

Patterns of Family Support in Cervical Cancer Survivors with High Resilience

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Abstract: This study is aimed to explore the patterns of family support in cervical cancer survivors. This study is focused on explaining the kinds of patterns of family support received by cervical cancer survivors who had experienced high-resilience. It implements qualitative methods with descriptive research design. Data is collected by screening using resilience scale and interview. The analysed data include interview results obtained from cervical cancer survivors who had experienced high resilience. Research results showed that high resilience among the three cervical cancer survivors is related to family support. The patterns of family support received by the three participants include closeness, receptors, and durability. The three participants also received at least three out of four patterns of family supports concrete support, emotional support, informative support, and award support. Types of support most needed by the three participants are concrete support and emotional support.

Keywords : Cervical cancer; Resilience; Family support.

I. INTRODUCTION

Globally, cancer is responsible as the second-highest reason for mortality. In 2018, 9.6 million deaths were caused by cancer. Cervical cancer is mostly found in female patients [1]. In Southeast Asia, 158,000 new cases of cervical cancer were reported and 95,766 of them were dead. Meanwhile, in Indonesia, cervical cancer is the highest-prevalence disease among women 0,8 0/00 (Infodatin, 2015). Besides physical impairment, cancer patients will show symptoms of depression in each stage [3].

Cancer patients still have the power within themselves to help them adapt to stress triggers and understand their life meanings during hard times. An individual's ability to rise and adapt to her condition is called resilience [4]. For several people, the diagnosis of cancer may destroy their lives as they start to feel worthless. However, it can be accepted for some others. Resilience among the patients of high-stage cervical cancer improved their optimism to heal and improve their lives [4].

An individual's resilience is influenced by several factors, among other social support, cognitive ability, and psychology

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resource [5]. Social support among cancer patients, especially who underwent chemotherapy plays an important role as several treatments may worsen the patients' psychological condition besides some influencing internal factors. Social supports include community supports, family supports, and personal supports. However, this study is focused on family supports.

II. METHODOLOGY

This study implements a qualitative method with descriptive-qualitative research design. Descriptive-qualitative research design is specifically chosen to obtain the information on the resilience among the cervical cancer survivors analysed from family support deeply and comprehensively (Creswell, 2017). The analysis unit is based on the studied variable; resilience, or the ability of cervical cancer survivors to adapt and survive with the disease and pressure while receiving supports from the patients' family members to develop their optimism to deal with the disease and pressure.

The research population is cervical cancer survivors with the following characteristics: 1) live in Baubau; 2) a cervical cancer survivor for at least one year; 3) older than 40 years. The research sample is selected by purposive sampling, combined with the in-depth interview as a data collection technique. To avoid misinformation, the researcher asked the informants' consent to use recording machine. The researcher explained to the informants about the study and the research background and topics. The triangulation technique conducts data validation test with the investigation and theoretical triangulation.

III. RESULT

Respondent Profiles

Six respondents (n=6) were included in this study identified with their age, occupation, religion, marital status, and the period of the survivor.

Table 1. Respondents' Profiles Based on Personal Data

Name	Age	Occupation	Religion	Marriage Status	Survival Period	Stage
Z	46	Lecturer	Islam	Married	1 year 5 months	3
M	41	Housewife	Christian	Married	1 year	3
R	52	Teacher	Islam	Married	1 year 2 months	3
O	48	Lecturer	Islam	Widow	1 year	3



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A	5	Civil	Islam	Married	1 year	3
B	6	Servant				
LL	5	Housewife	Islam	Married	1 year	3

Source: Primary Data, 2018

The above data shows that all respondents were in Stage 3 cancer with the longest period of survival one year five months and the most recently diagnosed for one year. The age average is >40 years old.

Table 2. Respondents' Profiles Based on Resilience Scale

Category	Respondents' Codes	Resilience Score
High	Z	205
	MO	189
	R	187
Medium	O	165
	AB	153
	LL	150

Source: Primary Data, 2018, processed by screening using resilience scale

The above table shows that three respondents are included as a high-resilience category. The next step is conducting an in-depth interview with respondents with high resilience score to discover the patterns of family support.

Table 3. Family Support Received by Respondents with High Resilience Score

Respondent	Physical Support	Emotional support	Informative Support	Reward Support
Z	<ol style="list-style-type: none"> Stay during hospital care Husband agrees to the treatment procedure Husband takes a day off Provide the needs Children help with the wheelchair 	<ol style="list-style-type: none"> Be there on any occasion Encourage the patient Calm the patient down Listen to the patient's complaints Support the patient's decisions 	<ol style="list-style-type: none"> Keep reminding of Give advice 	<ol style="list-style-type: none"> Appraise the patient's bald head
MO	<ol style="list-style-type: none"> Provide the needs: bell and water dispenser in the room, medicine, personal care, pay the treatment cost, drop off and pick up the patient, massage, and prepare the food. The sibling who lives outside the town came to help for three months 	<ol style="list-style-type: none"> Be there on any occasion Encourage the patient Calm the patient down Listen to the patient's complaints Support the patient's decisions 	<ol style="list-style-type: none"> Look up and provide information cervical cancer Give advice 	
R	<ol style="list-style-type: none"> Sibling from Papua came to accompany during chemotherapy Provide the needs Help the patient to access the restroom Prepare the food 	<ol style="list-style-type: none"> Be there on any occasion Encourage the patient Calm the patient down 	<ol style="list-style-type: none"> Give advice 	<ol style="list-style-type: none"> Praise

Source: Primary data, processed from interview results

IV. DISCUSSIONS

The above data shows that the respondents with high resilience score received at least three kinds of family support: emotional support, informative support, and reward support.

V. DISCUSSIONS

The respondents have experienced several changes since they were diagnosed with cervical cancer. In addition to physical impairment, the respondents also experienced mental disturbances in forms of emotions and negative feelings such as worry, fear, inferiority, stress, and even rejection of their conditions. The most common negative feelings among the respondents are fear of death and their future. Respondents were afraid to die and worried about the future of their family, such as who would take care of their husband and children if they passed away. They also worried that their condition would cause their husbands to leave [7]. Some even encouraged their husbands to remarry. Some respondents were also wondering why it happened to them, why it had to be them to suffer from cervical cancer and even blaming God

for what happened to them. The conditions experienced by the respondents are following the results of a study by Holland and Evcimen (2009) which revealed that sadness and concern for the future are responses that often arise because of certain meanings attached to cancer, namely the fear of inability and death (Holland & Alici-evcimen, 2009). In line with this, Sand et al. (2009) stated that dealing with the threat of death is a situation that triggers emotional distress and anxiety among the cancer patients [9]. The results of data collection found that the impact of emotional distress and anxiety made the respondents did not want to continue the medical treatment because they were afraid of the outcome and chose the herbal treatment as the alternative [10]. Fortunately, despite the worst psychological condition, the respondents were able to overcome their negative feelings and were encouraged to face reality. The condition experienced by these respondents is called resilience [11]. Resilience is a strength in the individual to adapt to face the difficult conditions and bad luck that befell her. They decided to survive and underwent a series of treatments ranging from surgery, chemotherapy and even radiation.

Based on the results of data collection, there are several things in the respondents to describe their resilience. First, each respondent has a purpose in life, both before and after suffering from cancer. Before being ill, some respondents had goals such as become successful and have fun [12]. However, after the diagnosis, some respondents experienced a change of purpose to giving charity, worshipping, sharing with others and seeing their children grow up and be successful [13]. The existence of life goals among the survivors of cervical cancer is a component of resilience, according to Wagnild (2010), namely the existence of meaningfulness/ purpose. Meaningfulness/ purpose is an awareness that life has a purpose and efforts are needed to achieve that goal. Also, it is these goals that encourage respondents to decide to survive and deal with their illness. The second is the way respondents respond to the changes they experienced as cervical cancer patients. Despite feeling sad, the respondents tried to think positively by continuing to be grateful. Respondents feel grateful for everything that God has given in their lives. Even under limited conditions, the respondents feel grateful that they were still given the opportunity to improve their lives. This is following another component of resilience, namely equanimity. Equanimity is a perspective on the balance and harmony that an individual has about life based on experiences during her lifetime [14]. Some respondents claimed that their illness brings more blessings and happiness in their lives. This is in line with the characteristics of equanimity, in which an individual with this trait can broaden her perspectives to focus more on the positive rather than negative aspects of live events. It can be seen that the respondents can see the positive aspects resulting from the difficulties they experience.

The fourth aspect is the respondents' confidence in themselves. This character can be seen in respondents who own the mindset that they are healthy and can certainly recover [15]. This is by the next component of resilience, namely self-reliance. Self-reliance is an individual's belief in herself and her abilities. The respondents believe that self-enthusiasm is the main key for their survival [16]. In the case of cancer patients, resilience is important because the desire, beliefs and

efforts to adapt that arise from themselves will have a positive impact on the progress of treatment. It can be seen from the three respondents in which their beliefs and effort bring them a positive impact. Based on the previous explanation, it can be seen that there are five components of resilience in each respondent: meaningfulness/purpose, self-reliance, perseverance, equanimity, and existential alone. The five respondents of this study have the character and attitudes that reflect those components.

Based on the obtained data, family support received by the respondents played a significant role for them. The family support received by the respondents also gave a significant impact on their survival ability [17]. The respondents felt very helped by the support given by their families and thought they did not know what to do without their families. Therefore, the respondents will find it difficult to resilience without support from their families [18]. Even though they felt stressed and depressed at first, family support made the respondents happy and encouraged to seek treatment [19]. They feel cared for and still needed by their families by giving such support. The respondents said family support is a strength for them to undergo treatment [20]. Kirana (2016) also stated that family supports in the form of material or moral supports will make the subject feel cared for and loved. Family support for cancer patients, especially those undergoing chemotherapy, has an important role because several cancer treatments can cause stress that may worsen the psychological condition of the patients [21]. One type of external support or social support is family support, or the provision of voluntary and social assistance to family members who experience problems [22]. The respondents said that telling stories or complaining to the closest people in their family made them feel relieved, calmer, and able to push away fears. Listening to their family's response also ease their feelings [23]. The availability of support for respondents such as always accompanying them, listening to their complaints, providing support, motivation and advice, helping with medical expenses and other needs are among the reasons for respondents to survive.

The previous explanation has proven that family support has a significant role in building resilience among cervical cancer survivors [20]. With family supports, cervical cancer survivors become more motivated and to survive despite their suffering [24]. Therefore, it is also necessary to do in-depth research on survival analysis in cervical cancer patients with high resilience (Tewari et al., 2014).

VI. CONCLUSIONS

Based on the research results, it can be concluded that the high resilience among the three respondents developed following the diagnosis, starting from the moment when their condition began to decline, until the time when they decided to get up, survive and adapt to the suffering. High resilience developed within them cannot be separated from the family supports they received which include (a) physical support, such as helping, accompanying, looking after, delivering and picking up, and fulfilling the patients' needs; (b) emotional support by staying beside the patients and listen to their complaints; (c) informative support by seeking information and giving advice related to the conditions; and (d) appreciation support by praising and appreciating the patients' efforts.

REFERENCES

1. J. Ferlay *et al.*, "Estimating the global cancer incidence and mortality in 2018: GLOBOCAN sources and methods," *Int. J. Cancer*, vol. 144, no. 8, pp. 1941–1953, 2019.
2. S. P. Kanker, "Situasi penyakit kanker 4."
3. A. P. Macmillan, "Depression and anxiety in patients with cancer consultant liaison psychiatrist, senior clinical lecturer in psychiatry Sources and selection criteria How common are depression and anxiety in patients with cancer?," *Bmj*, vol. 1415, no. April, pp. 1–6, 2018.
4. M. Eicher, M. Matzka, C. Dubey, and K. White, "Resilience in adult cancer care: An integrative literature review," *Oncol. Nurs. Forum*, vol. 42, no. 1, pp. E3–E16, 2015.
5. L. M. Sippel, R. H. Pietrzak, L. C. Mayes, and S. M. Southwick, "How does social support enhance resilience in the trauma-exposed individual?," vol. 20, no. 4, 2015.
6. J. W. Creswell, "Research design."
7. A. J. Mitchell, D. W. Ferguson, J. Gill, J. Paul, P. Symonds, and L. Royal, "Depression and anxiety in long-term cancer survivors compared with spouses and healthy controls: a systematic review and meta-analysis," *Lancet Oncol.*, vol. 2045, no. 13, pp. 1–12, 2013.
8. J. C. Holland and Y. Alici-vecimen, "Depression in Cancer Patients."
9. L. Sand, M. Olsson, and P. Strang, "Coping Strategies in the Presence of One's Own Impending Death from Cancer," *J. Pain Symptom Manage.*, vol. 37, no. 1, pp. 13–22, 2009.
10. R. Laidsaar-powell *et al.*, "Patient Education and Counseling Family involvement in cancer treatment decision-making: A qualitative study of patient, family, and clinician attitudes and experiences," *Patient Educ. Couns.*, no. 2015, 2016.
11. F. Chino *et al.*, "Self-Reported Financial Burden and Satisfaction With Care Among Patients With Cancer," *Oncologist*, vol. 19, no. 4, pp. 414–420, 2014.
12. J. Totman, N. Pistrang, S. Smith, S. Hennessey, and J. Martin, "'You only have one chance to get it right': A qualitative study of relatives' experiences of caring at home for a family member with terminal cancer," *Palliat. Med.*, vol. 29, no. 6, pp. 496–507, 2015.
13. S. Saso *et al.*, "Gynecological cancers: An alternative approach to healing," *Futur. Sci. OA*, vol. 3, no. 3, 2017.
14. G. Desbordes *et al.*, "Moving Beyond Mindfulness: Defining Equanimity as an Outcome Measure in Meditation and Contemplative Research," 2014.
15. L. C. Rispel, P. De Jager, and S. Fonn, "Exploring corruption in the South African health sector," *Health Policy Plan.*, vol. 31, no. 2, pp. 239–249, 2016.
16. A. Hasanpour-Dehkordi, "Self-care concept analysis in cancer patients: An evolutionary concept analysis," *Indian J. Palliat. Care*, vol. 22, no. 4, pp. 388–394, 2016.
17. S. S. Coughlin, "A review of social determinants of prostate cancer risk, stage, and survival," *Prostate Int.*, no. xxxx, pp. 1–6, 2019.
18. C. R. Meeker *et al.*, "Relationships Among Financial Distress, Emotional Distress, and Overall Distress in Insured Patients With Cancer," *J. Oncol. Pract.*, vol. 12, no. 7, pp. e755–e764, 2016.
19. L. Haynes-Maslow, M. Allicock, and L. S. Johnson, "Cancer Support Needs for African American Breast Cancer Survivors and Caregivers," *J. Cancer Educ.*, vol. 31, no. 1, pp. 166–171, 2016.
20. B. Park *et al.*, "Prevalence and predictors of anxiety and depression among family caregivers of cancer patients: A nationwide survey of patient-family caregiver dyads in Korea," *Support. Care Cancer*, vol. 21, no. 10, pp. 2799–2807, 2013.
21. R. Thanan *et al.*, "Oxidative stress and its significant roles in neurodegenerative diseases and cancer," *Int. J. Mol. Sci.*, vol. 16, no. 1, pp. 193–217, 2014.
22. T. Thompson *et al.*, "HHS Public Access," pp. 134–142, 2018.
23. I. Hasson-Ohayon, R. Tuval-Mashiach, G. Goldzweig, R. Levi, N. Pizem, and B. Kaufman, "The need for friendships and information: Dimensions of social support and posttraumatic growth among women with breast cancer," *Palliat. Support. Care*, vol. 14, no. 4, pp. 387–392, 2016.
24. W. Burns *et al.*, "Cancer-related effects on relationships, long-term psychological status and relationship satisfaction in couples whose child was treated for leukemia: A PETALE study," *PLoS One*, vol. 13, no. 9, pp. 1–20, 2018.