,4 | 0,420 |
| c. Nyeri | 47,68 \pm 37,94 | 38,04 \pm 30,97 | 9,64 | 0,422 | 43,40 \pm 28,05 | 44,81 \pm 38,82 | 1,41 | 0,966 |
| d. Kesulitan bernapas | 12,65 \pm 27,38 | 12,00 \pm 23,39 | 0,65 | 0,858 | 13,40 \pm 29,96 | 10,43 \pm 23,55 | 2,97 | 0,904 |
| e. Kesulitan tidur | 47,10 \pm 44,14 | 47,96 \pm 34,89 | 0,86 | 0,836 | 93,40 \pm 14,75 | 39,56 \pm 42,58 | 53,84 | 0,019* |
| f. Kehilangan nafsu makan | 33,34 \pm 33,42 | 22,68 \pm 28,51 | 10,66 | 0,239 | 40,00 \pm 43,52 | 25,00 \pm 33,40 | 15 | 0,445 |
| g. Konstipasi | 24,10 \pm 38,72 | 9,28 \pm 22,54 | 14,82 | 0,172 | 46,60 \pm 38,10 | 20,87 \pm 34,23 | 25,73 | 0,107 |
| h. Diare | 4,58 \pm 14,70 | 5,32 \pm 15,75 | 0,74 | 0,849 | 20,00 \pm 44,72 | 12,50 \pm 29,52 | 7,5 | 0,857 |
| i. Kesulitan keuangan | 56,31 \pm 46,40 | 38,68 \pm 40,51 | 17,63 | 0,135 | 40,00 \pm 43,52 | 43,81 \pm 43,46 | 3,81 | 0,896 |
| 3. Skala kesehatan umum | 67,00 \pm 24,08 | 70,40 \pm 20,36 | 3,4 | 0,581 | 70,20 \pm 29,26 | 65,68 \pm 17,25 | 4,52 | 0,670 |
| Level Nyeri (VAS) | 40,00 \pm 30,47 | 31,96 \pm 27,34 | 8,04 | 0,298 | 41,40 \pm 29,15 | 41,37 \pm 29,78 | 0,03 | 0,999 |
| Kecemasan (VAS-A) | 34,75 \pm 30,34 | 28,36 \pm 24,44 | 6,39 | 0,549 | 27,80 \pm 16,72 | 32,12 \pm 25,78 | 4,32 | 0,731 |

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Komparasi kualitas hidup, nyeri dan kecemasan pasien kanker serviks dan kanker ovarium berdasarkan lama rawat (Ririn, 2017)



- Hasil komparasi menunjukkan tidak ada perbedaan bermakna, namun pada lama rawat ≤ 2 hari berbeda bermakna pada domain skala fungsi sosial, dan pada lama rawat > 2 hari berbeda bermakna pada domain skala gejala kesulitan tidur.
- Fungsi sosial memiliki perbedaan nilai rerata tertinggi dan signifikan secara statistik.
- Fungsi sosial merupakan kesejahteraan sosial meliputi hubungan dengan keluarga, teman, selain itu kekhawatiran mengenai pekerjaan, asuransi, dan keuangan juga mempengaruhi kesejahteraan sosial pasien (Suhardin, 2016)
- Beberapa penelitian menyebutkan faktor lain yang mempengaruhi kesejahteraan sosial pasien adalah terkait pendidikan pasien yang rendah, wanita tidak bekerja, jumlah penghasilan (Pinar, et al, 2012; Gruenigen, et al, 2010).

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Kualitas hidup, dan skala fungsional pasien kanker serviks berdasarkan siklus kemoterapi



- siklus kemoterapi $> 4-6$ berpengaruh pada domain skala fungsional.
- Pasien butuh dihargai, disayangi dan diberi perhatian nyata berupa tindakan, sikap, dan penerimaan anggota keluarga terhadap dirinya
- Dukungan dari keluarga dapat memberikan suatu kepercayaan diri dalam pengobatan (Susilawati, 2013)
- Perbedaan skala fungsi sosial dapat berhubungan dengan fungsi peran dan fungsi emosional pasien karena tingkat keparahan penyakit.
- Kesiapan pasien menerima pengobatan berbeda-beda tiap individu, sehingga tingkat emosional pasien mempengaruhi pemikiran terkait kondisi setelah pengobatan (Kubler-Ross, 2005).

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KONSEKUENSI DARI PERAWATAN KANKER



- Pekerjaan dan pembiayaan
- Multiple peran dari keluarga
- Butuh dukungan sosial.
- Resiko sakit bagi keluarga
- Masalah psikologis meningkat
- Kualitas hidup keluarga menurun

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Tabel 7. Perbedaan Kualitas Hidup Pasien Kanker Serviks Stadium Lanjut Pasca Kemoterapi dan Pasca Radioterapi (n=94)


| Kualitas Hidup | Nilai Rerata±SB | | Perbedaan Nilai Rerata | p* |
|------------------------------|------------------|-------------------|------------------------|-------|
| | Pasca Kemoterapi | Pasca Radioterapi | | |
| 1. Skala fungsional | | | | |
| a. Fungsi fisik | 71,05±23,765 | 66,56±26,528 | 4,49 | 0,462 |
| b. Fungsi peran | 64,55±31,624 | 67,12±34,439 | 2,57 | 0,465 |
| c. Fungsi emosional | 82,38±18,831 | 77,76±24,526 | 4,71 | 0,659 |
| d. Fungsi kognitif | 86,32±16,657 | 78,41±22,682 | 7,91 | 0,129 |
| e. Fungsi sosial | 78,07±25,160 | 73,09±23,974 | 4,98 | 0,246 |
| 2. Skala kesehatan umum | 59,98±15,116 | 70,97±16,144 | 10,99 | 0,003 |
| 3. Skala gejala | | | | |
| a. Kelelahan | 51,57±22,598 | 52,06±19,224 | 0,49 | 0,901 |
| b. Mual dan muntah | 65,58±24,785 | 22,12±32,999 | 43,46 | 0,000 |
| c. Nyeri | 34,97±30,744 | 37,26±28,153 | 2,29 | 0,605 |
| d. Kesulitan bernapas | 9,95±18,683 | 2,94±12,654 | 7,01 | 0,073 |
| e. Kesulitan tidur | 39,43±35,066 | 30,38±33,260 | 9,05 | 0,200 |
| f. Kehilangan nafsu makan | 63,90±34,952 | 38,21±34,051 | 25,69 | 0,001 |
| g. Kesulitan buang air besar | 37,25±42,602 | 20,56±32,859 | 16,69 | 0,087 |
| h. Diare | 8,88±23,682 | 9,76±19,283 | 0,88 | 0,385 |
| i. Kesulitan finansial | 37,15±33,731 | 34,29±33,401 | 2,86 | 0,695 |

Ket: * uji *Mann-whitney*
SB= Simpangan Baku

Emmelia, 2016

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PERAN DAN TANGGUNG JAWAB PERAWAT

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- In the context of cancer care, perhaps the most succinct and relevant one is that written by Virginia Henderson (1997):
‘Nursing is primarily assisting the individual in the performance of those activities contributing to health and its recovery, or to a peaceful death.’

The statement suggests partnership, helping and dignity – all concepts that are central to the palliative cancer approach to nursing.

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Nurses roles

- The values and beliefs that underpin high-quality palliative care are integral to good nursing.
- Nurses are in a unique situation – as the only real 24-hour carers in the healthcare system – to incorporate and develop the principles and practice of the palliative approach into their daily work where it is appropriate to do so.

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Cancer Nurse Navigators


Every patient deserves the best care

Partner with patients and families...

- **With compassion and concern** to offer support, actively listen, and provide reassurance
- **Advocate** for the unique needs of each patient to assure all care needs are met
- **Educate** patients regarding cancer diagnosis, treatment options, research, support patient in decision making, engaging them in care planning
- **Support** patient/family to be engaged and part of the decision making team


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- **Assess & Manage** psychosocial distress, anxiety, fears
 - Help to “**normalize**” this very frightening time
 - Coordinate referrals to support services
- **Coordinate Continuity of Care**
 - **Timely access** to care, minimize delays
 - Reduce duplication, **unnecessary tests**, diagnostics
 - Serve as a liaison with **the Multidisciplinary team** to minimize communication gaps
 - Seamless, smooth handoffs amongst care team
- **Identify and minimize barriers** to care
 - Financial, transportation, family dynamics
- **Support patient and family** throughout diagnosis, survivorship, EOL care

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Caring for dying patients

- It is a combination of **knowledge, skills and compassion in equal measure, which is sensitive, hopeful, meaningful and dynamic.**
Above all, it is a way of thinking and an attitude of mind that should influence a nurse's behaviour whenever they work with a dying person in whatever setting (Becker et al, 2004)

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IMPORTANT POINTS



- The key is not about how long you spent interacting with a patient, but **how you used the time you had with them.**
- As nurses we need to promote a patients psychological and emotional wellbeing in order to facilitate physical healing.

SUMMARY



1. **Masalah** yang paling sering ditemukan pada pasien kanker di Indonesia adalah masalah pada **aspek finansial dan fisik (Nyeri dan fatik)**
2. **Unmet needs** dialami oleh **> 53% pasien** pada aspek spiritual, fisik, psikologis, sosial, dan finansial dengan **dominasi aspek spiritual dan fisik**
3. Semakin tinggi unmet needs, semakin rendah QOL
4. **Skor kualitas hidup global** pasien dengan keganasan adalah **66,7**, dengan **skala fungsional terendah pada fungsi peran** dan **skala simptomatik tertinggi pada nyeri, fatik, dan masalah finansial**

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