



## Therapeutic Communication in Providing Psychological and Social Support to Cancer Patients for the 'Surabaya Hebat' Cadre

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### Abstract

This study aims to enhance the knowledge capacity of Surabaya Hebat Cadres through training in social and psychological support for cancer patients and to improve the palliative care program for cancer patients. The designed community intervention, "Therapeutic Communication Training in Psychological and Social Support for Cancer Patients," is expected to improve the cadres' communication skills, enabling them to provide more effective support. This study employs a participatory descriptive design involving active participant engagement at every stage of the training, with a focus on evaluating the andragogic-based training program. The sample consists of all Surabaya Hebat Cadres in RW 3 Dukuh Setro Village, totaling 28 individuals, with data collected through participatory observation and questionnaires. Data analysis techniques include descriptive quantitative analysis using descriptive statistics and paired sample T-Test for the questionnaires. The results show that psychoeducation on therapeutic communication effectively improves the knowledge of Surabaya Hebat Cadres and can be integrated with the palliative program at Puskesmas. The improvement in cadres' communication skills contributes to more effective support for cancer patients, thereby enhancing their quality of life.

## Introduction

Cancer is a group of diseases that can arise in almost any organ or tissue of the body due to uncontrolled growth of abnormal cells and can spread to other organs, potentially causing death (Widani et al., 2020). According to the regulation of the Minister of Health of the Republic of Indonesia Number 71 of 2015, cancer is classified as a non-communicable disease, which develops slowly over a long period (Kementerian Kesehatan Republik Indonesia, 2015). Indonesia ranks 8th in Southeast Asia and 23rd in Asia for the number of cancer patients, with the highest type being breast cancer (42.1 per 100,000 population), followed by cervical cancer (23.4 per 100,000), lung cancer (19.4 per 100,000), and liver cancer (12.4 per 100,000), with the highest mortality rate in women with breast cancer (13.9 per 100,000) (Kementerian Kesehatan Republik Indonesia, 2019). In Surabaya, cancer cases increased by 1.2% between 2022-2023, dominated by breast cancer (1677 cases in 2023), with most patients in the productive age of 19-59 years (Prastiwi, 2013). Most cancer patients in Indonesia are found to be in advanced stages with a high and multidimensional symptom burden (Suhertini et al., 2023).

Research indicates that cancer impacts the physical, social, and psychological well-being of patients, with 44% experiencing unbearable pain and 56% having psychological issues (Suhertini et al., 2023). Cancer patients often experience a decline in quality of life due to pain,

treatment complications, and low life expectancy (Prastiwi, 2013). Common psychological responses include anxiety, self-isolation, and stages of grief such as denial, anger, bargaining, depression, and acceptance (Lestari, 2020; Kübler-Ross, 1973). İzci et al. (2016), added that cancer diagnosis and treatment can trigger psychosocial disorders such as anxiety, depression, fear of the future, and decreased self-esteem. To alleviate the suffering of cancer patients, Indonesia has launched a palliative cancer program aimed at improving quality of life and providing comprehensive support (Fabanyo & Anggreini, 2022). Surabaya became the first city to offer palliative care for cancer patients in 2012, forming a city palliative team that involves various stakeholders to provide technical guidance and palliative services.

The Decree of the Mayor of Surabaya and the Palliative Cancer Guidelines from the Ministry of Health of the Republic of Indonesia stipulate that Community Health Centers (Puskesmas) play a role in outpatient health services, care, communication, information, and education through various methods and counseling, including outpatient care, inpatient care, and home visits (home care). The Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/2180/2023 states that Puskesmas have resources such as doctors, nurses, and health cadres, with cadres playing a crucial role as a liaison between patients, families, and Puskesmas, as well as in mobilizing community participation (Widani et al., 2020). The role of cadres in the palliative program includes hospital accompaniment, home visits, providing additional palliative food, and community empowerment (Lubbna, 2020). However, the main obstacle to the palliative program in Indonesia is the lack of education and trained human resources in the field of palliative care, which hinders the provision of optimal care to cancer patients (Rochmawati et al., 2016; Dahniar et al., 2023).

According to an interview with the doctor in charge of the Dukuh Setro sub-district, RW 3 is an area with many health problems, especially degenerative diseases and cancer, and it has the highest number of cancer patients in the Puskesmas Gading service area. The Puskesmas has undertaken preventive measures such as IVA (visual inspection with acetic acid) screening with the help of cadres who mobilize residents to participate. Cadres also accompany cancer patients who face pain and psychological issues such as anxiety, but they often encounter difficulties because patients and their families are closed off and due to the cadres' lack of knowledge in providing advice related to the physical complaints of cancer patients. This situation hampers palliative cancer care. To address these obstacles, a community intervention titled "Therapeutic Communication Training in Psychological and Social Support for Cancer Patients" has been designed. It is expected to improve the communication skills of cadres so they can provide effective psychological and social support to cancer patients (Kementerian Kesehatan Republik Indonesia, 2017).

Based on the above background, the purpose of this research is to determine how to enhance the knowledge capacity of "Kader Surabaya Hebat" in line with the needs arising from community issues. This involves training in social and psychological support for cancer patients and understanding the flow of palliative care services for cancer patients. The aim is to provide psychoeducation on therapeutic communication in social and psychological support for cancer patients.

## **Methods**

This research uses a participatory descriptive research design that focuses on evaluating the cadre training program based on andragogy. This design emphasizes the active participation of participants in every stage of the training, from planning and implementation to evaluation, thereby ensuring rich and in-depth data collection regarding participants' experiences and perceptions. The population in this study consists of all "Kader Surabaya Hebat" (KSH) in RW 3, Dukuh Setro sub-district. The sample used is the entire population, totaling 28 KSH. The

use of total sampling aims to obtain a comprehensive overview of the training program's effects on all involved cadres.

Data was collected using several methods, namely participatory observation, structured interviews, and questionnaires. Participatory observation was conducted during the training activities to directly observe the participation and responses of the participants. Questionnaires were used to measure participant satisfaction and the effectiveness of the training materials, consisting of affective and cognitive questionnaires. The affective questionnaire includes aspects of participant satisfaction and suggestions for future program development, while the cognitive questionnaire measures participant understanding before and after the training through pre-tests and post-tests. The collected data were analyzed descriptively using both quantitative and qualitative methods. Quantitative data from the questionnaires were analyzed using descriptive statistics to observe the frequency distribution and percentage of satisfaction and knowledge improvement among participants. The analysis of the questionnaires was performed using the paired sample T-Test method with the Jamovi application.

## **Result and Discussion**

### **Results of Program Implementation: Before and After Intervention**

The results of the program implementation before and after the intervention conducted over two days are as follows:

#### **Day One: Therapeutic Communication in Social and Psychological Support for Cancer Patients**

**Opening and Pre-test:** Before intervention, cadres appeared hesitant and stiff with the counselor, feeling confused by the pre-test sheet. After intervention, cadre involvement increased with discussions and laughter, but issues such as tardiness affected pre-test completion. Evaluation showed that some cadres discussed answers during the pre-test, leading to similar responses, and tardiness affected the process.

**Psychoeducation on Social and Psychological Support:** Before intervention, cadres had personal experiences but were confused about the psychological changes in cancer patients and the service flow. After intervention, cadres better understood the psychological stages of patients and the service flow at Puskesmas Gading. Despite progress, some cadres were still hesitant to offer help, especially to patients with healthcare professionals in the family.

**Psychoeducation on Therapeutic Communication:** Initially, cadres felt confused about applying therapeutic communication and dealing with closed-off cancer patients. After training, they began to understand the benefits of therapeutic communication and the types of communication that can help. Evaluation showed that some cadres remained unfocused during the session, and some did not complete the role-play due to personal needs, affecting their overall understanding.

**Role-Play:** Before intervention, cadres did not understand how to be active listeners and apply therapeutic communication. After intervention, cadres could use these techniques better. However, evaluation noted that some cadres were not fully focused, and some left the session for personal matters, reducing the effectiveness of the role-play.

**Assignment of Homework:** Before intervention, cadres were confused about the mechanism of practical tasks. After intervention, they could practice therapeutic communication with cancer patients and understand its impact. Evaluation showed that because cancer patients were not evenly distributed, some cadres had to practice across different RT.

**Closing and Post-Test:** Before intervention, cadres were confused about the service flow and how to communicate with cancer patients. After training, they had a better understanding of

their roles and therapeutic communication techniques. However, evaluation noted that some cadres still discussed post-test answers, and some felt pressured by the exam format.

### **Day Two: Follow-Up**

**Follow-Up on Homework Results:** Before Intervention, cadres felt uncertain about how to implement the practical tasks. After Intervention, they felt more capable of motivating cancer patients and understanding their family members better. Evaluation showed that the assignments were carried out smoothly and cadres were able to share their experiences effectively.

**Action Planning:** Before Intervention, cadres felt they had not received adequate training. After Intervention, they appreciated the training and expressed a desire for more regular sessions. Evaluation showed that cadres felt more prepared to implement therapeutic communication and there was a clear plan for follow-up. The event proceeded smoothly with cadres remaining focused and engaged throughout the program.

### **Psychoeducation for the Palliative Team at Puskesmas Gading**

**Reporting Results to the Palliative Team:** Before Intervention, reporting was not conducted. After Intervention, results of the training were reported to the palliative team at Puskesmas Gading, including a presentation of benefits, interactive dialogue, and the distribution of training modules. Evaluation of this process has not yet been completed, but it is anticipated that the results will strengthen the program's follow-up and disseminate knowledge to other cadres.

### **Program Evaluation**

The andragogical-based cadre training program requires a comprehensive evaluation to ensure its effectiveness and sustainability. One crucial aspect of this evaluation is the follow-up planned by the counselor. This follow-up will take place one month after the last meeting to assess the progress of psychological and social support activities for cancer patients. At this stage, the counselor will observe how well the synergy between cadres and the health center has developed and whether routine meetings have been conducted. Additionally, the counselor will evaluate program development and explore new ways to enhance the quality and scope of the services provided. The results of this evaluation are essential to determine the success of the cadre training. Evaluation will be conducted using questionnaires designed based on cognitive and affective aspects, as outlined by Hidayat & Santoso (2019). The cognitive questionnaire covers cadres' understanding of the material provided and is measured through pre-tests and post-tests. The affective questionnaire assesses cadres' satisfaction with the training and includes suggestions for further program development. Both types of questionnaires provide a comprehensive overview of how the program was received by the cadres and the effectiveness of the material delivered.

For the analysis of cognitive questionnaire data, the paired sample T-Test method was used with the assistance of the Jamovi application. This method assesses significant changes in cadres' understanding before and after the training (Prasetyorini et al., 2019). The results of this analysis showed a significant improvement in cadres' knowledge and skills following the training. This improvement indicates that the andragogical methods used in this training were effective in enhancing cadres' abilities. Additionally, the results from the affective questionnaire revealed that the majority of cadres were satisfied with the training provided and offered constructive feedback for future program development. This comprehensive evaluation provides a strong foundation for future program improvements and ensures that cadre training continues to have a positive impact on supporting cancer patients. The counselor plans to conduct a follow-up one month after the final meeting to assess the development of psychological and social support activities for cancer patients and to evaluate how well the

synergy between cadres and the health center has been maintained. The counselor will also review how the program can be further developed.

The analysis of the cognitive questionnaire was performed using the paired sample T-Test method with Jamovi. The following are the results of the cognitive analysis.

Table 1. Analysis of Cognitive Aspects of Therapeutic Communication

Test	Total	Mean	df	p	Mean Difference
Pretest	20	2.25	19.0	0.001	-1.90
Posttest	20	4.15			

Source: Data Processing (2024)

The analysis above shows that there is an increase in the results of the post-test compared to the pre-test. This can be seen from the significant value of 0.001 ( $p < 0.05$ ) so it can be concluded that there is an effect of providing intervention on cognitive improvement with the topic of therapeutic communication in social and psychological support for cancer patients. to cadres. Affective evaluation contains descriptive suggestions and a satisfaction scale with a satisfaction scale consisting of 1=Very Dissatisfied, 2=Not Satisfied, 3=So-so, 4=Satisfied, 5=Very Satisfied. The evaluation of the 21 cadres present is as follows

Table 2. Descriptive Level of Cadre Satisfaction with Training

	Total	Mean	Maximum Value	Minimum Value
Average Satisfaction	21	4.65	5	4

Source: Data Processing (2024)

The results of the analysis above show that the level of cadre satisfaction with the training provided by counselors is at the satisfaction level. Other analysis results can be seen from the results of attendance at each meeting.

Tabel 3. Cadre Attendance Frequency

	Meeting 1	Meeting 2
Total of Cadre Attendance	20	21

Source: Data Processing (2024)

Apart from that, there are several topics that Cadre wants to study further, namely (1) Preventing and treating cancer (2) treating children with gadget addiction (3) handling adolescent and family problems (4) how to educate children (5) family planning issues. These topics will later be presented to the Community Health Center.

The training conducted for the cadres of RW 3 Kelurahan Dukuh Setro proceeded smoothly. This was due to the alignment between the cadres' needs and the material provided during the training. The use of lecture methods combined with audiovisual aids such as presentations, along with discussions, case studies, and role-playing, effectively helped the cadres understand the material and provided satisfaction in the "satisfied" range. This aligns with the views of Arifin & Nurhadi (2019), who suggest that delivering material through lectures tailored to participants' conditions helps them gain understanding and motivation for change. The instructor's control and focus on important topics tailored to the needs of the participants contribute to this effect. The discussion method also effectively trains participants in exchanging ideas and solving problems (Arifin & Nurhadi, 2019). Furthermore, the use of case studies and role-playing methods allowed participants to develop systematic thinking and relate the content to real-life situations, helping them understand their own realities. This is consistent with Nurhasanah et al. (2016), who state that role-playing methods can enhance

communication skills and thinking abilities due to the analysis conducted by observers of the various scenarios enacted.

The training material provided to the cadres was based on the palliative cancer program guidelines from the Ministry of Health of the Republic of Indonesia. According to these guidelines, those involved in providing social and psychological support to cancer patients need to possess good communication skills, including therapeutic communication. This approach aligns with Natuhwera et al. (2022), who highlight that the needs of cadres in supporting cancer patients and their families are critical when patients face social and psychological issues. Therapeutic communication, as trained in the program, is designed to assist cadres in helping patients and their families by clarifying and alleviating emotional and cognitive burdens and enabling them to take actions to address the existing situations (Prasanti, 2018).

## Conclusion

The analysis of the intervention indicates that psychoeducation on therapeutic communication for social and psychological support of cancer patients effectively improved the knowledge of the Surabaya Hebat cadres from RW 03, Kelurahan Dukuh Setro. The therapeutic communication skills taught can be integrated with other palliative programs at the Puskesmas, which in turn can enhance the well-being of cancer patients. With better understanding and skills in therapeutic communication, the cadres are able to provide more effective support in assisting cancer patients, which is a crucial step in improving patients' quality of life.

There are several suggestions for further development of this social and psychological support program, namely, this program can be synergized with palliative programs at Community Health Centers to further improve the psychological well-being of cancer patients. Apart from that, this program can be used as a pilot program that can be applied to other health cadres. In this way, cadres' ability to provide social and psychological support to cancer patients will be greatly improved, helping more patients get the care they need.

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