ISSN : 2443-4019 | eISSN : 2502-2083
ADI HUSADA Nursing Journal
Jurnal Keperawatan - Sekolah Tinggi Ilmu Kesehatan Adi Husada Surabaya

The Impact of Family-Centered Care on Resilience and Depression Levels among Cancer Patients at Dr. OEN KANDANG SAPI SOLO

Tunjung Sri Yulianti[1*], Diyono[1], Sri Aminingsih[1], Budi Kristanto[1], Tri Yahya Christina[1], Yayuk Dwi Oktiva[1], Fatimatuzzahra Khairunisa[1], Maria Anggraini[2]

[1]Panti Kosala Health College, Sukoharjo, Indonesia

[2]Dr. Oen Kandang Sapi Solo Hospital, Surakarta, Indonesia

Submitted: 28 May 2026, Review: 3 June 2026, Accepted: 30 June 2026.

Correspondent Author:
Tunjung Sri Yulianti

Email : tejeyulianti@gmail.com

Keywords :
Family Centered Care; Depresi; Resiliensi.

Abstract

Cancer patients undergoing chemotherapy often experience psychological distress, physical changes, and long-term care needs that may affect their resilience and level of depression. Family involvement is essential in palliative care because families can provide emotional support, psychological assistance, daily care, and help patients make decisions related to treatment and end-of-life preferences. This study aimed to determine the effect of Family-Centered Care on resilience and depression among cancer patients receiving chemotherapy at the Chemotherapy Unit of Dr. OEN Kandang Sapi Hospital, Solo. This study used a pra-experimental design with a one-group pretest and posttest approach. The participants were cancer patients undergoing chemotherapy who were selected using total sampling involving 28 respondent. Data were collected using a Family-Centered Care implementation evaluation checklist, a resilience questionnaire, and a depression assessment instrument. Data was collected before the implementation of Family-Centered Care and after 1 month of the family carrying out daily care as an implementation of Family-Centered Care. Data were analyzed using the Wilcoxon signed-rank test. The results showed an increase in the number of respondents with normal or non-depressive symptoms from 39.28% to 82.14%, and a decrease in the number of respondents with moderate depression from 46.43% to 3.57% after the implementation of Family-Centered Care. There was an increase in the number of respondents with high resilience, at 100%. These findings indicate that Family-Centered Care has a positive effect on reducing depression and improving resilience among cancer patients. Therefore, strengthening family involvement in palliative and oncology nursing care is important to support the psychological well-being of patients undergoing cancer treatment.

INTRODUCTION

Cancer is the second leading cause of death after heart disease. Nearly 8.2 million deaths are caused by cancer each year. Having cancer is a significant stimulus for patients, and it can obviously cause significant mental stress and suffering. Every cancer patient can experience severe psychological reactions. The degree and manifestation of these psychological reactions are directly related to gender, age, cultural background, life experience, understanding of medical knowledge, and personal characteristics.

In dealing with the changes that occur in cancer patients, supportive resources are essential to provide both physical and psychological comfort. Family support is a form of responsive and serving behavior carried out by family members. Various forms of support, including emotional, informational, and instrumental support, are essential for patients with chronic diseases such as cancer. (Darni, Zahri, 2023). According to the World Health Organization (WHO), patient and family participation in care can reduce medical errors and

ensure that health services are more responsive to individual needs (WHO, 2024). This approach also plays a role in improving the quality of life of patients, especially for those requiring long-term care such as palliative care.

Palliative care aims to alleviate the suffering of patients with incurable diseases. This approach includes pain management, psychological, social, and spiritual support for patients and their families (Isa et al., 2023). According to the Indonesian Ministry of Health (2019), palliative care aims to improve the quality of life of patients (both adults and children) through early identification, comprehensive assessment, and management of pain and other physical, psychological, social, and spiritual issues. This approach is also integrated with medical therapy to optimize the quality of life for patients with chronic diseases (Isa et al., 2023).

The need for palliative care is growing significantly and will continue to grow as chronic illnesses are also increasing rapidly, focusing not only on cancer patients but also on other terminal illnesses such as cerebrovascular disease, dementia, congestive heart failure, neurodegenerative disorders, geriatric diseases, cardiovascular disease, chronic obstructive pulmonary disease, HIV/AIDS, and diabetes mellitus (Shatri et al., 2020).

Globally, the need for palliative care continues to increase, with more than 56.8 million people requiring it annually, with the elderly representing the largest need group, accounting for approximately 40% of the total population requiring these services (WHO, 2024). In the Southeast Asia region, approximately 17.1% of patients requiring palliative care suffer from cancer. Annually, approximately 4.4 million people in the WHO European Region, including 140,000 children, require palliative care. In Indonesia, the need for palliative care is estimated at 0.35% of the population. The WHO notes that more than 600,000 people in Indonesia require these services annually, primarily patients with non-communicable diseases such as cancer, heart disease, and lung disease (WHO, 2024).

Families with a good knowledge of palliative care can more effectively manage symptoms such as pain, nausea, or difficulty breathing, provide emotional and psychological support to patients, and assist patients in making decisions regarding their care and end-of-life wishes. Therefore, palliative care not only focuses on the patient but also focuses on the family as a support system for the patient in healing. This focus on the family and the patient is called Family-Centered Care. However, these services have not developed evenly, mainly due to the disparity between urban and rural facilities. Only around 20% of referral hospitals in Indonesia have comprehensive palliative care programs, which is still far from meeting existing needs (Ministry of Health, 2019). Therefore, efforts are needed to expand access to these services by integrating them into the national health system and increasing the capacity of health workers to provide quality services (WHO, 2024). Furthermore, Family-Centered Care remains an alternative plan to improve the effectiveness of palliative care.

Family-centered care (FCC) is a crucial approach to supporting palliative care patients. Family-centered care focuses on family involvement in patient care, encompassing physical, psychological, and social aspects. This approach is essential for critically ill patients in the ICU and those undergoing palliative care, as their unstable condition can cause anxiety and stress for their families. The presence of family helps patients adapt to the hospital environment, reduces anxiety, and provides needed emotional support (Indonesian Ministry of Health, 2019). The lack of implementation of family-centered care in palliative care remains a significant challenge. Patients with terminal illnesses, such as cancer, require long-term care with sometimes unstable conditions. This requires the ability and adaptability of both patients and families to undergo treatment, as well as resilience.

Resilience is the ability to cope with and adapt to challenging events or problems that arise in life. Every individual needs resilience in their life. This is because resilience improves one's ability to overcome and navigate various obstacles in life (Deswanda, 2019).

However, not many individuals are able to cope and overcome these challenges effectively. Hendriani (2018) states that everyone experiences difficulties, but they have the strength to recover and improve their quality of life and zest for life. Resilience can foster optimism, resilience, and positive thinking. A person with high resilience will strive to find a solution by continually striving for recovery and undergoing treatment, ultimately increasing their resilience.

Research conducted in several hospitals has shown that effective implementation of palliative care can significantly improve patients' quality of life. This study revealed that optimal multidisciplinary support, family involvement in decision-making, and access to adequate pain therapy contribute to improving patient well-being. Research by Aulia (2024) also suggests a relationship between family support and resilience in cancer patients. Comprehensive palliative care encompassing various aspects of a patient's life plays a significant role in achieving optimal quality of life in breast cancer patients (Ariyanti et al., 2024). Although numerous studies have demonstrated this link, challenges remain in implementing Family-Centered Care in palliative care in Indonesia, particularly related to families' limited knowledge of palliative care and the lack of integration of these services within the national health system. Therefore, increasing hospital capacity in providing Family-Centered Care-based palliative care services is urgently needed to improve patient resilience and address the challenges of healthcare in Indonesia.

Dr. OEN KANDANG SAPI SOLO Hospital, was chosen as the research site for several important reasons. This hospital is a referral facility in the Surakarta region, treating various chronic and terminal illnesses. The hospital also has a chemotherapy unit with 10-13 outpatients per day, in addition to other units that care for terminally ill patients. However, the implementation of Family-Centered Care principles at this hospital is not yet fully distributed and integrated across all care units, particularly for patients with terminal conditions. This research can help hospitals in designing Family Centered Care-based palliative services for cancer patients or patients with other terminal illnesses to increase resilience during treatment.

RESEARCH METHODS

This study employed a quantitative method with a pra-experimental design using a one-group pretest-posttest approach. This design was used to determine the effect of Family Centered Care implementation on resilience and depression levels in cancer patients by comparing respondents' conditions before and after the intervention. The study was conducted at the Chemotherapy Unit of Dr. OEN Kandang Sapi Solo Hospital. The population in this study was all cancer patients undergoing chemotherapy during the study period. The sample size of 28 respondents was selected using a total sampling technique, meaning all patients who met the criteria during the study period were included as respondents : cooperative patients and families, able to read and write and in stable health condition. The independent variable in this study was the implementation of Family Centered Care, while the dependent variables were the resilience and depression levels of cancer patients. The instruments used included a Family Centered Care implementation evaluation checklist, what was done in this study included providing motivation and direction to the patient's family (respondents) to provide physical and psychological support to the patient such as: reminding them to take medication, helping to treat wounds if any, preparing food and drinks according to the doctor's recommendations, helping to maintain the patient's appearance, inviting them to do light activities if possible, maintaining the cleanliness of the patient's environment, accompanying patients for treatment or check-ups, observing the symptoms experienced by the patient and communicating them to the medical team, helping

in making decisions regarding disease treatment, providing encouragement and emotional support, accompanying them in conversations and accompanying them in worship. The resilience questionnaire used in this study is the result of the development of a questionnaire compiled by Muhammad Taufiq Amir (2021) with high and low score categories, and the Beck Depression Inventory-II to measure depression levels with normal, mild, moderate and severe categories by Sorayah, 2015. "Construct Validity Test of Beck Depression Inventory – II (BDI-II)". Data were collected by measuring resilience and depression levels before the implementation of Family Centered Care, then again after the intervention. The collected data were analyzed descriptively to describe the characteristics of the respondents and the distribution of resilience and depression levels. Bivariate analysis was conducted using the Wilcoxon Signed Ranks Test because the data came from two paired measurements, namely before and after the intervention. Data analysis was conducted with the help of the SPSS program for Windows series 25. this study adhered to research ethics principles and obtained a research permit from Dr. Oen Kandang Sapi Hospital, Solo (Permit No. 803/RSDOI/DIKLIT/VIII/2025, dated August 18, 2025). Furthermore, the study provided explanations to respondents before the study, consent to become respondents through informed consent, maintaining the confidentiality of respondents' identities, respecting respondents' rights to participate voluntarily, and using data only for research purposes.

RESULTS

The research results can be described as follows:

Table 1. Frequency Distribution of Respondent Characteristics

Characteristics	Frekuensi	%
Gender		
Male	1	3.57
Female	27	96.43
Age		
≥ 60 years	7	25
< 60 years	21	75
Occupation		
Civil Servant	1	3.57
Farmer/Trader	5	17.86
Private Sector	7	25
Housewife	15	53.57
Education		
No education	1	3.57
Elementary School	8	28.57
Junior High School	5	17.86
High School	8	28.57
Bachelor's Degree	6	21.43
Closest Person		
None	1	3.57
Husband	15	53.57
Children	11	39.29
Parents	1	3.57
Chemotherapy Frequency		

1x	3	10.71
2x	1	3.57
3x	13	46.43
≥ 4x	11	39.29

Source: Primary Data 2025

The table above shows that the majority of respondents were female. Most were under 60 years old, and most received chemotherapy three times.

Table 2. Frequency Distribution of Depression Levels

Depression Level	F		%	
	Pre	Post	Pre	Post
Normal	11	23	39.28	82.14
Mild	4	4	14.29	14.29
Moderate	13	1	46.43	3.57
Severe	0	0	0	0

Source: Primary Data 2025

The table above shows that the majority of respondents were in a normal (non-depressed) condition both before and after the implementation of Family Centered Care. However, after the intervention, there was an increase in the number of respondents in a normal condition and a decrease in the number of respondents in the moderate depression range.

Table 3. Frequency Distribution of Resilience

Resilience	F		%	
	Pre	Post	Pre	Post
High	14	28	50	100
Low	14	0	50	0

Source: Primary Data 2025

The table above shows that the majority of respondents had high resilience both before and after the implementation of Family Centered Care. However, after the intervention, there was an increase in the number of respondents with high resilience and a decrease in the number of respondents with low resilience.

Table 5. The Effect of Implementing Family Centered Care on Depression and Resilience Levels

Variables	Asymp. Sig (2-tailed)
Resilience	.002
Depression	.000

Source: Primary Data 2025

The table above shows that the statistical analysis of the depression and resilience variables before and after family-focused care yielded an Asymp. Sig. (2-tailed) value of 0.002 for the depression variable and 0.000 for the resilience variable. Therefore, it can be concluded that the implementation of family-focused care has an effect on the levels of depression and resilience in cancer patients undergoing chemotherapy.

DISCUSSION

The results of the frequency distribution of depression levels before the implementation of family-centered care showed that most respondents were in normal conditions (not depressed), but thirteen (13) respondents or 46% were found to be at a moderate level of depression. If observed closely, respondents who experienced moderate depression had on average undergone chemotherapy more than 3 times. During this process, respondents will feel the effects of chemotherapy which can have an impact on their psychological condition. This is supported by Desen's (2013) statement, which states that due to the direct effects or side effects of the drugs used, for a certain time after chemotherapy, patients' psychological reactions often experience anxiety, tension, phobia, depression, and doubt.

Rulianti et al. (2013) also explained that depression is a common symptom in cancer patients that is difficult to detect, so its consequences require treatment. The condition can worsen during cancer treatment, persist long after the end of therapy, and negatively impact quality of life. Cancer patients undergoing chemotherapy often experience various symptoms as a result of the disease or the chemotherapy itself. These symptoms affect patients both physically and emotionally and further negatively impact treatment. Research by Widiyono, Setiyarini, and Effendy (2017) at Dr. Sarjito General Hospital in Yogyakarta and Margono Soekarjo General Hospital in Purwokerto showed that 25.71% of cancer patients experienced mild depression, 45.71% experienced moderate depression, and 28.58% experienced severe depression.

Nine (9) of the thirteen (13) respondents in this study who experienced moderate depression were under 60 years old (35-59 years old). This age range is considered a productive age, where many people are just starting families or are in a stable job position and are making plans for a better future. A cancer diagnosis certainly brings many challenges, especially financial and stressful because the respondents have to fight cancer at a young/productive age, requiring a lot of money while they are unable to work. Therefore, it is understandable that respondents will experience depression due to the mental pressure felt due to their illness (which is classified as a terminal illness) and their financial condition. This is in accordance with the qualitative phenomenological research conducted by Kristanto and Kahija (2017) which explained that related to work, subjects who work as laborers and private course teachers experience obstacles in terms of medical costs. The subjects had to temporarily stop their jobs so they did not get any income, and explained that they had to spend quite a lot of money for the costs of the treatment they underwent

In general, cancer patients will exhibit symptoms of depression at every stage of their disease's development, from the moment they experience symptoms, to the time of diagnosis, during treatment, and even after treatment. Sadness and worry about their own and their family's future will always arise because a cancer diagnosis carries the threat of disability and death. Cancer patients who are unable to perform daily activities often feel like a burden on others and have negative self-evaluations. The anxiety caused by their cancer also causes them to withdraw socially and feel guilty about their disability. All of these conditions can lead to feelings of hopelessness and depression. (Shally and Prasetyaningrum, 2017)

However, not all cancer patients experience hopelessness. Some remain optimistic and believe their disease can be cured. These individuals are called resilient. According to Missasi & Izzati (2019), resilience is an individual's ability to recover from and overcome risky and stressful situations by maintaining existing competencies and adapting positively and flexibly to changes resulting from stressful experiences.

Research data revealed that before the implementation of Family Centered Care, 50% of patients had high resilience and 50% had low resilience. Suffering from cancer certainly not only impacts a person physically but also has a severe psychological impact on the

sufferer. Research conducted by Lestari, Budiyarti, & Ilmi (2020) states that cancer survivors experience reactions similar to those experiencing grief. The challenges faced by cancer survivors also vary, including the experience of treatment, which is certainly not easy for cancer sufferers. Psychologically, this treatment experience has a significant impact on sufferers and can be traumatic and can lead to depression. The process of resilience can be seen in how individuals make efforts to cope with stressful demands and make positive adjustments to those pressures. In this study, cancer survivors made efforts to overcome challenges and what they experienced during cancer, undergoing treatment, and after treatment.

Resilience is influenced by internal and external factors, including family support and the social environment (Astria & Setyawan, 2020). Meanwhile, according to Missasi & Izzati (2019), individual aspects play a significant role in shaping a person's resilience to various stresses in life. An optimistic and positive personality can encourage individuals to view challenges as opportunities for growth, rather than obstacles. Furthermore, the ability to manage emotions and solve problems allows individuals to face difficult situations with a more adaptive approach. High levels of self-confidence and self-efficacy also contribute to increased resilience, as individuals feel capable of facing various difficulties with confidence in their abilities.

Research data shows that 10 people (71.4%) of the respondents who have high resilience do not experience depression. This means that respondents have the ability to manage emotions and solve problems, thus enabling individuals to face difficult situations. In accordance with the previous explanation, individual aspects have a significant role in shaping resilience to face life's pressures. As explained in the study of Dewi, Djoenaina, Melisa (2004) that there is a significant negative relationship between resilience and depression, r = - .772 p = 0.000. The higher the resilience, the lower the depression of women after mastectomy. Similar results were also found in the study of Sulistyowati, Gayatri, Handiyani and Wahyuni (2024), that resilience has a negative relationship with depression, a positive relationship with burnout syndrome, and is not related to anxiety and work stress, p = 0.008 ($p < 0.05$); This means that the higher the hope and resilience possessed, the lower the level of depression in cancer patients will be.

Furthermore, the implementation of Family Centered Care was carried out. What was done in this study included providing motivation and direction to the patient's family (respondents) to provide physical and psychological support to the patient such as: reminding to take medication, helping to treat wounds if any, preparing food and drinks according to doctor's recommendations, helping to maintain the patient's appearance, inviting light activities if possible, maintaining the cleanliness of the patient's environment, accompanying the patient for treatment or check-ups, observing the symptoms experienced by the patient and communicating them to the medical team, helping in making decisions regarding disease treatment, providing encouragement and emotional support, accompanying conversations and accompanying worship.

After one month of implementation, research data showed that 89.29% of respondents were optimally implementing Family Centered Care. Further data analysis showed differences in levels of depression and resilience after the implementation of family-focused care (Family Centered Care). For depression, data showed an increase in the number of respondents in a normal or non-depressed condition (from 39.28% to 82.14%) and a decrease in the number of respondents in the moderate depression range (from 46.43% to 3.57%). Meanwhile, for resilience, there was an increase in the number of respondents in a high resilience condition (100%) and a decrease in the number of respondents in a low resilience condition.

Several other similar studies have yielded similar results, although the variables used are not identical, such as Family Centered Care, but family support. Research by Vidhayati, Sudiyanto, and Mawaddah (2020) showed that the better the family support received, the lower the depression levels experienced by breast cancer patients undergoing chemotherapy at Gatoel Hospital in Mojokerto. Research by Fitriani (2020) also found a strong correlation between family support and depression levels in cervical cancer patients at Dr. Moewardi Surakarta Hospital.

Meanwhile, for resilience, the results of this study are in accordance with Sipayung's (2025) research which shows that family support is distributed by 49% towards resilience and a significance value of $p < 0.001$. This means that the greater the family support received, the higher the resilience, conversely, the lesser the family support received, the lower the resilience of parents of children with cancer. Other research, although the research respondents were not cancer sufferers, similar results were also obtained in Sinambela's (2018) research, namely that there is an influence of overall social support on the resilience of parents of children with cancer.

Wahyuningrum (2021) explains that Family-Centered Care is a perspective in nursing that recognizes the importance of the family in caring for family members with illnesses. According to Asmi and Husaeni (2019), family-centered care is based on a collaborative approach to decision-making regarding healthcare services.

Having cancer is a significant stimulus for patients, and it can clearly bring significant mental stress and suffering. If a cancer patient lacks family support, the diagnosis can lead to anxiety, depression, and other negative emotions, leading to a mental crisis. However, providing support can significantly impact subsequent therapy, prognosis, and improve the patient's quality of life (Desen, 2013). Given the direct impact of cancer on patients and their involvement in repeated treatment protocols, family responsibilities tend to increase, while resources available to support them are often limited. Families play a crucial role in helping patients navigate daily activities, understand medical information and terminology, and address ambiguities related to treatment goals (Glajchen et al., 2022).

Family-Centered Care serves as a means for caregivers/families to adjust emotionally to caring for cancer patients, while simultaneously reducing the burden, depression, and psychological stress they may experience (Wiksuarini et al., 2023). Desen (2011) also explained that one of the treatments for depression in cancer patients is using psychotherapy. Psychotherapy, as an important supporting therapy method, must be included from the diagnosis, therapy, and rehabilitation process. One form of psychotherapy is family therapy, where doctors and nurses, through regular relationships and discussions with all members of the patient's family, attempt to bring about several internal changes within the patient's family, in order to gain support from family members, so that the patient's clinical symptoms are reduced or eliminated.

CONCLUSION

This study shows that the implementation of Family-Centered Care has an impact on reducing depression levels and increasing resilience in cancer patients undergoing chemotherapy. Family involvement in the care process helps patients obtain optimal physical, emotional, and psychological support, thus enabling them to better adapt to their disease and treatment. The results of this study confirm that a family-centered care approach is important in oncology nursing and palliative care services. Hospitals are advised to strengthen family involvement through education, mentoring, and activities such as Focus Group Discussions facilitated by nurses or clinical psychologists, providing a space for sharing, support, and enhancing the family's ability to care for patients. Future researchers are advised to involve

immediate family members more broadly, for example through home visits, to ensure a more optimal and sustainable implementation of Family-Centered Care.

BIBLIOGRAPHY

Ariyanti, K. Y., Afiyanti, Y., & Maria, R. (2024). The Effect of Palliative Care on Quality of Life in Breast Cancer Patients. Journal of Telenursing (JOTING), 6(1), 613–621.

Astria, N., & Setyawan, I. (2020). A Phenomenological Study of Resilience in Mothers with Children with Autism. Jurnal Empati, 9(1), 27–46.

Aulia, Nur (2024). The Relationship Between Family Support and Resilience in Cancer Patients at Ibu Sina Hospital, Makassar. https://repository.unimerz.ac.id/server/api/core/bitstreams/2daf471f-8d45-4a4b-8b83-5b180fc83ae5/content.

Beck, Aaron T., Robert A. Steer, and Gregory K. Brown. 2018. BDI-2 MANUAL. www.pearsonclinical.com

Deswanda, A. R. (2019). Factors Influencing the Resilience of Adolescents from Social Foundations in South Jakarta.

Glajchen, M., Goehring, A., Johns, H., & Portenoy, R. K. (2022). Family Meetings in Palliative Care: Benefits and Barriers. Current Treatment Options in Oncology, 23(5), 658–667.

Hendriani, W. (2018). Protective Factors in the Attainment of Resilience in Persons with Disabilities. Protective factors in achieving resilience in people with disabilities. Society, Culture, and Politics, 31(3), 291–299.

Isa, Wamina la, Irmayani, & Yusnaeni. (2023). Palliative Care Nursing Textbook (Ari Maftuhin, Ed.; 1st ed., Vol. 1). CV. Trans Info Media.

Ministry of Health. (2019). Palliative Care Through Home Care Programs. https://sardjito.co.id/2019/05/15/perawatan-paliatif- melalui-program-home-care/

Missasi, V., & Izzati, I. D. C. (2019). Factors Influencing Resilience. Proceedings of the National Seminar on Master of Psychology, Ahmad Dahlan University, 8, 433–441.

Shatri, H., Faisal, E., Putranto, R., & Sampurna, B. (2020a). Advanced Directives in Palliative Care. Indonesian Journal of Internal Medicine, 7(2), 9.

Shatri, H., Faisal, E., Putranto, R., & Sampurna, B. (2020b). Advanced Directives in Palliative Care. Indonesian Journal of Internal Medicine, 7(2), 125. https://doi.org/10.7454/jpdi.v7i2.315

Wahyuningrum, A. (2021). Family-Centered Care: A Literature Review. https://doi.org/10.20944/preprints202104.0190.v1

WHO. (2024). Western Pacific. https://www.who.int/westernpacific/newsroom/feature-stories/item/patient- engagement--elevating-the-voices-of-patients-and-families-for-safer-care

S. Widiyono, Sri Setiyarini & Christantie Effendy (2017). Depression Levels in Cancer Patients at Dr. Sardjito General Hospital, Yogyakarta, and Prof. Dr. Margono Soekarjo General Hospital, Purwokerto: Pilot Study. https://www.researchgate.net/publication/367704542_Tingkat_Depresi_pada_Pasien_Kanker_di_RSUP_Dr_Sardjito_Yogyakarta_dan_RSUD_Prof_Dr_Margono_Soekarjo_Purwokerto_Pilot_Study#:~:text=Tlevel%20Depression%20at%20Patients%20Cancer%20at%20RSUP%20Dr.%20Sardjito%2C%20Yogyakarta%2C%20dan%20RSUD%20Prof.%20Dr.%20Margono%20Soekarjo%2C%20Purwokerto%3A%20Pilot%20Study. Indonesian Journal Of Cancer. 11(4):171

Kristanto, Adhi Dharma, and Yohanis F. La Kahija (2017). Coping Experiences with a Cancer Diagnosis in Working-Age Patients at Margono Soekarjo Hospital, Purwokerto. Empathy Journal. Faculty of Psychology, Diponegoro University, Semarang. https://ejournal3.undip.ac.id/index.php/empati/article/view/19723.

Shally, Rayi Dwi Vica, and Juliani Prasetyaningrum (2017). Resilience in Patients with Advanced Cervical Cancer. Indigenous Journal. Faculty of Psychology, Muhammadiyah University of Surakarta. Vol. 2 No. 1. 77–86.

Lestari Agustina, Yuliani Budiyarti, and Bahrul Ilmi (2020). Phenomenological Study: The Psychology of Cancer Patients Undergoing Chemotherapy, Suaka Intan Nursing Journal. Suaka Intan Health College, Banjarmasin. https://journal.stikessuakainsan.ac.id/index.php/jksi/issue/view/13

Sulistyowati, Dita, Dewi Gayatri, Hanny Handiyani, Jathu Dwi Wahyuni (2024). Overview of Resilience and Mental Health of Nurses in Indonesia: A Systematic Review. HIJP: Health Information Research Journal. https://www.researchgate.net/publication/387789330_Gambaran_Resiliensi_dan_Kesehatan_Mental_Perawat_di_Indonesia_sebuah_Systematic_Review_Portrait_of_Indonesian_Nurses'_Resilience_and_Mental_Health_A_Systematic_Review.

Vidhayati, Dea, Henry Sudiyanto, Nurul Mawadah (2020). The Relationship Between Family Support and Depression Levels in Breast Cancer Patients Undergoing Chemotherapy in the Chemotherapy Ward at Gatoel Hospital, Mojokerto. http://www.repo.stikesmajapahit.ac.id/91/3/JURNAL_DEA%20VIDHAYATI.pdf.

Fitriani, Rahmah Dini (2020). The Relationship Between Family Support and Depression in Patients with Cervical Cancer at Dr. Moewardi Hospital, Surakarta. https://eprints.ums.ac.id/80335/14/NASKAH%20PUBLIKASI%20REVISI.pdf

Sipayung, Oniya Ocvi Kezya (2025). The Influence of Family Support on Resilience in Parents of Children with Cancer at the Smiling Kids Foundation. https://repositori.uma.ac.id/jspui/bitstream/123456789/27122/1/218600136%20-%20Oniya%20Ocvi%20Kezya%20Sipayung%20-%20Fulltext.pdf

Sinambela, Natasha Irena (2018). The Influence of Social Support on Resilience in Parents of Children with Cancer. https://repositori.usu.ac.id/handle/123456789/10271.