

# Supportive Communication of Volunteer Toward Cancer Patients at Rumah Pejuang Kanker Ambu Bandung

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## ABSTRACT

### Keywords

Supportive Communication  
Volunteers  
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Without Coercion

The process of healing cancer will be more effective if the patient gets support and motivation from themselves and the environment. Therefore, this research was conducted to get an overview and form of how supportive communication is carried out by volunteers with cancer patients at Rumah Pejuang Kanker Ambu Bandung. The method used in this research is qualitative descriptive research. The informants in this study used a purposive sampling technique with data collection techniques used in-depth interviews and observation. The result shows that volunteers at RPKA have implemented six indicators of supportive communication for cancer patients: more concerned with what will be conveyed than assessing the person first, communicate well and talk about everything without any coercion, be honest about various patient conditions in certain ways, pay attention to the condition of each patient, embrace and not limit closeness with patients, also receive advice for better personal and performance towards patients. Communication made by volunteers has succeeded in making patients enthusiastic about carrying out daily activities and treatment, being able to think positively, accepting circumstances, and helping patients have the confidence to recover.

## 1. Introduction

A healthy body can support all activities to balance economic, social, and other life aspects. However, many people still underestimate their health so various kinds of diseases are felt. Not a few people failed to defend their lives from various diseases and died. According to Global Burden of Disease (GBD) and Institute for Health Metrics and Evaluation (IHME), one of the leading causes of death in the world is non-communicable diseases and one of the highest is cancer (Tran et al., 2022). Global Cancer Observatory (Globocan) in the shade World Health Organization (WHO) in 2020 collects data regarding the types of cancer that have the highest death rates in Indonesia. Based on data, of the 396,914 most recent cases since March 2020 the highest type of cancer was breast cancer at 16.6%, followed by 3 cervical cancers at 9.2%, and also lung cancer at 8.8%. And from the cases above, 234,511 people died (The Global Cancer Observatory, 2020).

Curing cancer requires a long process, competent experts, and adequate quality facilities. However, the Indonesian people currently find it very difficult to find this crucial thing. Indonesia still lacks special cancer hospitals and general hospitals that have service facilities for cancer patients. This resulted in many patients not being saved due to delays in treatment from the hospital plus other factors, namely delays in diagnosis so that the disease is often detected after it has developed to an advanced stage. However, it should be noted that apart from intensive treatment from the hospital, cancer patients need support from both internal and external sides. The better the support, the better the quality of life for cancer patients (Irawan et al., 2017). So, it is necessary to do supportive communication for cancer patients in order to maintain their spirit for life.

Supportive communication is a behavior both verbal and non-verbal that aims to improve the psychological condition of the interlocutor, which is concretely capable of making one's emotions

better and directing one to think more positively, and helping to make good decisions (Shanti et al., 2020). Support can reduce psychological pressure such as shame, sadness, hopelessness, and more enthusiasm in undergoing treatment (Dias Saraswati et al., 2019).

Many authors are interested in discussing supportive communication with cancer patients. One of them is research conducted by Erna Irawan. The results of the research she has conducted explain that the quality of life of breast cancer sufferers is influenced by several factors, one of which is family support. The level of family support will affect the quality of life of breast cancer patients. The higher the family support, the better the quality of life, conversely, the lower the family support, the lower the quality of life (Irawan et al., 2017). Another research was conducted by Ni Putu Sri Fatmiwiryastini. The results of the study stated that there was a strong relationship between family support with a positive pattern and the ability of parents to carry out palliative care for children with cancer. The results of the relationship analysis stated that there was a significant and positive relationship between the level of family support and the caregiver's ability to perform palliative care for children with cancer (Fatmiwiryastini et al., 2021).

The research above has proven that the surrounding environment can improve the quality of life of cancer patients. However, this research does not explain in detail how the form of supportive communication is carried out so that it can achieve this goal. Therefore, this research will refine the current results. At different times and places, authors will explain how the process or form of supportive communication is carried out by Rumah Pejuang Kanker Ambu Bandung volunteers for cancer patients to increase their enthusiasm for life.

Rumah Pejuang Kanker Ambu Bandung is a halfway house for cancer patients who are undergoing treatment at major hospitals around Bandung such as Hasan Sadikin Hospital, Al-Islam Hospital, or Immanuel Hospital. This halfway house has been established since 2012 by Dewi Nurjanah or commonly called Ambu. Currently, Rumah Pejuang Kanker Ambu can accommodate hundreds of patients from various regions. there are various kinds of approaches and productive activities carried out by volunteers with cancer patients. The patients of Rumah Pejuang Kanker Ambu, assisted by volunteers, have now succeeded in making a book about the journey of the establishment of Rumah Pejuang Kanker Ambu Bandung which is titled "The Sound of Love". Apart from that, they also produce snacks every month under the "Jajanan Ambu" brand such as fried onions, cilok, cimol, and various other Sundanese specialties (Segenggam Semangat Dari Rumah Pejuang Kanker Ambu, 2022). These two things describe good supportive communication. Patients can produce their own food indicating that they are at the stage of having stable daily activities despite suffering from a chronic disease. This is due to the positive support provided by good volunteers.

Based on the background of the problems above, the author is interested in researching "Supportive Communication of Volunteer Toward Cancer Patients at Rumah Pejuang Kanker Ambu Bandung".

## 2. Method

The type of research used is qualitative research with a descriptive approach. Qualitative research is research that is used to examine human problems and their surroundings. The purpose of qualitative research is to explain a phenomenon that occurs in detail and completely (Suud & Subandi, 2017). This study uses data collection techniques through in-depth interviews and observation towards volunteers and patients. To take certain informants, it used purposive sampling technique. The criteria for the main informants selected in the study were: being active as a volunteer and participating in the activities of Rumah Pejuang Kanker Ambu Bandung for more than 1 year and often interacting directly with children with cancer at Rumah Pejuang Kanker Ambu Bandung. The research will be more accurate with additional informants. Additional informant criteria are adult cancer patients with an age range of 20-60 years, cancer patients with stages 3-4, and intense interaction with the management of Rumah Pejuang Kanker Ambu Bandung for at least 1 year. Then author validates data use triangulation. Triangulation is a process of validating data by checking data through various sources, techniques, and time (Mekarisce, 2020). The data analysis technique used is the technique proposed by Miles and Huberman. The data analysis used consisted of data reduction, data presentation, and drawing conclusions.

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### 3. Result and Discussion

Data were obtained from three pairs of informants regarding the supportive communication of volunteers with cancer patients. The informant pairs studied were cancer patient and volunteer pairs: RY-EA, RN-TS, and DN-MN.

First way is do not judge the patient. Someone will tend to judge when conveying personal perceptions or views to others. No matter how bad someone's behavior is, the communicator must communicate personally not as an object. EA is a patient who has a quiet and shy character. This does not make RY rule out EA as a patient there. She always focused on what was going to be delivered rather than seeing 'who' the previous EA was. For RN, often finds patients who have bad tempers. But this was not used as an excuse by RN for not wanting to take care of or talk to TS. RN tries to do everything because he is aware of his role as one of the drivers of quality and the quality of halfway houses that are realized through his services (Simamora et al., 2019). Likewise on DN. MN comes from the village with a character who speaks a lot in a high tone. Despite having such a character, DN as a volunteer continues to speak without judging MN. DN always speaks well so that MN can have good progress during treatment.

The second is cooperating well. Working well together means not trying to control someone when communicating, and not dominating or preoccupying yourself. RY always communicates all information to EA properly because RY wants the best treatment for EA. RY never forces anything on EA because all decisions, especially those related to treatment, must be based on the patient's consent. Basically, patients and families must be competent to understand relevant information and the decision is in their hands, patients must not be forced to accept treatment against their will (Syahla, 2020). Another story for RN. TS is a patient who sometimes does not want to be accompanied when seeking treatment or control at the hospital because of his habit of not having a companion. RN explained that this should not be done by the patient. Therefore, RN will continue to speak calmly and gently to TS so that he understands and wants to be accompanied when in control. Compared to other volunteers, DN is the volunteer with the longest experience in taking care of patients. Of course, DN has faced various kinds of patients from A to Z. So DN is very alert and already knows how to deal with and how work with MN or other patients.

Third way is being honest. Being honest leads to predictable behavior and it will encourage other people to trust each other. Each informant has their own 'honest' way. For informant I, RY is more comfortable speaking honestly by first conveying information to a new companion to the patient. This will really help RY if EA is not in good condition. Honesty makes a person calm and comfortable and can relieve tension (Suud & Subandi, 2017). Unlike the RNs. RN does not deny that all this time he has lied to TS. RN explained that the 'lying' that he did was not completely lying or commonly called white lies, meaning that this lie was done with good intentions. For DN she thinks that being honest with patients is a must because later the patients themselves will feel the impact. MN will be more prepared if notified from the start than not notified at all. Honest people will always be calm and not afraid, and honesty can bring the truth (Sulastrri & Fahmi, 2019).

The forth way is understanding the patient's feelings. The ability to understand someone's feelings or empathy means that he is able to feel something like the person experiencing it, to be in the same place and feel the same feelings in the same way. RY and RN explain the reason why they can understand various patient conditions because they have been part of these patients. In partner II, TS was a patient who was almost declared cured, but a motorcycle accident caused him to have another cancer, and had to undergo chemotherapy and radiation from an early stage again. Since then RN said that he always took the time to ask questions so he knew that TS's condition remained stable. As for DN, she has been taking care of cancer patients since 2009. DN has hit rock bottom when she is taking care of his son who has cancer. When initially diagnosed with cancer, MN was shocked and afraid of what steps to take next, she was afraid she would not survive long. After meeting with DN at the hospital, DN made sure that what MN had experienced was not that scary.

The fifth is no limiting. Not limiting yourself to someone means feeling the same as other people despite differences in ability, family background, or certain attitudes. However, this does not require a person to simply accept and approve all verbal and non-verbal behavior of the other party. RY considers EA as well as other patients as friends and part of the family. EA is less mingling than other patients. He mostly stays in bed focused on her world. So, RY continues to make approaches so

that EA feels comfortable being close to RY. RY always does activities together with other patients such as eating and watching movies together. Unlike the RNs. Every time there was a new patient, RN always embraced him to talk with other old patients swiftly. RN does this so that there are no boundaries between all residents and all of them can be comfortable doing activities and living in a halfway house. DN has its own way so that there are no boundaries with patients. DN is always ready to be whoever MN and other patients need. DN said that she must be ready to be a father, mother, brother, sister, friend, doctor, or psychologist for patients if needed.

And the last way is accepting criticism and suggestions. Being able to accept criticism and suggestions will prevent someone from labeling himself as always right, he considers himself an ordinary human being who sometimes makes mistakes, and always accepts advice on all opinions expressed. RY explained that she had to accept all input for better performance and personality in the future. Humans are the place to make mistakes, but if you can learn from their mistakes, humans will become someone who excels and can reduce their mistakes (Rahmatiah, 2020). For RN, he has a younger age than other adult patients, so RN emphasized that he really needed criticism and advice from TS. DN said that accepting criticism and suggestions is one way for DN to provide the best for patients. When DN can accept criticism and suggestions well, she will improve it later and she can improve the quality of her services to MN as well as other patients.

#### 4. Conclusion

Based on the data and results that have been obtained from the three pairs of informants, the author can conclude that the form of voluntary supportive communication with cancer patients at Rumah Pejuang Kanker Ambu Bandung is not judging patients, being able to work together when there are problems, being honest and empathetic, not limiting oneself with patients, can also accept criticism and suggestions. Thus, in supportive communication with cancer patients, the main thing that must be instilled is that volunteers should not force the patient's will. If the patient does not want to be given treatment, the doctor or volunteer may not force them to do it, all actions must be based on the patient's consent. In addition, the purpose of this supportive communication is for the patient to survive, not to recover. Continuing to pay attention to the patient's condition, can help the patient to continue to survive and focus on undergoing treatment this will affect the patient's recovery factor.

For future researchers who are interested in studying this research further, it is advisable to examine more deeply the factors that influence the success of supportive communication in increasing the spirit for life in cancer patients at Rumah Pejuang Kanker Ambu Bandung or other places, such as age, length of work, life experience, and so on. In addition, the researchers suggested researching the same thing but with a different research method, namely quantitative research to measure how many patients feel good supportive communication from volunteers.

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