

Original Article

The Correlation Between Problem Focused Strategies Coping With Children's Parent Resilience Cancer Patients Adam Malik Hospital

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Abstract. Parents who care for children with cancer need the ability to rise from unexpected situations, namely resilience. Being a resilient individual involves effective coping strategies in dealing with stressful conditions. This research aims to determine the correlation between coping strategies and resilience in parents of children with cancer at Adam Malik Hospital. This research uses quantitative methods. The sample in this study were 70 parents of children with cancer at Adam Malik Hospital. Data collection in this study used two scales, namely the Connor-Davidson Resilience Scale (CD-RISC) and the problem focused coping strategy scale. The data analysis method used in this study is Product Moment Correlation. Based on the results of the product moment test, the correlation coefficient = 0.690 and the coefficient of determination = 0.476. These results indicate that there is a positive correlation between problem focused coping strategies and resilience with an effective contribution of 47.6%. This means that the resilience of parents of children with cancer in Adam Malik Hospital is 47.6% determined by the problem focused coping strategy factor.

Keywords : Resilience; Problem Focused Coping; Cancer Patients

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Introduction

The World Cancer Day Implementation Guide (2022) states that 70% of cancer deaths occur in developing countries including Indonesia. Globocan Indonesia 2022 data recorded that there were 408,661 new cancer cases and 242,988 deaths caused by various types of cancer. Cancer knows no age, it can attack anyone, including children. Pediatric cancer patients are a complex problem, because not only the child must bear the burden of the disease but also the parents and social environment. This happens a lot in families who have family members affected by cancer due to the weak resilience of children with cancer and the improper care and unstable emotions resulting in high stress (Hafni, 2023).

In addition to medical professionals, families, especially parents, become an important role in caring for children with cancer to carry out every treatment process that is passed to achieve recovery (Lestari, 2020). Brown (Paramita & Retnowati, 2019) also said that when children have been diagnosed with cancer, parents will face various challenges in continuing life. Parents who care for children with cancer (caregivers) have tasks and roles including advocacy roles, serving the physical and psychological needs of patients, providing financial support, accompanying patients, providing assistance with medication administration, carrying

out pain management to patients, helping to meet basic daily needs, providing emotional and spiritual support, being an active listener and providing social support (Werdani, 2018).

The research by Rosenberg (2013) explains that the first impression given by some parents on their child's diagnosis will affect their adjustment to the disease in the future. In addition, the sociodemographic characteristics of parents are factors that can affect their resilience, such as education pursued, financial conditions, family structure, and level of social support. During cancer treatment, parents will realize that there are some aspects that are beyond their control. Parents will also realize the importance of building resilience based on the basic characteristics they have (Rosenberg, 2013).

The ability of parents to provide care for children with cancer can be said to depend on their ability to maintain resilience. Resilience affects how parents interact with their children, where parents with low resilience tend not to care about their children, such as abandoning their children or handing over parenting responsibilities to others (Valentia, 2020). Parents with low resilience abilities like this can make children with cancer not get the social support that is needed for the treatment process that the child is undergoing. Therefore, parents are expected to have the ability of high resilience when caring for children with cancer.

Resilience is the ability or human capability of a person, group, community that allows them to face, prevent, minimize and even eliminate the adverse effects of unpleasant conditions, or change the conditions of life that are miserable to be a natural thing to overcome. For those who are resilient, resilience makes their lives stronger (Desmita, 2017). Everall, Allrows, and Paulson (2006) divide several factors that can affect resilience, namely: individual factors (cognitive function, coping strategies, locus of control, and self-concept), family factors, community or external factors and risk factors. Resilience consists of several aspects. Connor and Davidson (2003) mentioned that resilience consists of five aspects, namely; first personal competence, tenacity and high standards, belief in oneself, positive acceptance, self-control, and spirituality.

Caregiving for cancer patients can have a significant impact on the quality of life of personal caregivers. These parents who were caregivers face physical, psychological, and financial stress, as well as difficulties in managing their own daily activities while providing care to the cancer patient. It is important to understand the extent of the burdens and challenges they face to provide encouragement for them in their daily lives. Stress may increase as caregivers provide time and physical efforts (Abazari, Chatterjee, & Moniruzzaman, 2023).

Luthar (Lin, Rong, & Lee, 2013) explains that stressors felt by parents are a challenge for families to condition the strengths that are within parents through resilience. Resilience which includes coping and adaptation mechanisms when parents are faced with high-risk stressors and experience stress. Stress will encourage individuals to come up with certain coping strategies (Hendriani, 2018). Coping strategies can help individuals to respond to problems appropriately and can increase resilience (Yulhaidir, Soetjipto, & Eva, 2023). Coping strategies can be influenced by cultural background, experience in dealing with problems, environmental factors, personality, self-concept, social factors, and others that affect the ability of individuals to solve their problems (Maryam, 2017). Lazarus and Folkman (Maryam, 2017) divide coping strategies into two types, including emotional focused coping and problem focused coping. Problem focused coping is an action directed towards problem solving. In addition, emotional focused coping is making efforts that aim to modify the function of emotions without making efforts to change stressors directly. Emotional focused coping tends to be done when individuals feel unable to change the situation because their resources are unable to cope with the situation. Meanwhile, in caring for cancer patients, individuals believe that those who are resilient can carry out active coping in preparing and carrying out care tasks and challenging situations, such as maintaining the course of the treatment process, monitoring symptoms in patients, and providing coordinated care (Dionne-Odom et al., 2021). In this situation problem focused coping is effective in dealing with the tasks and roles of parents caring for children with cancer.

Problem-focused coping strategies include attempts to take action to reduce stress or improve an individual's ability to manage it (Ogden, 2007). With problem focused coping strategies can reflect the ability of parents to deal with existing problems. If you are unable to implement a problem focused coping strategy properly, it will make it difficult for the individual to overcome the stress and problems that are being faced. Huang (Hendriani, 2018) explains that previous studies have shown that the use of coping strategies has an important role in individual physical and psychological outcomes, and in this case problem focused coping strategies are considered to have a more positive influence on health.

King (2014) explains that the problem focused coping strategy is a cognitive strategy in which individuals are directly confronted with the problem and seeking a solution to the problem. Problem-centered coping behavior tends to be carried out if the individual feels that something constructive can be done about the situation or believes that resources can change the situation (Maryam, 2017). Problem focused coping strategies attempt to reduce the demands of stressful situations or make individuals have to face the problems that are happening (Sarafino & Smith, 2011). Lazarus and Folkman (in Matthieu & Ivanoff, 2006) state that there are several factors that can influence problem focused coping strategies, including: physical health, beliefs, problem solving skills, social skills, social support, and material. Lazarus and Folkman (Maryam, 2017) mention several aspects of problem focused coping strategies, including: painful problem solving, confrontative coping, and seeking social support.

The experience of caring for a family in cancer from diagnosis to death and beyond is attended by a range of major life stressors that test individuals' ability to cope and maintain well-being (Dionne-Odom et al., 2021). They often experience physically, psychologically, and financially stressful, as well as barriers to managing their own daily activities while providing care to patients (Abazari et al., 2023). In this case, the ability to resilience is needed to rise from these conditions. Research by Ong, et. al. (Nainggolan, Sari, & Hartanti, 2022) shows that resilience is effective in reducing the burden of a caregiver. Maiorano (Handayani & Achadi, 2022) revealed that resilience tends to be related to positive internal conditions, where someone who has high resilience will perceive external events as challenges and opportunities for change and self-improvement so that it will lead to a better adaptive coping approach to reduce stress. Handayani (2022) said that some studies mention that the best is a problem-focused strategy.

Problem focused coping strategies can reflect parents' ability to deal with existing problems. If you are unable to implement an effective problem focused coping strategy, it will make it difficult for the individual to overcome the stress and problems that are being faced. Supported by previous research conducted by Aulia (2023) shows a standardization coefficient of 0.520. Which concluded that there is a relationship between problem focused coping strategies and resilience. The problem focused coping strategy contributed 52.0% and the rest was influenced by other factors not examined in the study. Based on the phenomenon that has been described and previous research, it can be concluded that there is a correlation between problem focused coping strategies and resilience. The purpose of this study is to examine empirically and determine the correlation between problem focused coping strategies and resilience of parents of children with cancer.

Method

In this research, the researcher utilized quantitative research methods with a correlational approach that aims to determine the relationship between coping strategies and resilience of parents of children with cancer. Research with a quantitative approach emphasizes analysis on numerical data which will be analyzed with appropriate statistical methods (Ahyar, 2020). In this study there are two variables, namely the problem focused coping strategy and the dependent variable resilience.

Participants

The sample in this research was parents of children with cancer at Adam Malik Hospital, totaling 70 people.

Sampling Procedures

In this research using purposive sampling as a sampling technique. Purposive sampling is a sampling technique with certain considerations (Sugiyono, 2013). This research has the following sample terms:

- Parents of children with cancer patients hospitalized at Adam Malik Hospital.
- Parents of children with stage 2 - 3 cancer.
- Parents of children with cancer who had treatment more than three times.

Materials and Apparatus

The data collection used in this research is a Likert scale. The resilience scale used by researchers is the Connor-Davidson Resilience Scale (CD-RISC) measuring instrument developed by Connor and Davidson (2003) which was translated by Egi Prawita and Adi Heryadi (2023). The problem focused coping strategy scale is measured from three aspects of the problem focused coping strategy, namely planful problem solving, confrontative coping, and seeking social support.

Procedures

The questionnaire was distributed by the researcher to the samples at the research site, then the samples filled in several statements in the questionnaire.

Design or Data Analysis

In this research, the researcher used the correlation analysis method. In this method, if the data of variable x and variable y are at the interval level, the linear relationship between the two can be expressed in the form of a correlation coefficient r_{xy} the amount of which can be calculated using Pearson's product-moment correlation equation (Azwar, 2018). Data analysis that will be carried out by researchers is assisted with the help of the IBM Statistic SPSS version 21.0 for windows program.

Results and Discussion

The distribution normality test was analyzed using the Kolmogorov and Smirnov (K-S) formula. Based on this analysis, it is known that the variable data follows a normal distribution, which is distributed according to the normal curve principle. As a criterion, if $p > 0.05$, the distribution is declared normal, otherwise if $p < 0.05$, the distribution is declared abnormal (Riadi, 2016).

The CD-RISC scale has a Correlated Item-Total Correlation validity score of 0.346 to 0.609 $> 0,300$ of Correlated Item-Total Correlation. In the reliability test, a measuring instrument can be said to be reliable if it provides a Cronbach Alpha value > 0.70 or $r > 0.70$. On the resilience scale getting a Cronbach Alpha number of 0.884, the CD-RISC scale is declared reliable and can be used in this study. The problem focused coping strategy has a total of 17 items. After the

trial, there were two items that were canceled, namely items 8 and 15. The item was canceled because it had a Correlated Item-Total Correlation validity score < 0.300 . In the reliability test, a measuring instrument can be said to be reliable if it provides a Cronbach Alpha value > 0.70 or $r > 0.70$. On the problem focused coping strategy scale getting a Cronbach Alpha number of 0.781, the problem focused coping strategy scale is declared reliable and can be used in this study.

Based on the linearity test, it can be seen whether the independent variable and the dependent variable in this study can or cannot be analyzed by product moment correlation. As a criterion, if the p value on linearity < 0.05 , it can be concluded that it is eligible for linearity assumption.

Based on the results of the calculation of product moment correlation analysis, it can be determined that there is a positive relationship between problem focused coping strategies and resilience. This result is evidenced by the correlation coefficient $r_{xy} = 0.708$ with signification $p = 0.000 < 0.05$. The coefficient of determination (r^2) of the relationship between the independent variable and the dependent variable is $r^2 = 0.502$. This shows that the problem focused coping strategy distributes 50.2% to resilience. The following table is a summary the results of the r product Moment Correlation analysis.

Tabel 1. Summary the Result Of Product-Moment Correlation Analysis

Statistic	Coefficient (r_{xy})	Coefficient of Determinan (r^2)	BE%	P	Description
X-Y	0,708	0,502	50,2	0,000	Significan

The results of the mean analysis concluded that the problem focused coping strategy in parents of children with cancer at Adam Malik Hospital was low. With a hypothetical mean of 37.5 and an empirical mean of 31.94. Furthermore, resilience in parents of children with cancer at Adam Malik Hospital is also classified as low with a hypothetical mean of 62.5 and an empirical mean of 50.62.

Tabel 2. Interval Value

Resilience			Problem Focused Coping Strategy		
Value	Frequency	Category	Value	Frequency	Category
55,6	45	Low	33,6	45	Low
62,5	14	Medium	37,5	9	Medium
69,3	9	High	41,3	14	High

Tabel 3. Summary Calculation Results of Hypothetical Mean and Empirical Mean

Variabel	SD	Mean		Describe
		Hypothetical	Empirical	
Resilience	6,847	62,5	50,62	Low
PFC	3,839	37,5	31,94	Low

Based on data analysis, the hypothesis in this study that there is a positive correlation between problem focused coping strategies and resilience is valid. This can be seen from the results of the product moment test, the correlation coefficient $r_{xy} = 0.690$ with a significance of $p = 0.000 < 0.05$. It can be concluded that there is a positive relationship between problem focused coping strategies and resilience with the explanation that the more effective problem focused coping strategies are applied, the more optimal the resilience carried out by parents of children with cancer.

Every human being has the ability to be resilient, and everyone is able to learn how to deal with obstacles and obstacles in their lives so that they become resilient (Hendriani, 2018).

Resilience can help individuals to deal with changes related to growth and development that occur within themselves (Cecylia & Theresia, 2019). This is consistent with the opinion of Padesky and Mooney (in Delany et al., 2015) who explain that increasing resilience capabilities is not only bouncing back from situational difficulties, but also developing adequate self-efficacy to solve problems, thinking creatively and purposefully, and developing trusting relationships with a sense of moral connectedness.

Everall, Altrows, and Paulson (2006) explained that one of the factors that can determine individual resilience is coping strategies. Huang (in Hendriani, 2018) explains that previous studies have shown that the use of coping strategies has an important role in individual physical and psychological outcomes, and in this case problem focused coping strategies are considered to have a more positive influence on health. Problem focused coping can overcome psychological problems such as depression and other psychological barriers (Horwitz, Hill, & King, 2011). This is consistent with the results of Yulhaidir's research (2023) which proves that problem focused coping training can increase individual resilience.

The results of the Product moment correlation test also obtained a coefficient of determination $r^2 = 0.476$. This shows that problem focused coping strategies contribute 47.6% to resilience, these results are small numbers but can show that problem focused coping strategies can affect resilience. This is because it is influenced by other factors that are not examined such as cognitive function, locus of control, self-concept, family factors, external factors or community factors.

The results of this study are also confirmed by previous research by Aulia (2023) entitled "The Role of Coping Strategies in the Resilience of Health Workers During Covid-19 Pandemic" with a sample of 86 health workers concluded that there is a relationship between problem focused coping strategies and resilience. The results showed a standardization coefficient of 0.520, which means that the problem focused coping strategy contributed 52.0% and the rest was influenced by other factors not examined in the study. This study also explains that health workers who use problem focused coping strategies have a lower level of perceived threat have a higher level of control in responding to the pandemic.

Research by Putri (2022) entitled Resilience in LKSA: Perceived Social Support and Problem Focused Coping in Adolescents concluded that problem focused coping has a correlation with resilience problem focused coping has a significance value of 0.000 with a regression coefficient of 1.162. The test results with multiple regression have an Rsquare value of 0.411 which means that perceived social support and problem focused coping together contribute to the level of resilience of adolescents living in LKSA by 41%, while the remaining 59% is influenced by other variables not examined. These results indicate that high perceived social support and problem focused coping can help adolescents living in LKSA in Bandung city in increasing their resilience so that they can overcome any difficulties they face.

Based on the results of the mean analysis, it can be concluded that resilience in parents of children with cancer at Adam Malik Hospital with a hypothetical mean value of 62.5 and an empirical mean of 50.62 and a difference of less than SD (6.847). From the results of this analysis it is known that parental resilience is low. This can be seen from parents who are unable to tolerance negative emotions, find it difficult to accept changes that occur, and close to having a safe relationship with others.

Parents tend to have difficulties adjusting with different situations and feel low self-esteem when explaining their condition when people around them ask about their child's condition. Parents also feel that not everyone can understand what they feel. This makes parents choose to close themselves off from the social environment. Therefore, the ability of resilience can make parents who care for children with cancer get balance, trust and also self-strength in living life (Lin et al., 2013). This is relevant to Grotberg's opinion (in Hendriani, 2018) which says that one of the sources of resilience is I Have which is related to the amount of social support obtained from the surrounding, as well as the meaning of the individual. Individuals who have

low trust in the surrounding environment tend to have few social networks and will also assume that the social environment provides little support to them.

Parents will be faced with several decisions that must be made during their child's cancer treatment. The decision can have an impact on the child's future health, therefore parents feel uneasy when making decisions because they do not want to have a high risk for the child's condition. Therefore, being a parent with a resilient caregiver role must have an active attitude towards gathering information and resources, maintaining relationships between carers and health workers, and building social relationships (Lin et al., 2013). Bernard (in Desmita, 2017) explains that resilient individuals have characteristics as individuals who have the ability to solve problems well.

Furthermore, based on the results of the mean analysis, it can be concluded that the problem focused coping strategy in parents of children with cancer at Adam Malik Hospital with a hypothetical mean value of 37.5 and an empirical mean of 31.94 and a difference of less than SD (3.839). From the results of this analysis it can be seen that the problem focused coping strategy of parents is low. This can be seen from parents who cannot analyse the solution to the problem at hand, are afraid to take high risks when making decisions and find it difficult to seek social support from the surrounding environment.

Aspects that influence problem focused coping strategies such as confrontative coping, painful problem solving, and support coping, can move parents to seek and receive help, focus on the problems faced, maintain a blend of cooperation in the family, optimism, maintain social support, self-esteem, psychological stability, understand medical conditions through communication with other parents and consultation with medical staff (Nurhidayah, 2022). The limited level of ability of problem-focused coping strategies that parents have to solve problems so that the resilience carried out is considered less than optimal. This makes most parents inability to recover from distress and difficulty to solve the problems faced in taking care of children with cancer well.

Conclusions

Based on this research, it can be concluded that there is a positive correlation between problem focused coping strategy and resilience with the explanation that the more effective problem focused coping strategy applied, the more optimal resilience performed by parents of children with cancer. In this study, problem-focused coping strategies distributed 50.2% on resilience, while other factors that were not examined were 49.8% that could be distributed to increase resilience in parents of children with cancer. Therefore, this study can answer the research objectives with the conclusion that the independent variable, namely the problem focused coping strategy, has a correlation with the dependent variable, namely resilience in parents of children with cancer at Adam Malik Hospital. Based on the results of the mean analysis, it can be concluded that the problem focused coping strategy in parents of children with cancer at Adam Malik Hospital is low. With a hypothetical mean of 37.5 and an empirical mean of 31.94. Furthermore, resilience in parents of children with cancer at Adam Malik Hospital is also classified as low with a hypothetical mean of 62.5 and an empirical mean of 50.62. It can be concluded that parents of children with cancer at Adam Malik Hospital have limited problem-focused coping strategies.

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References

- Abazari, A., Chatterjee, S., & Moniruzzaman, M. (2023). Understanding Cancer Caregiving and Predicting Burden: An Analytics and Machine Learning Approach. *AMIA ... Annual Symposium proceedings. AMIA Symposium, 2023*, 243–252.
- Aulia, C. I., Mudatsir, M., & Mawarpury, M. (2023). The Role of Coping Strategies in the Resilience of Health Workers During Covid-19 Pandemic. *E3S Web of Conferences*, 447. <https://doi.org/10.1051/e3sconf/202344705003>
- Azwar, S. (2018). *Metode Penelitian Psikologi*. Yogyakarta: Pustaka Pelajar.
- Cecylia, P., & Theresia, M. (2019). Hubungan Antara Self Efficacy Dan Dukungan Sosial Dengan Resiliensi Siswa Smk Negeri 1 Wonosegoro Kabupaten Boyolali Tahun Pelajaran 2020/2021. *Bimbingan dan Konseling*, 8(2), 12–25. Diambil dari <https://journal.upgris.ac.id/index.php/EMPATI/article/view/7979>
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76–82. <https://doi.org/https://doi.org/10.1002/da.10113>
- Delany, C., Miller, K. J., El-Ansary, D., Remedios, L., Hosseini, A., & McLeod, S. (2015). Replacing stressful challenges with positive coping strategies: a resilience program for clinical placement learning. *Advances in Health Sciences Education*, 20(5), 1303–1324. <https://doi.org/10.1007/s10459-015-9603-3>
- Desmita. (2017). *Psikologi Perkembangan Peserta Didik*. Bandung: PT Remaja Rosdakarya.
- Dionne-Odom, J. N., Azuero, A., Taylor, R. A., Wells, R. D., Hendricks, B. A., Bechthold, A. C., ... Rosenberg, A. R. (2021). Resilience, preparedness, and distress among family caregivers of patients with advanced cancer. *Supportive Care in Cancer*, 29(11), 6913–6920. <https://doi.org/10.1007/s00520-021-06265-y>
- Everall, R. D., Jessica Altrows, K., & Paulson, B. L. (2006). Creating a future: A study of resilience in suicidal female adolescents. *Journal of Counseling and Development*, 84(4), 461–470. <https://doi.org/10.1002/j.1556-6678.2006.tb00430.x>
- Hafni, M., Wahyuni, N. S., & Istiana, I. (2023). Menyikapi Keterkaitan Regulasi Emosi dan Resiliensi: Perspektif Terhadap Pasien Penderita Kanker dan Prospek Penelitian Longitudinal. *Psychocentrum Review*, 5(3). <https://doi.org/10.26539/pcr.532283>
- Handayani, M. S., & Achadi, A. (2022). Resiliensi dan Strategi Koping pada Tenaga Kesehatan Menghadapi Pandemi COVID-19: Literature Review. *Media Publikasi Promosi Kesehatan Indonesia (MPPKI)*, 5(10), 1182–1191. <https://doi.org/10.56338/mppki.v5i10.2561>
- Hardani, Andriani, H., Fardani, R. A., Ustiawaty, J., Utami, E. F., Sukmana, D. J., & Istiqomah, R. R. (2020). *Metode Penelitian Kualitatif & Kuantitatif*. Yogyakarta: CV. Pustaka Ilmu Group Yogyakarta.
- Hendriani, W. (2018). *Resiliensi Psikologis Sebuah Pengantar (Pertama)*. Jakarta Timur: Prenadamedia Group.
- Horwitz, A. G., Hill, R. M., & King, C. A. (2011). Specific coping behaviors in relation to adolescent depression and suicidal ideation. *Journal of Adolescence*, 34(5), 1077–1085. <https://doi.org/10.1016/j.adolescence.2010.10.004>
- Kementerian Kesehatan RI. (2022). Panduan Pelaksanaan Hari Kanker Sedunia 2022. In *Kementerian Kesehatan RI* (hal. 1–17). Jakarta.
- King, L. A. (2014). *Psikologi Umum : Sebuah Pandangan Apresiasi Buku 2*. Jakarta: Salemba Humanika.
- Lestari, A., Budiarti, Y., & Ilmi, B. (2020). Study Fenomenologi: Psikologis Pasien Kanker yang Menjalani Kemoterapi. *Jurnal Keperawatan Suaka Insan*, 5(1), 52–66. <https://doi.org/10.51143/jksi.v5i1.196>
- Lin, F.-Y., Rong, J.-R., & Lee. (2013). Resilience among caregivers of children with chronic conditions: a concept analysis. *Journal of Multidisciplinary Healthcare*, 6, 323.

- <https://doi.org/10.2147/JMDH.S46830>
- Maryam, S. (2017). Strategi Coping: Teori Dan Sumberdayanya. *JURKAM: Jurnal Konseling Andi Matappa*, 1(2), 101. <https://doi.org/10.31100/jurkam.v1i2.12>
- Matthieu, M. M., & Ivanoff, A. (2006). Using stress, appraisal, and coping theories in clinical practice: Assessments of coping strategies after disasters. *Brief Treatment and Crisis Intervention*, 6(4), 337–348. <https://doi.org/10.1093/brief-treatment/mhl009>
- Nainggolan, A. I., Sari, T. R., & Hartanti, H. (2022). Effectiveness of Resilience Training to Reduce Caregiver Burden in Family Caregivers of Children with Cancer. *Psikostudia : Jurnal Psikologi*, 11(2), 209. <https://doi.org/10.30872/psikostudia.v11i2.7401>
- Nurhidayah, I., Hidayat, M. N., & Sutini, T. (2022). Parents' Coping Strategies in Caring for Children with Special Needs: A Narrative Review. *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, 7(3), 741–748. <https://doi.org/10.30604/jika.v7i3.1010>
- Ogden, J. (2007). *Health Psychology: a textbook*. New York: Open University Press.
- Paramita, A. A. A. R., & Retnowati, S. (2019). Program “KOMPAK” untuk Meningkatkan Kualitas Hidup Ibu Pasien Kanker Anak. *Gadjah Mada Journal of Professional Psychology (GamaJPP)*, 5(2), 120. <https://doi.org/10.22146/gamajpp.49959>
- Prawita, E., & Heryadi, A. (2023). Analisis Validitas Konstrak dan Analisis Konsistensi Internal pada Skala Resiliensi. *Psimphoni*, 4(1).
- Putri, M. D., Setyowibowo, H., & Purba, F. D. (2022). Resiliensi di LKSA: Perceived Social Support dan Problem Focused Coping pada Remaja. *Psyche 165 Journal*, 15(4), 152–157. <https://doi.org/10.35134/jpsy165.v15i4.206>
- Riadi, D. E. (2016). *Statistika Penelitian (Analisis Manual dan IBM SPSS)*. Yogyakarta: CV. Andi Offset.
- Rosenberg, A. R., Baker, K. S., Syrjala, K. L., Back, A. L., & Wolfe, J. (2013). Promoting resilience among parents and caregivers of children with cancer. *Journal of Palliative Medicine*, 16(6), 645–652. <https://doi.org/10.1089/jpm.2012.0494>
- Sarafino, E. P., & Smith, T. W. (2011). *Health Psychology Biopsychosocial Interactions* (Seventh). United States of America: John Wiley & Sons, Inc.
- Sugiyono. (2013). *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. Bandung: Alfabeta.
- Valentia, S., Sani, R., & Anggreany, Y. (2020). Hubungan Antara Resiliensi dan Penerimaan Orang Tua pada Ibu dari Anak yang Terdiagnosis Autism Spectrum Disorder (ASD). *Jurnal Psikologi Ulayat*, 4(1), 43–57. <https://doi.org/10.24854/jpu59>
- Werdani, Y. D. W. (2018). Pengaruh Caregiving pada Pasien Kanker terhadap Tingkat Caregiver Burden. *Jurnal Ners dan Kebidanan (Journal of Ners and Midwifery)*, 5(3), 249–256. <https://doi.org/10.26699/jnk.v5i3.art.p249-256>
- Yulhaidir, L., Soetjipto, B. E., & Eva, N. (2023). The Effect of Problem-Focused Coping Training on the Resilience of Early Adolescent Students Across School Engagement. *Journal for Re Attach Therapy and Developmental Diversities*, 6 (10s2), 464–475. <https://doi.org/https://jrtdd.com/index.php/journal/article/view/1370>