

# *Psychosocial Adjustment Of Breast Cancer Patients Post-Treatment Therapy and Mentoring. (Case Study of 4 Breast Cancer Patients in Sapkandara Community Medan)*

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## Abstract

**Purpose:** To determine the impact of therapy and psychosocial adjustments as well as assistance received by breast cancer patients in the Sapkandara Movement community in the city of Medan.

**Research Methodology:** This type of research is qualitative with a case study approach to 4 breast cancer patients who are members of the Sapkandara

**Results:** The results showed that breast cancer patients experienced significant physical and psychological changes after therapy, including fatigue, hair loss, stress, and emotional instability. Socially, patients tend to withdraw from the environment. Psychosocial adjustment is influenced by patients' knowledge of the disease and family support. There are three types of assistance: existential, functional, and professional, but only existential support from family is effective. Sapkandara Community is here to provide comprehensive support including information, hospital assistance, and moral and emotional support.

**Limitations:** This research limits the scope of research to only patients who suffer from breast cancer, are undergoing treatment, support therapy, and are members of the Sapkandara.

**Contribution:** It is hoped that he can contribute to the development of knowledge in the Department of Social Welfare, especially courses on health and social welfare issues. Adding information for breast cancer patients and readers to find out about the needs of companions regarding the psychosocial adjustment of breast cancer patients. Also provides additional insight or knowledge for medical social workers, health services, hospitals, communities, or NGOs related to health and policymakers in the health sector, especially in social services for cancer sufferers.

**Keywords:** *Psychosocial Adjustment, Breast Cancer Patients, Support Systems*

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## 1. Introduction

Health Organization (WHO) definition that states health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO, 2024). Health development is essentially the effort of all components of the Indonesian nation to increase awareness, willingness, and ability of every individual to live a healthy life to achieve the highest possible level of public health as an investment in developing socially productive human resources (BTKLPP, 2019). One of the

challenges in health development today is the changing pattern of diseases. Two types of diseases arise in society: communicable and non-communicable diseases.

WHO reports that non-communicable diseases are one of the leading causes of death worldwide, accounting for more than 36 million deaths each year. WHO categorizes five types of non-communicable diseases, one of which is cancer (Warganegara & Nur, 2016). According to data presented by the Ministry of Health and derived from Globocan, in 2020, the number of breast cancer cases reached 68,858 (16.6%) out of a total of 396,914 new cancer cases in Indonesia. In addition, more than 22,000 deaths were recorded (Kemenkes, 2020). Medan, a city located in North Sumatra, reported 824 breast cancer cases in 2021 (Diskominfo Sumut, 2022).

The impact of treatment after a breast cancer diagnosis includes both physical and psychological effects. Physically, the treatment can damage a person's self-image, such as hair loss following chemotherapy, nausea, and weight loss (Pearce et al., 2017). Breast cancer has become a phenomenon that needs attention from all parties. The diagnosis is often a daunting prospect for female patients (Hwang et al., 2023), as they fear the therapies that follow, and naturally, they fear death. After receiving the diagnosis, patients face treatments such as chemotherapy, mastectomy, radiotherapy, lumpectomy, hormone therapy, targeted therapy, and lymph node removal if the cancer has spread (IHC, 2021). These therapies can have negative physical effects, leading some patients to hesitate in continuing treatment as prescribed by medical professionals. This observation aligns with my findings that many breast cancer patients in Medan express reluctance toward therapy due to physical side effects such as baldness, nausea, and reduced bone strength.

On the other hand, patients experience profound psychological distress after receiving a breast cancer diagnosis from their doctor (Wilson, 2020). The diagnosis of a potentially life-threatening illness negatively impacts both physical and psychological well-being, with long-term consequences (Carr & Umberson Debra, 2006). This combination of physical and psychological effects after a diagnosis and subsequent treatment also influences those around the patient. This occurs due to the lack of support from medical professionals, family, or neighbors (Alexander et al., 2019). Women with breast cancer who isolate themselves from their social environment are significantly more likely to die from various causes compared to women who remain socially engaged (Kroenke et al., 2006).

A cancer diagnosis presents numerous challenges for patients, including physical and emotional changes, as well as financial and scheduling difficulties. This is where social workers are needed to assist patients in managing these issues. A social worker helps patients from the moment of diagnosis through their journey, aiding them in understanding the diagnosis, accessing financial resources, advocating for self-care, communicating with loved ones about the illness, supporting treatment processes, and planning for the future (Adams, 2022). Hospitals typically provide social services to patients, facilitated by medical social workers, to help prevent patients from experiencing social dysfunction after recovering from their illness (Musfikirrohman & Rahmawati, 2016). The presence of medical social workers is essential in every hospital to assist patients, yet there are no regulations mandating the involvement of professional medical social workers in the healing process. It is important to note that the role of medical social workers is crucial in improving patients' quality of life (Kemenkes, 2017).

Medical social workers typically assist patients in addressing their problems, whether pre-operation, post-operation or during other treatments such as administrative matters. To provide the best healthcare services to the community, medical social workers play a vital role as companions in the patient's recovery process (Musfikirrohman & Rahmawati, 2016). The lack of support from medical professionals underscores the importance of support from the patient's immediate family, such as spouses, children, and extended family members like parents and siblings. This support fills the gap left by the absence of professional support for breast cancer patients. Baron & Bryne, (2000) state that patients undergoing treatment recover faster or heal more effectively when they have family and friends who can provide help. Additionally, psychosocial adjustment is necessary for patients undergoing

treatment, and they require companionship during this process. Apart from medical social workers, family support is crucial because individuals diagnosed with cancer should not face their condition alone but should be accompanied by their loved ones. A prolonged denial phase can directly affect the patient's condition, which is why support from close family or support communities helps patients more quickly accept their situation (Susanto et al., 2016).

In general, patients need the support of medical social workers to help them regain their social function, but in reality, this is often not provided. This observation is supported by my findings that there is no support for breast cancer patients in the Sapkandara community, where all patients are only accompanied by their families. Support from doctors is limited to the hospital setting, and there are no additional support systems available for patients. This highlights the importance of conducting research on this issue to provide a clearer picture for the future and to propose constructive solutions.

## **2. Literature Review**

### **2.1 Breast Cancer**

Breast cancer occurs when certain cells in the body grow and develop uncontrollably, causing them to invade surrounding tissues and spread throughout the body (Setiati, 2018). Several factors contribute to the development of breast cancer, including lifestyle choices among women, such as consuming junk food and high-fat diets, alcohol consumption, beauty-related radiation exposure, hormonal treatments, and workplace exposure. Breast cancer in men is very rare, as women's breasts undergo complex hormonal evolution, which men do not experience (Setiati, 2018). With advancements in medical technology, various treatments are available for breast cancer patients to alleviate or reduce pain, including surgery (breast-conserving surgery) or mastectomy, both simple and radical, radiation therapy, chemotherapy, hormonal therapy, and targeted therapy (Kemenkes, 2016). Moreover, patients often experience anxiety after being diagnosed or upon receiving a breast cancer diagnosis, leading to feelings of denial, anger, and fear of the treatment process (Distinarista et al., 2020).

### **2.2 Psychosocial Adjustment**

According to Moos and Tsu (as cited in Hendriksen et al., 2009), "Psychosocial adjustment can be defined as the adaptive task of managing upsetting feelings and frustrations aroused by the illness and preserving an emotional balance," meaning that psychosocial adjustment refers to the adaptive task of managing the distress and frustration caused by illness while maintaining emotional balance. In line with VandenBos, "Psychosocial adjustment describes the intersection and interaction of social, cultural, and environmental influences on the mind and behavior." VandenBos describes psychosocial adjustment as an intersection and interaction of social, cultural, and environmental influences on one's mind and behavior (VandenBos, 2015). Psychosocial adjustment essentially refers to the continuous changes a person undergoes when facing a chronic illness. This adjustment should not be viewed solely from a psychological perspective, as social adjustment is also necessary, especially for individuals affected by cancer (Sari & Syafiq, 2015). Psychosocial refers to the dynamic relationship between an individual's psychological and social aspects. These two aspects are crucial in influencing human behavior, particularly in response to social situations (Kotijah et al., 2021). Psychological aspects can be divided into two: psychological factors, including emotions, stress, and trauma, and social factors, including social interactions, social relationships, and self-adjustment.

### **2.3 Mentoring**

According to Wiryasaputra, there are three types of mentoring:

1. Existential mentoring involves the universal form of companionship that all family members provide, based on empathy and the idea that every human being serves as a companion for others.
2. Functional mentoring is provided by professionals other than counselors who aim to apply counseling attitudes and skills in their professions, such as doctors, nurses, and social workers.
3. Professional mentoring is provided by trained professionals such as counselors or psychologists (Wiryasaputra, 2019).

According to (Suharto, 2006) , the social mentoring process centers around four tasks or functions, summarized as the 4P:

1. Enabling: Providing motivation and opportunities for the community.
2. Empowering: Focusing on education and training to strengthen the community's capacity (capacity building).
3. Protecting: Involving interactions between mentors and external institutions for the benefit of the community they serve.
4. Supporting: Applying practical skills to support positive change within the community.

## **2.4 Medical Social Worker**

Skidmore, Trackery, and Farley (1994) define medical social work as the collaborative practice of social workers in healthcare settings and public health service programs. Medical social work focuses on addressing health issues related to social pressures, which can lead to dysfunction in social relationships (Fahrudin, 2016). Bracht (1978) explains that the scope of social work in healthcare includes health maintenance and promotion, disease prevention, and treatment (Bracht, 1978). Furthermore, social welfare intervention methods are categorized into four levels: the micro level, which focuses on individuals, families, and small groups; the mezzo level, which focuses on organizations and communities; the macro level, which involves broader communities such as cities or regions; and finally, the international (global) level, which focuses on international communities.

## **3. Research Methodology**

This research employs a qualitative approach with a case study design. The selection of a qualitative approach is based on the aim to gain an in-depth understanding of psychosocial adjustment in breast cancer patients post-therapy and the support process they receive. The case study method was chosen as it enables researchers to intensively explore the experiences and psychosocial dynamics of four breast cancer patients who are members of the Sapkandara community. Data collection was conducted through in-depth interviews, participant observation, and documentation study. The informants in this study consisted of four breast cancer patients who had undergone therapy, their family caregivers, and administrators of the Sapkandara community. Data analysis utilized thematic analysis techniques to identify patterns of psychosocial adjustment and the forms of support received by patients.

## **4. Results and Discussions**

### **4.1 Primary Informant P1**

The initial diagnosis brought significant changes to the life of the primary informant (P1), a patient with Luminal B type breast cancer at stage 2A. In early 2018, P1 had already shown symptoms of cancer but was only diagnosed in 2019 through a second biopsy, which revealed the presence of a malignant tumor in the left breast (sinistra) measuring 2 cm, while a benign tumor was found in the right breast (dextra). Following this diagnosis, P1 decided to undergo a total mastectomy of the left breast on April 6, 2019, coinciding with her wedding anniversary. After the mastectomy, the excised tissue was further examined, and the results indicated that estrogen (Er) and progesterone (Pr) hormones were positive, while Her2 protein was negative. Although the doctor recommended chemotherapy, P1 decided against it after a mama print test showed only a 0.05% difference between undergoing chemotherapy and not. In her daily treatment, P1 took medications such as Zometa and Letraz, which caused side effects like brittle bones, excessive fatigue, and difficulty moving and praying normally. The treatment P1 underwent was fully covered by the company where her husband worked, including travel expenses for one companion. However, despite the costs being covered, the psychological effects of the treatment were unavoidable. P1 experienced severe stress after hearing the cancer diagnosis, but with the support of her child, who is a doctor, and a friend who is also a doctor, P1 gradually recovered and began treatment. Nevertheless, P1 felt she did not receive professional assistance throughout treatment. The support she received was limited to her family accompanying her for treatment. As an educator and social work lecturer, P1 was able to bounce back more quickly and began to adjust within about two months. P1 also actively created and wrote books, participated in competitions, and established the Sapkandara community to help other cancer survivors.

#### ***4.2 Primary Informant P2***

The primary informant (P2) was diagnosed with stage 2 breast cancer in October 2023 after experiencing pain that was initially thought to be menstrual symptoms. Upon examination, a lump was found, and biopsy results indicated that her condition was severe. The informant felt depressed after receiving the cancer diagnosis, particularly due to the unclear information from the doctor regarding the stage of cancer she was facing, which she felt was related to the use of BPJS (Indonesian National Health Insurance). After starting treatment, P2 experienced physical changes such as weight gain, hair loss, and fatigue. Emotionally, she often felt stressed, more vulnerable, and worried about her future. However, P2 remained motivated to recover for the sake of her children. She tried to accept her situation and surrendered to God. During chemotherapy, P2 went through the process alone without family accompaniment, as her husband was working and her children were still in school. After joining the SAPKANDARA community, P2 felt more emotionally supported and received important cancer information. SAPKANDARA provided support and education for patients and the community to prevent and understand breast cancer.

#### ***4.3 Primary Informant P3***

P3, a woman diagnosed with breast cancer in 2014, initially noticed a hardening in the area of her breast without any pain. P3 only sought medical attention after feeling weak, and at that time, she was diagnosed with stage 3 breast cancer. Before undergoing a mastectomy in 2017, her cancer stage was reduced to stage 2. After the surgery, P3 underwent chemotherapy seven times, radiation, and took Letraz medication for five years to suppress estrogen and progesterone hormones. Most of her treatment was covered by BPJS (Indonesian National Health Insurance), except for a few medications that were not covered. Due to the treatment, P3 experienced several physical side effects such as fatigue, hair loss, and soreness in the areas affected by the surgery. Emotionally, P3 experienced stress, anxiety, and profound sadness after losing her husband, who had always supported her. She felt lonely and depressed following her husband's death in 2016. However, support from her children and friends, particularly from her study group, helped her recover psychologically. P3 became active again in her study group after previously withdrawing for two years. Her children, especially her daughter, played a significant role in accompanying her throughout the treatment process. They provided moral and physical support during routine check-ups and hospitalizations. After meeting with the Sapkandara group, P3 felt more open to sharing her experiences with fellow cancer patients, which helped her accept her condition more. Overall, P3's journey highlights the importance of support from family, friends, and the community in helping cancer patients navigate their treatment and the adjustment process both physically and psychologically.

#### ***4.4 Primary Informant P4***

The primary informant, a breast cancer patient, was first diagnosed in December 2019 after discovering a lump in her breast. Despite having a good diet and rarely consuming junk food, she was confused about the cause of the illness. After the diagnosis of cancer, the informant tried alternative treatment for almost two years without any improvement; in fact, the lump continued to grow. The informant was afraid to undergo surgery, so she chose to try alternative treatments first. After seeing no progress, she decided to return to conventional medical treatment. She underwent an open biopsy that revealed a lesion, and the doctor recommended chemotherapy six times, scheduled every three weeks. After completing chemotherapy, the informant then had surgery to remove her right breast, which took longer than usual due to her already frail physical condition. Following the surgery, she experienced a recovery period in the hospital and had to undergo radiation treatment 25 times. Although there was initial improvement, a year after the surgery, she experienced shortness of breath and fatigue, leading to the diagnosis that cancer had spread to her lungs. The informant then underwent aspiration and additional chemotherapy abroad, where the doctor recommended switching her chemotherapy medication. The next chemotherapy process involved eight sessions using a new, more intensive method. However, side effects such as low platelet counts and dental issues made the chemotherapy process challenging. The informant felt a significant emotional impact from the treatment, including changes in appetite and a

declining physical condition. Despite experiencing negative psychological changes, she strived to remain positive and actively engaged in her religious practices.

The informant felt that support from her environment and family was crucial. Despite weight loss and a lack of socialization due to the effects of chemotherapy, she felt surrounded by the care and support of her loved ones. Throughout the treatment process, her family served as the main pillar of support, providing moral and spiritual encouragement. After six months of treatment, the informant began to accept her health condition and felt more motivated to recover. She also became active again in teaching and organizational activities. Although the disease recurred, she remained grateful for the support from family and friends who helped her face the treatment process. The informant also expressed the importance of spiritual and social support in overcoming the challenges during treatment. Hospital facilities, such as the presence of

psychologists and religious counselors, provided encouragement and advice that helped the informant cope with this difficult situation. Although the treatment journey is still long, the informant is determined to stay strong and hopeful for recovery.

#### **4.5 Discussion**

Based on the research, the authors conclude that medical therapy and psychosocial adjustments have a significant impact on breast cancer patients. The informants (P1, P2, P3, P4) who underwent treatment experienced physical, psychological, and social changes. Physical changes include health issues such as bone problems, fatigue, and hair loss due to chemotherapy, as well as decreased appetite and weight loss. The psychological impacts encompass negative emotions such as sadness, anger, stress, and feelings of mortality. Socially, patients tend to withdraw from their surroundings, reduce activities and are reluctant to share their conditions. The research emphasizes the importance of holistic support for patients, which includes medical, psychological, and social aspects. Although patients face difficult times in psychosocial adjustment after diagnosis, they eventually can adapt over time. This process is influenced by knowledge about the disease and family support. Some patients find motivation by meeting others with similar experiences in breast cancer communities. Patients often hide their feelings and sadness, and psychosocial adjustments can take a long time. Patient coping mechanisms are divided into adaptive (accepting) and maladaptive (denying). Patients with better knowledge about cancer find it easier to reach a stage of acceptance. This research also notes that the coping strategies employed by informants, such as sharing stories with fellow cancer fighters, praying, and engaging in positive activities, help alleviate the negative emotions they experience.

Support in the context of breast cancer patients is divided into three types: existential, functional, and professional (Wiryasaputra, 2019). Existential support comes from family, providing emotional support but often lacking a deep understanding of the patient's condition. Functional support comes from non-counseling professionals, such as nurses and social workers, who help patients regain functionality in social life. Meanwhile, professional support involves counselors or psychologists, who assist patients in coping with the psychological impacts of the disease.

The research indicates that breast cancer patients experience physical, psychological, and social changes, necessitating support from someone who can serve as a confidant and provide emotional support. However, this study found that support from family is still not optimal, and professional support from psychologists or medical social workers is still minimal. Communities like Sapkandara play an essential role in providing support, particularly in terms of moral support and information, which is not always available from family or formal healthcare systems. Sapkandara also implements various empowerment programs, such as education about breast cancer and self-examination practices (SADARI). This research emphasizes the importance of holistic support for breast cancer patients, which involves assistance from family, social workers, and healthcare professionals, to enhance the quality of life for patients. The government and policymakers need to pay attention to the psychosocial needs of cancer patients to ensure a more comprehensive healing process.

## 5. Conclusion

Research on the psychosocial adjustment of breast cancer patients post-therapy shows that a breast cancer diagnosis presents significant psychological and social challenges. Patients experience physical changes such as fatigue and hair loss, as well as emotional changes like stress and unstable emotions. Socially, they often withdraw from their surroundings. Psychosocial adjustment takes different amounts of time for each patient, depending on their knowledge about the disease and family support. The coping strategies used by patients include adaptive mechanisms, such as acceptance, and maladaptive ones, such as withdrawal. A common strategy employed is emotion-focused coping, such as talking, praying, and engaging in positive activities. The research also highlights the importance of support for breast cancer patients.

Existential support is typically provided by family; however, families often do not fully understand the patient's condition. Functional support from medical social workers is also necessary, but this study found that such support is still minimal, even though doctors and nurses play limited roles in hospitals. Communities like Sapkandara help fill this gap in support by providing information, moral support, and assistance during treatment. This research emphasizes the importance of support from various parties, including medical social workers, psychologists, families, and communities, in improving the quality of life for breast cancer patients. Policy support is needed to strengthen this assistance.

### 5.1 Limitation and study forward

This study focused solely on a small group of breast cancer patients within the SAPKANDARA community in Medan, limiting the generalizability of the findings to broader populations. The research utilized a qualitative case study approach, which, while offering in-depth insights, does not allow for the quantitative analysis necessary to draw statistically significant conclusions. Additionally, the study relied heavily on self-reported data from participants, which could be influenced by recall bias or personal perceptions. Furthermore, the lack of professional psychosocial support resources, such as medical social workers within the community, may have affected the psychosocial adjustment processes observed, potentially limiting the comprehensiveness of the support systems assessed.

Future research could expand the scope to include a larger and more diverse sample of breast cancer patients from multiple communities to enhance the generalizability of the findings. Conducting a mixed-methods study combining qualitative insights with quantitative data could provide a more robust understanding of psychosocial adjustment in breast cancer patients. Additionally, exploring the impact of professional psychosocial support, including the roles of medical social workers, psychologists, and counselors, could shed light on more structured support systems' effectiveness. Finally, longitudinal studies tracking patients' psychosocial adjustment over an extended period post-treatment would provide insights into long-term support needs and adjustment patterns.

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