

Family Supportive Communication to Cancer Patients at Dharmais Cancer Hospital Jakarta

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ABSTRACT

This study aims to get an overview of supportive communication provided by families in increasing the enthusiasm for treatment and the enthusiasm for the life of cancer patients at the Dharmais cancer hospital in Jakarta. The is situated in the theory of *categories of defensive and supportive behavior*. A qualitative descriptive type approach was employed, with data collected through *in-depth interviews* and observation. The participants were selected using a purposive sampling technique. Results show that the families of patients at the Dharmais Cancer Hospital, Jakarta, had implemented several messages in supportive communication for sufferers by others: a) providing mutual support and not blaming the patient's condition, b) solving problems together for the smooth running of patient treatment, c) being open to each other, especially regarding the information on patient conditions, d) listening to each other's complaints and understanding each other's conditions, e) having strong emotional closeness so that there is not the slightest distance, and f) accepting each other's opinions, especially regarding the food consumed by the patient. However, there is a uniqueness in terms of solving the problem, in the informant I pair they have to work together to convince both parents and family so that the patient can continue to carry out the chemotherapy treatment recommended by the doctor, in the informant II pair, to increase appetite, the patient is given leeway in choosing the food they want to consume so that the patient's appetite increases, and for the pair of informants III, distance and private transportation costs were a problem so they decided to use public transportation at a more affordable cost compared to renting an inn around the hospital. The factor that influences the form of supportive communication in the three pairs of informants is the affection from a family, which demands sacrifice for one another.

Keywords: Supportive Communication, Family, Cancer patients, Emotional support, Spontaneity, Descriptive

INTRODUCTION

Communication plays an important role in the life of living things, especially humans. Sending messages by individuals and receiving messages from other individuals is one form of communication. Stuart (in Rayudaswati Budi, 2010) says that communication comes from the Latin word "*commn*" which means "to share" or "to belong together". Thus it can be concluded that communication is a process that aims to achieve togetherness. Communication is expected to be a means to unify and have a positive effect on the surrounding environment.

Effective communication is also very necessary in the health sector. This can be seen from the role of the family which provides encouragement or a sense of support for cancer patients – undergoing chemotherapy and/or any other kind of treatments. In addition to physical side effects, cancer treatment also greatly affects spiritual or psychological wellbeing of the patient. Many patients experience burnout due to the long treatment process. With so much suffering being felt by cancer patients, it is appropriate for parents and families to provide a sense of support to them. With family support, cancer patients will be able to build self-

esteem and self-confidence. The support that can be given can help regulate emotions, namely in the form of supportive communication to relieve emotional pressure that is felt and provide encouragement when individuals experience difficulties or when they feel doubtful about themselves (Hartono & Shanti, 2018).

Supportive behavior is the expression of feelings whose presence will provide awareness and whose absence will lead to feelings of anxiety or depression. The form of support itself can be a message in a compliment (Suciati, 2017). Praise is very well done to appreciate a process of activity that has been carried out by others, not solely on results. The most common incident, when a parent, doctor, family, or any other person gives praise to a patient who has recovered is an example of result orientation. Praise in process orientation such as assistance in treatment is an example of the application of supportive communication. Praise like this will boost the spirit of the patient to recover.

Cancer is a disease with complex problems. In the last 50 years, the tragedy of cancer in the world is very worrying. Predictions made by the World Health Organization (WHO) are that in 2030 around 26 million people in the world will suffer from cancer and 17 million of them will die. Cancer itself has not been conquered by humans. Cancer is an abnormal (irregular) cell. These cells exist because of mutations in normal cells caused by poisons and toxins that settle in the human body, such as nicotine poisons in cigarettes, alcohol, preservatives, and coloring agents in food, and chemicals inhaled by the body. Below are the types of cancer that are often found in Indonesia (Rostia Chen & Cancer Helps Team, 2012).

1. Cervical Cancer (neck of the uterus).
2. Breast cancer.
3. Heart cancer.
4. Lung cancer.
5. Brain cancer.
6. Nasopharynx Cancer.
7. Blood cancer.
8. Colon Cancer.
9. Prostate Cancer.

In Indonesia alone in 2020 there are still around 396,914 cases, an increase of around 48,105 cases from the previous two years, and those who died from cancer reached 234,511 people. Based on all these data, it is clear that women suffer more from cancer; out of 396,914 cancer sufferers 65,858 (16.6%) are breast cancer cases which affect women.



Figure 1.1 Number of Cancer Patients in Indonesia

Source: Global Cancer Observatory, 2020

Cancer disease can also cause severe stress for sufferers and can eliminate a sense of security, sense of ability, and self-esteem. This can cause wounds that are very difficult to recover completely from and cause psychological trauma, to be precise, chronic trauma. Psychological trauma is a condition resulting from an unpleasant experience that causes serious mental disturbance. Below is an explanation of the types of trauma (Pawitri, 2021):

- Acute trauma

Trauma caused by a recent incident that was dangerous or caused a lot of stress in the mind.

- Chronic trauma

Trauma triggered by repeated stressful events. For example, undergoing hard treatment for a very long time, bullying, domestic violence, and so on.

- Complex trauma

Trauma occurs when a person experiences some traumatic events that occurred in the past. For example sexual harassment.

- Secondary trauma

Trauma occurs due to frequent intercourse or communication with sufferers of severe stress.

Support from people around and family makes cancer sufferers a spirit to survive and still have the will to seek treatment. This was explained by two breast cancer survivors, Indira Abidin, and Nita Yusuf. In her interview on Liputan6.com, Nita Yusuf said that cancer sufferers should not be left alone during the treatment period, as this can make them think that this is the end of the world (Desideria & Benedikta, 2015).

This was also discussed by the Chairman of the Indonesian Cancer Foundation (YKI). In an interview with ping point. co.id, Nawal Lubis as chairman of YKI said that family support is very important for cancer sufferers. According to him, treatment for cancer patients is not only physical but also psychological. One of the ways to provide psychological care to cancer sufferers is the support provided by the family. He also explained that there are several ways to support families, from entertaining to being a place to vent (Setiabudi, Prawira, 2021). Judging from the two phenomena above, it can be concluded that supportive communication support from family and closest people has an important role in helping to provide physical care as well as the psychological side of cancer patients, outside of medical treatment performed by doctors.

Of course, a hospital for patients must also have facilities and experienced doctors. One of them is Dharmais Cancer Hospital in Jakarta. Dharmais Cancer Hospital itself is a national cancer center hospital that started with an aspiration to help cure cancer patients by providing quality facilities. This idea was originated by cancer experts who are very experienced in the field of cancer treatment and chemotherapy.

The desire to help cure cancer patients was realized in 1988 when the chairman of the HM Soeharto Foundation asked Prof. Dr. Dr. Arry. Harryanto Reksodiputro, Sp.PD.KHOM, to think about a cancer hospital model that is suitable for the needs of the Indonesian people. In October 1988, Prof. Arry with experts from the Faculty of Medicine, University of Indonesia, and the Ministry of Health formed a team to propose the establishment of a hospital. Two months after the proposal was completed, in December 1988 it was submitted to the chairman of the Dharmais Foundation on January 9, 1989. The construction of the hospital started in May 1991, was completed on July 5, 1993, and inaugurated by the President of the Republic of Indonesia, HM Suharto, on October 30, 1993.

Dharmais cancer hospital also has a vision of “Becoming a *Caring & Smart National Cancer Center*” and also several missions, namely:

- Providing the latest evidence-based comprehensive cancer services, Good Clinical Governance, Patient Safety, and Patient Care Center.
- Organizing education and training in the field of cancer.
- Carrying out research in the field of cancer that can be applied in services.
- Organizing hospital-based and population-based cancer registration as a national cancer burden data center (dharmais.co.id, 2022).

Apart from having adequate facilities, the doctors they have are quite experienced. The several patient testimonials show good treatment from the Dharmais Cancer Hospital Jakarta. It is this advantage that makes Dharmais Hospital the largest Special Cancer Hospital in Indonesia.

The uniqueness of this study is this research specifically discusses the research subject, namely the use of supportive communication by families to reduce trauma and provide support for cancer sufferers at the Dharmais Cancer Hospital, Jakarta. Based on the description of the background of the problem described, the authors formulate the problem that will be studied in this study ‘How is the family supportive communication process for cancer patients in the hospital of Cancer Dharmais Jakarta?’

LITERATURE REVIEW

Interpersonal Communication: According to Diana Ariswanti (2016), interpersonal communication must be intact between one person and another in sending and receiving real messages. In this communication, the participants do not only focus on conveying the message but also pay attention to their relationship. Interpersonal communication is an exchange of information that is usually carried out by two people whose messages can be immediately known. The large number of people in communication can add to the complexity of the communication process. Forms of relationships with other people also become the meaning of interpersonal communication (Arni, 2002). Based on the main principles contained in the various definitions above, it can be concluded that in essence interpersonal communication is intimacy between participants so that this communication is considered the most effective in changing one’s attitude, opinion or behavior. This communication process is dialogic and direct feedback.

In their book Ascharisa and Anisa (2020) say there are four goals in interpersonal communication. The four objectives are; to be understood, to be understood by others, to be accepted, and to get something done. For more details, please see the explanation below:

- *To be understood*

Communication aims to convey messages from the communicator so that the thoughts and feelings conveyed verbally and non-verbally can be understood by the recipient of the message,

- *To understand others*

In interpersonal communication we must be able to understand what other people convey to us.

- *To be accepted*

Humans have social needs that must be met. What is meant is the feeling of being accepted and loved by other individuals or groups. For these social needs to be met, a person must have relationships with other people and manage relationships through interpersonal communication.

- *To get something done*

This goal explains how an individual and other individuals get something that can be completed together. This fourth goal is the most important in interpersonal communication.

Supportive Communication

Providing accurate messages, supporting each other, and strengthening the relationship between communicators and communicants when communicating the meaning of supportive communication (Iqbal, 2020). If communication participants can understand, the intent of the other person in communicating, it will support and calm the individual being the other person (Blell & Rosales, 2010).

Communication that can increase, affirmation, and moral encouragement which is another form of emotional and social support, in which individuals are involved to meet the need for recognition and social interaction is the notion of supportive communication (DeNobile, 2013). In addition, supportive communication is carried out verbally and non-verbally to assist others in need (Knapp and John, 2002).

Burleson and Mac George (in Jones & Bodie, 2014) put forward the term supportive communication as a form of both verbal and nonverbal behavior that aims to improve the psychological condition of the interlocutor. This communication can concretely make a person's emotions better, direct someone to think more positively (Cohen & Wills, in Priem & Solomon, 2018), and help to make good decisions (Carlson, 2016).

According to Simonsen & Lise Flindt (2003), supportive communication has stages as follows:

1. Develop mutual comfort
2. Clarification of important issues
3. Examine the options for positive changes
4. Identify methods with potential
5. Solution to problem
6. Make sure the stages run well
7. Evaluate the results of the action

Based on the stages in supportive communication, mutual comfort will be realized which will have an impact on the emergence of positive thinking, positive feelings, and positive behavior.

This study uses the theory of "*Categories of Defensive and Supportive Behavior*" or commonly interpreted theory of defense and support, which assumes that each individual has the nature to defend himself, but to provide support (Liliweri, 2017:40). The cause of a messenger becoming defensive depends on two factors, namely personal factors and situational factors. Factors that can cause feelings of anxiety, fear, and low self-esteem are personal, while factors that arise due to the way other people communicate based on physical attractiveness, closeness, and knowledge are situational factors (Rachmat, 2012).

In this theory it is shown that there are tools that can control defensive behavior which is the opposite of supportive behavior, which is shown in the 6 behaviors below:

1. Evaluation, namely judging others such as making good and bad judgments or criticizing.
2. Control, namely one's efforts to change the perceptions of others, so that other people can behave as desired or controlled as desired. Strategy is a way or trick used to influence someone.
3. Neutrality, namely where a person shows indifference and does not pay attention to the situation that is being experienced by someone.
4. Superiority means an attitude that shows someone is higher or more perfect than other people because of power, intelligence, wealth, or even good looks or beauty.

5. Certainly, selfish people see themselves as the most righteous person.

Too many people protect themselves in communicating and never understand someone's situation is a trigger for failure in interpersonal communication. To reduce defensive communication, a supportive communication approach is needed as follows:

1. Description, namely conveying our feelings and perceptions of others without judging.
2. Problem Orientation, which invites people to communicate the problems that are being felt by that person then work together to solve problems, and jointly set goals to achieve goals.
3. Spontaneity is an honest attitude and no ulterior motives.
4. Empathy, an attitude in which a person understands what another person is feeling, feels, and sees from the other person's point of view.
5. Equality, namely an attitude that does not emphasize differences and treats someone humanely with the same perception, does not discriminate.
6. *Provisionalism* is an attitude in which a person accepts that there are differences of opinion and is *willing* to review his own opinion.

Based on the explanation of the theory of "Categories of Defensive and Supportive Behavior" it can be concluded that good interpersonal communication occurs if both parties display indicators of supportive meaning, descriptive, orientation, spontaneous, empathy, equality, provisionalism (Liliweri, 2017: 41).

Some research related to the impact of supportive communication, among others: research written by Chaerunisa (2020) proved that supportive communication is related to the level of stress experienced by entry-level students of the nursing profession. The results obtained explained that most families were not aware of the importance of having supportive communication with students, namely 70.5 %. While the highest level of stress experienced by students with moderate stress is 75.4%, so it can be assumed that when supportive communication is applied in the family, the stress level will naturally decrease. Shanti, Suryani, and Ajisuksmo (2020) present the fact that the empathic dimension in supportive communication between parents and children produces warm relationships. Children believe that parents can find solutions when facing problems and have the courage to come to their parents when they need support.

The third study was carried out by Hartono and Shanti (2018) under the title "Supportive Communication from Friends Helping Emotion Regulation in Students (Studies on Students Who Have Just Passed Their First Year at University X)." The results obtained show that aspects of supportive communication are perceived differently by students with high and low grade-point average in regulating emotions, such as respect and motivation.

These differences can be influenced by various things, such as the experience of interacting with friends at the previous level of education. However, participants with low grade-point average also received supportive things, both in verbal and non-verbal forms. Support in the non-verbal form is most pronounced in the aspect of empathy, in which participants feel understood and understood by the facial expressions, gazes, and body gestures of the friends they are talking to.

RESEARCH METHODS

This study uses a qualitative approach to explore and understand the meaning of individuals or groups related to social or individual dilemmas. This type of research is descriptive meaning a method used to describe or analyze a research result but is not used to make broader conclusions (Sugiyono, 2006). Data sources in this study were cancer patients at the Hospital Dharmais Cancer Jakarta, with in-depth interview employed for data collection. In-depth interviews are a process of obtaining facts by revealing the psychological condition of informants through involvement in relatively long social life (Sutopo, 2002).

The sampling technique used in this study is purposive sampling with determination informant criteria. The researchers have criteria for informants, namely informants who are cancer patients who are undergoing treatment and family informants who accompany cancer patients while undergoing treatment at the hospital Dharmais Cancer Jakarta. Data analysis is carried out in qualitative terms by processing data, organizing data, selecting and sorting it into manageable units, synthesizing it, drawing and finding patterns, placing what is important and what is learned and making meaningful conclusions on the research conducted. Data analysis in this study uses interactive analysis which has three elements, namely data reduction, data presentation, and drawing conclusions. This process is not must be carried out sequentially, but can be carried out simultaneously (Sugiyono, 2006). The data validity test was carried out using data source triangulation techniques. This test refers to researchers' efforts to access more varied sources in order to obtain data regarding the same issue. Researchers compare one data source with another data source (Pawito, 2007).

DISCUSSION

In this section, the researcher will analyze the data based on the presentation of the data that has been obtained through observation and interviews with informants who have met the criteria. The criteria for the selected informants were cancer patients and family members who closely accompanied the patient in undergoing treatment.

• LK dan VM (brother and sister)

LK is the younger brother of VM who is a cancer patient. LK works as an employee at PT. Leonindo Plastics Eternal in Jakarta. LK always accompanies and directly takes care of his younger sibling, and always supports VM to increase his fighting spirit and passion for life. LK started accompanying her older sister at the Dharmais Cancer Hospital in Jakarta since 2019. She felt she had an obligation as a younger sibling to her older sibling, who was most likely to accompany her in terms of time.

VM is a 30-year-old cancer patient. In 2019, he was registered as a cancer patient at the Dharmais Cancer Hospital in Jakarta and was declared to have completed treatment in 2021. Until now VM is still carrying out routine controls scheduled by the hospital. The reason VM chose the Dharmais Cancer Hospital was because access to the hospital was very easy and it was a special national cancer hospital.

Descriptive (no judging, no blaming, and no cornering)

In his relationship as a companion for cancer patients, LK always accompanied VM to the hospital and always supported VM so that he was enthusiastic about carrying out his treatment, which took a long time. The above conditions explain that family support is an encouragement to patients to provide psychological comfort to people who are faced with stressful situations. Family social support is a process that occurs throughout the life span, with the character and type of social support varying in each session of the family life cycle. However, in all sessions of the life cycle, family social support keeps the family fully functioning and can improve adaptation in family health (Carpenito, 2000).

Problem orientation (working together to solve problems)

When VM tested positive for cancer, there was a difference of opinion between families in deciding which treatment VM would do. This problem arose because of the fears of the family and the head office about the effects of chemotherapy. However, LK encouraged the family so that VM would continue to carry out treatment according to the doctor's recommendations. LK and VM reassured their families by providing the results of a VM examination conducted by three doctors experienced in the field of cancer. VM's strong desire made the family agree that VM had to undergo chemotherapy. Sulistyowati's research (2018) states that family support is very influential in the patient's recovery if the family fully supports and obeys the advice given by doctors to carry out chemotherapy.

Spontaneity (being honest and candid)

In the context of spontaneity, LK is always honest with VM. While accompanying VM during the treatment period, LK was always honest in providing information to VM, especially regarding VM's condition, whether it was good or bad news. VM never kept anything secret from LK. The closeness of the two of them makes LK and VM open to each other and act as they are.

According to Friendly, quoted by Febriyanti (2012), family communication is the readiness to speak openly about everything in the family, both pleasant and unpleasant, and also ready to solve problems in the family through conversations that are carried out with patience and honesty, mutual motivation, as well as openness.

Empathy (understanding the feelings of others)

In the context of empathy for the LK and VM informants, they understand each other's feelings. LK always listens to VM talk about anything and gives appreciation to VM. Meanwhile, VM, always felt sorry for LK, who had sacrificed his rest time to accompany VM. In response to this, VM was eager to recover. Hidayatul, Hema, and Emil (2019) said that it is important for the family to understand the patient's condition and feelings and to provide emotional support so that the patient does not feel alone, which also reduces his worries and adds enthusiasm to live.

Similarities (not emphasizing differences)

LK always helps VM with hospital administration. LK can be a good listener to all his sister's complaints and can help calm VM. This is the opinion of Kurniawan and Wibowo (2020) who say that telling stories and supporting each other in improving health status, the presence of families and health workers who provide support to patients to always think positively keeps them thinking positively and not burdening their minds with negative things.

Provisionalism (accepting differences of opinion and being willing to review one's own opinion)

In the context of provisionalism, the LK and VM informant pairs often differed on the food to be consumed. However, LK understands the condition of VM and gives LK a little leeway to consume the food he wants, but there are still limitations. VM also accepted LK's suggestion and agreed to limit food consumption. An interdependence is influenced by, among other things, the existence of bonds between individuals. For this interdependence to be well established, it is necessary to maintain a more harmonious, conducive, and mature level of relationship (Wiranti, 2012).

JS and MG (wife-husband)

JS is the wife of MG patient, a cancer patient at the Dharmais Cancer Hospital. JS works as a housewife who faithfully accompanies and takes care of her husband, who has cancer, so that her husband's confidence and enthusiasm for life increases. JS started accompanying her husband for treatment since 2019. She feels this is an obligation as a wife to a patient who is her husband. MG is now 27 years old, started to suffer from cancer and has been registered as a patient since 2019. MG is still undergoing routine control scheduled by a doctor from the Dharmais Cancer Hospital, Jakarta.

The initial symptoms that MG felt the first time started from vague vision and then started to be a bit slurred, even had headaches that didn't stop. MG decided to see a doctor and was diagnosed with cancer and had to be referred to the hospital for special treatment. Until now, MG is still enthusiastic and struggling in carrying out treatment, and also doesn't forget that MG always prays for convenience.

Descriptive (no judging, no blaming, and no cornering)

JS and MG support each other in the form of immaterial support in prayer and stability in the spirit of

treatment. JS provided the best prayers for MG's recovery and vice versa MG provided support so that JS could continue to accompany MG during the treatment period. An emotional support provided by the family is an important factor in the current treatment program (Niven, 2000).

Problem orientation (working together to solve problems)

In the context of problem orientation in this pair, the focus is on problems regarding MG's appetite during the treatment period. During the treatment period, of course, JS as the wife who accompanies MG always controls what food is good for MG to eat, but MG wants the food he likes so that it will increase his enthusiasm while undergoing treatment. Based on the research by Eryn and Enny (2016) it was found that the food intake received by the patient was useful for supporting the treatment of the patient himself. If no food enters the patient's body then the treatment will run imperfectly.

Spontaneity (being honest and candid)

In the context of spontaneity, the pair of informants II were also open to each other. JS never hides any form of information. The same thing was also done by MG as a patient who is the husband of JS. MG is always honest with his wife about his health. But JS didn't want to tell him that he was physically tired from accompanying MG so that MG could focus on undergoing his treatment. Ibung (in Hendrawati, Wahono & Setiawan, 2019) said that honesty is the ability to admit one's feelings or thoughts, or actions to others. Honesty is important because by admitting what he thinks, feels, and does as he is, a person can avoid the guilt that arises as a result of lying.

Empathy (understanding the feelings of others)

In the context of empathy, the informant II pair also understood each other's condition by listening to their partner's complaints. JS seemed to remain strong and tried to be strong when listening to the complaints conveyed by MG so as not to worry her husband so that he could focus and be enthusiastic about taking treatment. MG felt sorry for JS who was willing to accompany him throughout the treatment period. In order not to disappoint his partner, MG is always enthusiastic about carrying out treatment so that he can recover quickly and make his wife JS relieved. Hidayatul, Hema, and Emil (2019) observed that it is important for the family to understand the patient's condition and feelings and to provide emotional support so that the patient does not feel alone, also reduces his worries and adds enthusiasm to live.

Similarities (not emphasizing differences)

In the context of equality the couple JS and MG were always open about anything, and JS always paid attention to her husband in meeting his needs according to MG's emotions. Even though JS is a woman, she doesn't easily complain about being physically tired from taking care of her husband. They work hand in hand without having to worry about the boundaries of the role played by a wife or husband, so they are still able to think positively about one another.

Kurniawan and Wibowo (2020) said that telling stories and supporting each other in improving health status keeps patients thinking positively and not burdening their minds with negative things. Riska, Mariam, and Meiske (2017) state that remaining open to partners and providing mutual support between husband and wife gives an important meaning that married couples need each other and create harmony between husband and wife.

Provisionalism (accepting differences of opinion and being willing to review one's own opinion)

In the context of provisionalism, the JS and MG couple still disagree about the food consumed by MG. But JS patiently explained to MG about good food to consume. MG also accepts all of JS's criticisms. They also accept criticism patiently and gracefully. Wiranti (2012) explains that interdependence is influenced by,

among other things, the existence of bonds between individuals. For this interdependence to be well established, it is necessary to maintain a more harmonious, conducive, and mature level of relationship.

SS and EI Informants (wife-husband)

SS is the wife of EI, a cancer patient at the Dharmis Cancer Hospital, Jakarta. SS is a housewife who accompanies and takes care of her at all times, looking after her in order to grow her spirit to fight against her illness during her treatment period. SS started accompanying patients at the Dharmis Cancer Hospital Jakarta in September 2019. She feels very responsible as a wife in helping her husband fight cancer. He was determined to do until the end of treatment. EI is now 45 years old, and has been suffering from cancer since September 2019. After going through various treatments and examinations the doctor stated that the cancerous tissue in EI's body was clean, and now EI is active as usual and only carries out routine controls once of year.

Descriptive (no judging, no blaming, and no cornering)

In the descriptive context for the third informant pair, SS expressed his gratitude because EI had struggled to accompany him in fighting his illness. SS provided support to EI in the form of extra medical assistance. EI also expressed the same thing to SS, EI was grateful to SS for agreeing to accompany SS during the treatment period. EI's form of gratitude to SS is that EI is enthusiastic and struggles to recover from her illness. Family support is meant as encouragement given by family members to provide psychological comfort to people who are faced with an atmosphere of stress. Family social support is a process that occurs throughout the life span, with the character and type of social support varying in each session of the family life cycle. However, in all sessions of the life cycle, family social support keeps the family fully functioning and can improve adaptation in family health (Carpenito, 2000).

Problem orientation (working together to solve problems)

In the context of problem orientation, this couple experienced problems with the physical distance they traveled from their house to the hospital, Dharmis Cancer Jakarta. The long-distance made SS and EI have to pay more to get to the hospital. SS and EI in the end negotiated this with the family, so there were two choices before them; staying around the hospital or having to commute using public transport.

After they negotiated and searched for information on the costs to be incurred to stay around the hospital, they chose to use public transport. Adiyanti, Betty, and Herti (2010) said that distance and means of transportation can limit a person's ability and willingness to seek health services, especially at high transportation costs.

Spontaneity (being honest and candid)

In the context of spontaneity, the pair of informants III never hid anything about the information they got, because SS and EI always received information about treatment and information about EI's condition together. Lies will create hatred and eliminate trust and sense of mutual help among human beings (Puniman, 2018)

Empathy (understanding the feelings of others)

The SS-EI pair of informants understood each other's feelings and conditions. SS always listened to the stories told by EI. Sometimes EI always cried when she talked about her condition and SS also felt sad. To reduce his sadness, SS gave EI the snacks he liked so he wouldn't get too sad. EI always gave encouragement and advice to calm SS down. Hidayatul, Hema, and Emil (2019) said that the importance of the family in understanding the patient's condition and feelings and providing emotional support will be able to make the patient feel accompanied, have a passion for life and not feel worried.

Similarities (not emphasizing differences)

In the context of the similarities between the SS and EI partners, there are no boundaries because they have emotional closeness and an attitude of understanding each other. Emotional closeness makes people feel relaxed in their relationships. SS, who always opened his heart and was ready to accept complaints from EI, made EI feel comfortable being accompanied by SS. EI said that only SS was the only person who could accompany him during treatment. Research conducted by Noor (in Rhosyidah, 2015), states that people who always tell stories, either pleasant or sad, will feel relieved and relaxed in facing life.

Provisionalism (accepting differences of opinion and being willing to review one’s own opinion)

In the context of provisionalism in the pair of informants III, EI gave criticism to SS regarding the condition of SS so that he would continue to be enthusiastic about being healthy. SS gave criticism to EI for not being too strict in limiting his intake. They accept each other’s good criticism because good criticism can help the treatment process. They discussed reviewing each other’s opinions. This implies sharing of opinions between two or more people who aim to gain a common view of a problem that is shared (Samani, 2012). Purposeful discussion to solve one problem to gain greater mutual understanding clearer and more thorough about something, or to finalize a decision together (Sabri, 2005). The discussion above can be summarised through the supportive communication model below:

Table 1: Supportive Communication from three pairs of Informants

No	Informant	Form supportive communication	
1	L K-VM (brother-sister)	descriptive	I want treatment (pair 1)
			Expressing deep gratitude (Couple 2)
		problem orientation	Undergoing chemotherapy (partner 1)
			Controlling food (pair 2)
			Getting treatment using public transportation (pair 3)
		spontaneity	Not disclosing information about the patient’s health (pair 1,2,3)

2	JS-MG (wife husband)	empathy	Understanding feelings (pair 1)
			Trying hard (pair 2)
			Comfort when sad (partner 3)
3	SS-EI (wife husband)	Equality	Loving each other (pair 1)
			Following requests (pair 2)
			Pouring your heart out (pair 3)
		Provisionalism	Do not like to be limited in food intake (pair 1,2,3)

Source: Interview result, 2022

Thus family support is an important factor in determining the success of patient treatment so that he is motivated to recover (Keliat et al. 2011).). The function of affection is the reason why one family member cares about other members. This function implies that interactions within the family are fostered based on emotional and spiritual relationships that are conducive to the growth and development of mutual love, and mutual care. Parents become a mirror for other family members in this intra-family interaction. The parental relationship in a *mawaddah wa rahmah situation* is a good example of developing affection for other family members (Ramayulis, 2001). This is evident in the findings made on the 3 pairs of informants who always sacrificed for the recovery of their partners and younger siblings.

CONCLUSION

Based on the data and results that have been obtained from the three informant pairs, supportive communication of family members with cancer patients can be carried out by not blaming the patient's condition, solving problems together for the smooth running of patient treatment, being open to information about patient conditions, listening to complaints and accepting one another's opinions. each other, especially regarding the food consumed by the patient.

However, there is a uniqueness in terms of problem orientation, the informant I pair had to work together to convince both parents and family so that the patient can continue to carry out the chemotherapy treatment recommended by the doctor. In the pair of informants II, difficulty eating is a major problem. In order to increase appetite, family members made leeway in choosing the food to be consumed so that the patient's appetite increased, and the informant III couple decided to use public transportation at a more affordable cost than renting an inn around the hospital.. The factor that influences the form of supportive communication in the three pairs of informants is family affection.

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