

Psychological Wellbeing of Parents Who Have Children with Cancer at Ambu Cancer Fighter House Foundation

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Abstract

Cancer is a chronic disease that requires intensive treatment. While undergoing treatment, parents of children with cancer are faced with various problems that interfere with their mental health, which can delay the child's treatment process. The aim of this research is to find out the psychological well-being of parents who have children with cancer at the Ambu Cancer Fighters Home Foundation. This research used quantitative descriptions, involving 40 parents who had children with cancer at the Ambu Cancer Fighters Home Foundation. The number of samples taken in this research was 37. The research sampling technique was accidental sampling. The Ryff psychological well-being scale questionnaire was used as an instrument. The data analysis used was univariate. More than half of the respondents had a high level of mental well-being (59.5%), and less than half of the respondents had a low level of mental well-being (40.5%). High levels of psychological well-being indicate that parents are able to face various challenges in caring for their children. Efforts are needed to improve the psychological well-being of parents so they can provide maximum care to their children.

Keywords: *Cancer children, Parent, Psychological Well Being.*



A. INTRODUCTION

The World Health Organization (WHO) states that cancer is one of the most significant causes of death worldwide (Pangribowo, 2019). According to the World Cancer Research Fund (WCRF), there were 18,094,716 cancer cases worldwide in 2020 (World Cancer Fund International, 2022). Based on Global Burden of Cancer (Globocan) data, Indonesia had 396,914 cancer cases and 234,511 deaths in 2020 (Global Burden of Cancer, 2020). Cancer not only affects adults but can also affect children (World Health Organization, 2021). Currently, cancer is the second leading cause of death in children in Indonesia (Ministry of Health Republic of Indonesia, 2018). It is estimated that around 90,000 children die from cancer each year (Mahayaty et al., 2022).

In the treatment of children with cancer, the role of family as providers of social support can be a key factor in the healing process of individuals experiencing illness, a role that cannot be replaced by anyone else (Windasari et al., 2022). Parents caring for children with cancer are vulnerable to physical, social, and psychological health problems because caring for a child requires a lot of energy, time, and sacrifice. Parents often experience sleep disturbances, fatigue, and changes in appetite. Emotional symptoms such as depression, guilt, anger, and anxiety are psychological

disturbances for parents. Anxiety is known to be related to treatment, recurrence after treatment, long-term effects of therapy, financial resources, and the treatment process (Rokhaidah and Herlina, 2018). Family life difficulties caused by a child's poor health can affect psychological wellbeing (Salvador et al., 2019). Parents of children with cancer can affect their own psychological wellbeing, thus affecting the quality of life and treatment process of the child with cancer. Parents with high psychological wellbeing are able to care for their sick child well, thus improving their child's quality of life. Conversely, when mental wellbeing is low, parenting becomes suboptimal, resulting in a decrease in the child's quality of life (Thiyagarajan et al., 2019).

It is extremely important for parents to have good psychological wellbeing so that children can be cared for properly. Psychological wellbeing is an individual's state or achievement that includes self-esteem and acceptance of all aspects of life. Psychological wellbeing is characterized by achieving happiness, life satisfaction, and absence of depressive symptoms (Ryff, 1995). Psychological wellbeing is not just about positive effects, negative effects, and life satisfaction, but it should be understood that psychological wellbeing is a multidimensional structure related to six dimensions: the ability to accept strengths and weaknesses, self-control, having purpose in life, personal development, positive relationships with others, and the ability to create and manage environment and autonomy (Ryff, 1995). The purpose of this study is to determine the psychological wellbeing of parents who have children with cancer at the Ambu Cancer Warrior House Foundation.

B. METHOD

The type of research used is quantitative descriptive, depicting the psychological wellbeing of parents with children suffering from cancer at the Ambu Cancer Warrior House Foundation. This study has obtained approval from the Ethics Committee of the Faculty of Medicine, Padjadjaran University No. 1355/UN6.KEP/EC/2023 on November 16, 2023. The research sample consists of all parents of children with cancer treated at the Ambu Cancer Warrior House Foundation in December 2023, totaling 37 individuals.

In this study, the instrument used is The Psychological Well-Being Scale (PWBS) by Carol D. Ryff (1989). This instrument has been used in Rahmawati's research (Rachmawati, 2022) and has been translated into Indonesian and modified without changing its purpose. The validity test results show an R value of 0.444 and the questionnaire reliability test with a Cronbach's alpha value of 0.706, indicating that this instrument is valid and reliable and can be used (Arunita, 2020). After the data collection, it was analyzed using univariate analysis and presented in frequency distribution tables. Psychological wellbeing is considered high if the value of $X \geq 150.216$ and low if the value of $X < 150.216$.

C. RESULTS AND DISCUSSION

1. Basic Characteristics of Respondents

The basic characteristics of the respondents include age, gender, highest education level, occupation, place of residence, and duration since the child was diagnosed with cancer, as presented below (Table 1):

Table 1. Basic Characteristics of Respondents (n = 37)

Characteristic of Respondents	Frequency (f)	Percentage (%)
Gender		
Male	8	21,6
Female	29	78,4
Age		
20-25 years	1	2,7
26-35 years	19	51,4
36-45 years	9	24,3
46-55 years	7	18,9
56-65 years	1	2,7
Occupation Status		
Employed	10	27
Unemployed	27	73
Highest Education Level		
Elementary School	7	18,9
Junior High School	17	45,9
Senior High School	10	27
College/University	3	8,1
Duration Since Child's Cancer Diagnosis		
1 Month-1 Year	22	59,5
> 1-2 Years	7	18,9
> 2-3 Years	3	8,1
> 3-4 Years	4	10,8
> 4 Years	1	2,7

The table above shows that the majority of respondents are female (78.4%), and more than half of the respondents are aged 26 – 35 years (51.4%). In this study, the majority of respondents are unemployed (73%), and less than half of the respondents have a highest education level of junior high school (45.9%). Based on the table above, more than half of the respondents have had a child diagnosed with cancer for 1 Month-1 Year (59.5%).

2. Description of the Psychological Wellbeing of Parents with Children Suffering from Cancer at Ambu Cancer Warrior House Foundation

Table 2. Frequency Distribution of Respondents' Psychological Wellbeing (n = 37)

Psychological Wellbeing Category	Frequency (f)	Percentage (%)
High	22	59,5
Low	15	40,5
Total	37	100%

From the table above, it can be seen that more than half of the respondents have a high level of psychological wellbeing (59.5%), while less than half of the respondents have a low level (40.5%).

3. Description of Psychological Wellbeing Based on Dimensions

Table 3: Frequency Distribution Based on Dimensions (n=37)

No.	Psychological Wellbeing Dimension	Frequency (f)	Percentage (%)
1	Autonomy Dimension		
	High	21	56,8
	Low	16	43,2
2	Environmental Mastery Dimension		
	High	19	51,4
	Low	18	48,6
3	Personal Growth Dimension		
	High	16	43,2
	Low	21	56,8
4	Positive Relations with Others Dimension		
	High	18	48,6
	Low	19	51,4
5	Purpose in Life Dimension		
	High	17	45,9
	Low	20	54,1
6	Self-Acceptance Dimension		
	High	14	37,8
	Low	23	62,2

The table above shows data from all respondents regarding the 6 dimensions of Psychological Wellbeing. More than half of the respondents have high scores in the autonomy dimension (56.8%). Out of the 6 dimensions, more than half of the respondents (62.2%) have low scores in the self-acceptance dimension.

4. Description of Psychological Wellbeing Based on Duration Since Child's Cancer Diagnosis

Table 4. Frequency Distribution of Psychological Wellbeing Levels based on Duration Since Child's Cancer Diagnosis (n = 37)

Duration Since Child's Diagnosis	High		Low		Total	
	f	%	f	%	f	%
1 Month – 1 Year	14	37,8	8	21,6	22	59,5
>1 – 2 Years	1	2,7	6	16,2	7	18,8
>2 – 3 Years	3	8,1	0	0	3	8,1
>3 – 4 Years	3	8,1	1	2,7	4	10,8
>4 Years	1	2,7	0	0	1	2,7
Total	22	59,5	15	40,5	37	100

Based on Table 4, the highest and lowest levels of psychological wellbeing are found among parents with children diagnosed with cancer within the range of 1 month-1 year, with 14 parents categorized as high and the highest number of parents, 8, categorized as low.

The results of this study indicate that more than half of the parents of cancer patients at the Ambu Cancer Warrior House Foundation have a high level of psychological wellbeing. The high psychological wellbeing of parents of cancer patients is a positive sign, indicating that they are able to cope with the emotional and psychological challenges associated with their child's health status, and are able to provide good caregiving to enhance their child's quality of life (Salvador et al., 2019). Higher quality of life corresponds to higher psychological wellbeing (Lestari & Nurhayati, 2020). Parents with high psychological wellbeing consider childcare very important and are committed to providing the best care for their children (Larson, 2010). These findings are consistent with research on parents of thalassemia patients, which also showed high levels of psychological wellbeing (Nuraeni et al., 2022).

At the same time, less than half of the parents have low psychological wellbeing, indicating suboptimal psychological conditions that can affect both the child's and the parents' health (Ghaffar et al., 2023). In this study, more than half of the parents have high psychological wellbeing in the autonomy dimension, indicating that they have a strong or high level of autonomy in managing daily life and tasks, particularly caregiving for cancer patients (Ghaffar et al., 2023). Regarding the Environmental Mastery dimension (Table 3), the distribution of respondents in high and low categories is almost equal, indicating that parents have a high ability to monitor or control the surrounding environment, especially in caring for children with cancer (Ghaffar et al., 2023). Individuals with high environmental mastery manage complex activities, utilize opportunities effectively, and create contexts that meet individual needs and values. Conversely, those with lower environmental mastery tend to struggle with daily tasks, feel powerless in adapting to their environment, fail to seize opportunities, and lack control over their environment (Ryff, 2013).

In terms of self-development dimension, the study results indicate that most parents have low psychological wellbeing. Parents may experience limitations in their personal development and in terms of personal growth, skill development, and identity exploration, thereby hindering them from providing as much support as possible in childcare (Chung et al., 2023). According to Ryff, individuals with good self-development can be seen as open to new experiences, able to realize their potential, and continuously increasing their knowledge (Ryff, 1995). In the dimension of positive relations with others, the study results indicate that the level of psychological wellbeing among parents is almost the same in both low and high categories, indicating that positive relationships with others can be established, but the fact that there are still parents with poor scores in the positive relations dimension may be due to a lack of openness. Low levels of positive relationships may reflect parents' difficulties in sharing childcare experiences with others, which can hinder the child's openness and healing process (Ghaffar et al., 2023). In this dimension, parents believe that others view them as caring and attentive individuals who are willing to give. Additionally, other related studies have shown that parents of cancer patients are more supportive in sharing because they feel comfortable with other parents facing similar issues (Fitria et al., 2017).

The study results indicate that most respondents have low mental wellbeing in the purpose in life dimension, indicating that parents may have limitations or difficulties in establishing or maintaining clear or meaningful life goals because they have to take care of their child with cancer from their own life (Ghaffar et al., 2023). These findings are consistent with research on parents caring for children with thalassemia, which found low scores in the purpose in life dimension (Nuraeni et al., 2022). According to Ryff, individuals with low purpose in life have few life goals, lack direction in life, and have no vision or belief in life (Ryff, 1989).

In the self-acceptance dimension, the research results indicate that the level of psychological wellbeing is low (62.2%), suggesting that parents struggle with or are unable to positively accept themselves, especially in relation to the challenges and stresses of caring for children battling cancer (Chung et al., 2023). In the self-acceptance dimension, the statement with the highest percentage refers to accepting one's own attitudes or characteristics, indicating a connection with beliefs. These research findings do not align with similar studies where the self-acceptance dimension ranked second compared to other dimensions (Ayu et al., 2022).

The research results show that more than half of the respondents with high and low psychological wellbeing are parents whose children were diagnosed with cancer within 1 month to 1 year (Table 4). This could be attributed to several factors, such as optimism and level of knowledge. One study found that optimistic individuals can better cope with psychological issues when caring for children with chronic illnesses (Fotiadou et al., 2008). Additionally, according to Ryff, someone who is unaware of the situation they are facing can easily develop psychological problems and affect their psychological wellbeing (Ryff, 1995).

D. CONCLUSION

Based on the research findings, it can be concluded that overall, more than half of the respondents have a high level of psychological wellbeing, indicating that parents have been able to cope with the challenges they face during their child's care and provide maximum support. Furthermore, when viewed based on the dimensions of psychological wellbeing, the results show that the autonomy and environmental mastery dimensions have high percentage scores. However, 4 out of the 6 other dimensions are in the low category. Improvement in parental psychological wellbeing still needs to be pursued to maximize all dimensions of psychological wellbeing, enabling parents to provide optimal care in their child's healing process.

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