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### Family Caregiver Resilience in Breast Cancer Patients

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#### Abstract

Families as caregivers of breast cancer sufferers experience difficult situations in the treatment process, so that it affects their psychological lives. This study aims to describe the resilience of family caregivers while caring for breast cancer patients. This study uses a qualitative case study method. Six participants were involved in interviews and observations. To guarantee the validity of the data, the

source triangulation method is used. Content analysis was used to interpret the collected descriptive qualitative data and based on what was done, 3 major themes were found namely, responsibility, spirituality and social support. These three major themes contribute to the resilience of breast cancer family caregivers.

**Keywords:** Resilience, Family Caregiver, Breast Cancer

#### Introduction

Cancer is a disease that can occur in almost any organ or tissue of the body when abnormal cells grow uncontrollably and go beyond their usual limits to attack adjacent body parts and spread to other organs. Neoplasms and malignant tumors are other common names for cancer. Cancer is the second leading cause of death globally, accounting for around 9.6 million deaths or one in six deaths, in 2018. Data from the World Health Organization shows that there are 19,292,789 cancer cases in the world and breast cancer is the most common case, namely 2,261,419 cases or 11.7 percent. In Indonesia, the most common cancer cases were breast cancer, namely 65,858 cases or 16.6 percent of the total 396,914 cancer cases (WHO, 2020) <sup>[18]</sup>.

Cancer is considered a disease that is difficult to cure and even life-threatening so that it can have a negative impact on the psychological well-being of sufferers (Baglama & Atak, 2015) <sup>[1]</sup>. Cancer makes people who experience it feel uncertain about the future, even close to death, which is also a high concern (Koutri & Avdi, 2016) <sup>[6]</sup>. Not only does physical endurance decrease, but there are many negative psychological conditions experienced by breast cancer sufferers, including experiencing stress related to body changes, for example caused by the consequences of treatment and even fear of death (Vlierberghe, 2019) <sup>[16]</sup>, as well as anxiety about the upcoming treatment process. lived (Liu *et al.*, 2021) <sup>[8]</sup>.

Family as the closest person to breast cancer sufferers has a strong influence on the health development of sufferers (Sembiring, Pondaag, & Natalia, 2022) <sup>[14]</sup>. The same thing was said by (Rha *et al.*, 2015) <sup>[13]</sup> that in the care of breast cancer sufferers who play an important role is their own family or family caregiver. Families, in this case spouses, children, parents and other family members, have a function as a support for family members who suffer from breast cancer and provide full assistance (Pristiwati *et al.*, 2018) <sup>[10]</sup>. According to Davidson *et al.*, (2012) <sup>[3]</sup> a caregiver is someone who provides care both physically and emotionally for individuals who suffer from illness or disability, usually the individual is someone they love. The family as a care provider or family caregiver for cancer sufferers is the party that is responsible for extending the role of professionals to provide care assistance related to health conditions to family members who suffer from cancer (Kurniawan *et al.*, 2021) <sup>[7]</sup>.

The experience of cancer is not only an intrapersonal experience for sufferers, but it is also felt by those closest to them, including anxiety and various other concerns so that the ability to adapt and survive in conditions like this is needed. This ability to adapt is called resilience. According to Connor & Davidson (2003) <sup>[2]</sup> resilience is a person's ability to cope with anxiety, stress and reactions to stress and even depression. There are 5 aspects of resilience according to Connor & Davidson (2003) <sup>[2]</sup>, namely a) personal competence, high standards and tenacity, namely the individual remains persistent, does not easily lose courage even though there are setbacks and accepts challenges and tries his best to achieve the planned goals despite obstacles and difficult or traumatic events. b) belief in instincts, tolerance for negative influences and strengthening the effects of stress, namely individuals have the ability to regulate emotions, have the capacity to continue doing tasks, think clearly and tenaciously so that they can perform well in stressful conditions. Individuals in overcoming problems use a sense of

humor and can adjust to various types of negative emotional experiences. c) positive self-acceptance of change and secure relationships with others, individuals can adapt positively to change or stress and even tend to perceive it as a challenge or even an opportunity. In dealing with difficult situations individuals tend to be patient, this can result in individuals dealing with difficult everyday conditions to be overcome. d) control, namely the individual has the ability to control the situation positively in achieving goals and the ability to get help from other people or social support. e) spiritual influence, namely the individual believes in God's destiny and values regarding beliefs and the belief that there is a greater purpose for the things that are being experienced.

Resilience is useful for overcoming difficult conditions experienced by individuals and allows these individuals to adapt well in the face of adversity. Resilience is also known as the ability to maintain or regain mental health, despite experiencing difficulties or what is known as self-positive adaptation (Herrman *et al.*, 2011) [5]. Research by Nemati *et al.*, (2018) [9] found that caregivers experienced several challenges, namely confusion due to lack of knowledge in terms of caring for cancer patients, uncertainty regarding the condition of patients being treated, causing various concerns, disintegration because they felt helpless and did not get support from family members others and the last one is setback caused by the many roles that must be carried out simultaneously by caregivers so that it has an impact on poor physical conditions. The findings of Uzar-Qzacetin & Dursun, (2020) [11] also found that the level of resilience of families or family caregivers who care for family members suffering from breast cancer is low, the burden on caregivers is greater and the quality of life is worse. This is what underlies researchers to examine the resilience of family caregivers while caring for families suffering from breast cancer.

**Research Methods**

This study uses a case study qualitative research method, which aims to describe how the resilience of family caregivers who are caring for their families suffering from breast cancer. According to Sugiyono (2017) [15] qualitative research is naturalistic research that studies the daily lives of certain people and subjects. To ensure the validity of the data, the source triangulation method is used, namely to obtain data from different sources using the same technique (Sugiyono, 2017) [15]. Content analysis is used to interpret the collected descriptive qualitative data. This analysis was carried out by detailing the data obtained from interviews and observations with participants and other informants. Participants in this study were 6 people. These six participants are family caregivers who are caring for their families who suffer from breast cancer and are willing to be interviewed.

Participants in this study amounted to 6 people. Participants are families who are caring for their family members who suffer from breast cancer or what are called family caregivers. The six participants were family members of 3 patients who had breast cancer and of the three patients each had 2 of their family members who were willing to be interviewed regarding the assistance they provided.

**Results and Discussion**

Based on the results of the research that has been done, there are 3 big themes which are the themes in this study, namely responsibility, spirituality and social support. The data in this study were confirmed by the participant's family, namely the patient as an individual who was cared for by the participant, that it was true.

**Participant Data**

The following is participant data.

**Table 1:** Participant Data

	<b>Participant 1</b>	<b>Participant 2</b>	<b>Participant 3</b>	<b>Participant 4</b>	<b>Participant 5</b>	<b>Participant 6</b>
Name	ISR	E	S	AU	W	RAP
Sex	Male	Male	Male	female	Male	Female
Age	55 years	14 years	53 years	17 years	47 years	9 years
Last education	Bachelor's Degree	Elementary School	Senior High School	Junior High School	Elementary School	Play group
Status in family	Father/ Husband	Child	Father/ Husband	Child	Father/ Husband	Child
Job	Employee	Student	Employee	Student	Employee	Student
Religion	Catholic Christian	Catholic Christian	Islam	Islam	Islam	Islam
long parenting	5 years	4 years	4 years	4 years	1 year	1 year

Of the five aspects of resilience in Connor & Davidson (2003) [2], there are 3 confirmed aspects, namely personal competence, high standards and tenacity; spiritual control and influence. Based on research data, these three aspects were confirmed in the 3 major themes found, namely responsibility, social support and spirituality. However, 2 other aspects were not confirmed by all caregivers, namely positive self-acceptance of change and secure relationships with others; and belief in instinct remains one of the things that influences the resilience of family caregivers.

**Theme 1: Responsibility**

The mentoring process is considered as something that is supposed to be done by the participants. Responsibilities as a father or to the household and responsibilities or duties as children to serve their parents are the reasons for the

participants to provide assistance.

ISR, W and said that it was their responsibility to take care of their wives. ISR said that "I have to keep working sis, if I don't work my children will eat anything for my wife's medical expenses". Likewise W and S said that it was the husband's duty to take care of his wife. "Yes, what do you do sis, I am your husband", "I don't want to have to do that sis, while taking care of my wife, I take care of the children, I work too."

On a different side, as children of AU, E and RAP expressed their sense of responsibility towards their mother and family in different ways. AU considers the assistance he provides to his mother as an expression of his gratitude to his mother. "I thought, I've been cared for by my mother since I was small, so I think this is my chance to take care of my mother too." Meanwhile, E thinks that taking care of his mother is

his duty, "what do you do, sis, mom is sick, dad is out of town, so he works, so we are the children who have to help take care of mom." In contrast to AU and E, RAP is more directed by his father.

The data obtained shows that all family caregivers state that responsibility contributes to their resilience during treatment. However, it is found that the form and extent of responsibilities differ between children and husbands.

### Theme 2: Spirituality

Based on the research results, it is known that participants based on their respective beliefs believe that what is happening in their family or for their current family members is God's plan. So they believe that the illness suffered by their wife or mother is a gift from God and God will also provide healing. As stated by ISR that "what God has given me is the best for my family".

Participants S and W consider that the illness suffered by his wife is a blessing and has also been ordained by God. AU and RAP conveyed the same belief that the illness his mother was suffering from was a gift from God and God would also provide healing. Slightly different from E's response, where he considered that the moment of caring for his mother was the time God had planned for their family to be together.

The family caregiver's belief in God's plan and help for their lives is one of the things that influences their resilience.

### Theme 3: Social Support

During the accompaniment process, participants acknowledged that there was a lot of involvement from family, friends, neighbors that made things easier for them. The involvement of all family members makes the participant assistance process easier, including cooperation between participants both as fathers and children. Just as what was conveyed by ISR "I teach my children what they can help for their mothers", "there are so many who help, I am very helped sis".

Slightly different from W who said that during the treatment process for his wife he provided assistance alone.

"Alone I miss. My big child is focused on working with his family, my family is focused on their respective families. I'm alone sis, everywhere I'm alone sis "

On a different side, AU makes his peers or other closest people a place to express his complaints during the process of accompaniment to his mother. Meanwhile, E and RAP followed the directions of their parents, specifically their father.

There are various forms of social support received by each of the family caregivers. The social support received affects the resilience of family caregivers.

### Discussion

Being a caregiver is not an easy task. Moreover, when the illness suffered by a family member who is being accompanied requires treatment for a long time. Knowing the diagnosis through examination by a medical party, became a difficult moment for the participants, where they had to witness one of their family members suffering from a serious illness. What's more, with different circumstances from before, things have changed in their family life.

Sadness and even fear certainly do not escape them, but on the other hand by being aware of each other's position, as well as various positive encouragement both from within and from outside themselves, it makes them have reasons to continue to provide assistance even though there are many challenges they face.

The sense of responsibility for each participant in their respective positions, both as a husband and as a child, is a driving force for them to continue providing assistance. This sense of responsibility supports the existence of work in their respective families, so that changes that occur in the family due to different situations from before can be resolved. The sense of responsibility from within each participant makes them able to provide assistance and also keep working. This is supported by the opinion of Walsh, (1996) <sup>[17]</sup> that in dealing with existing changes, families must be able to adapt to changing situations, manage economic resources and strengthen emotional bonds between families.

The sense of responsibility for the participants certainly arises because of the good meaning of the situation at hand. Responsibility as a positive encouragement from within the participants is certainly influenced by the spirituality of the participants themselves. The awareness that human life is controlled by God is one of the reasons for the participants to continue to believe that what they have happened in their family life has a purpose determined by God. Based on the research results, it is known that the participants according to their respective beliefs believe that what happens in their families is God's plan. Even S and W considered that the illness suffered by his wife was a blessing for their family from God. The same belief was conveyed by AU and RAP that the illness his mother was suffering from was a gift from God and God would also provide healing. Slightly different from E's response, where he said that God gave his mother an illness so that her family could gather. E believes that besides that, E also admits that he believes God will always protect his family. The above is in line with Herdiana's opinion, (2018) <sup>[4]</sup> which says that the beliefs held by a family are felt to be able to provide suggestions for positive solutions to the problems experienced by the family. Similar to what was said by Walsh (1996) <sup>[17]</sup> that when facing various problems, families will form a belief system that can make them interpret a problem, have a positive outlook and present spiritual values.

The well-run accompaniment is also inseparable from the support of the people around a caregiver. Social support was obtained by the participants from their family, friends and neighbors. It was also found that during the mentoring process the participants, both as husbands and as children, worked together in their families to care for their wives and mothers. This is supported by Herdiana's statement, (2018) <sup>[4]</sup> that cooperation and commitment between family members come from strong emotional ties so that they support each other in every situation, especially when facing a crisis. The people closest to the participants become their helpers when they are under pressure. This was expressed by ISR, AU, S and E, in which the people closest to them became a place to express their worries. This is similar to the opinion of Setyowati in Rahmawati *et al.*, (2018) <sup>[12]</sup>, that internal factors or personality traits and external factors or social support have an important role for family caregivers. Internal factors, namely from within the family caregiver who has affection, is active in socializing, actively shares

stories, has a willingness to learn and is diligent in working. And external factors which are social support received in the form of emotional support, appreciation support, instrumental support and information support from relatives or friends. These two factors help the family caregiver to be able to cope with the burden.

### Conclusion

There are many challenges faced by family caregivers, so they need various supporting things so that the mentoring process continues. Of the five aspects of resilience in Connor & Davidson (2003) <sup>[2]</sup>, there are 3 confirmed aspects, namely personal competence, high standards and tenacity; spiritual control and influence. These three aspects were confirmed in the 3 major themes found, namely responsibility, social support and spirituality. These three themes contribute to the resilience of family caregivers. The other 2 aspects are positive self-acceptance of change and secure relationships with others; and belief in instincts is not confirmed in all caregivers, but these two aspects remain one of the things that influence the resilience of family caregivers.

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