



# Develop Webinar-Based Empowerment to Increase Optimism of Breast Cancer Survivors

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## Abstract

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**BACKGROUND:** Breast cancer patients must undergo a series of therapies that take a long time with painful side effects. Fellow breast cancer sufferers are people who can provide psychological support to patients. Cancer patients need to get support from others to always motivate, encourage, motivate, control, and assist cancer patients.

**OBJECTIVE:** This study aims to develop a model of webinar-based empowerment to increase optimism of breast cancer survivors in Medan.

**METHODS:** The type of research used is action research with 78 participants. There are two types of instruments for data collection, the focus group discussion (FGD) question guide and the Revised Life Orientation Test (LOT-R) instrument. Six people were used for in-depth interviews and 72 people for the implementation of optimism socialization through webinars.

**RESULTS:** The results of the optimism assessment showed that 83% of participants had positive optimism after the webinar activity on tips and tricks "Successful controlling emotions with Optimism." Based on the results of the paired t test,  $p < 0.0001$  was obtained. This shows that webinars can affect the optimism of breast cancer survivors.

**CONCLUSIONS:** Fellow breast cancer patients are needed to motivate each other and share experiences in dealing with breast cancer treatment and how to prevent complications or metastases. The role of fellow breast cancer sufferers is currently very easy to do with webinar-based empowerment. Webinars have the effect of increasing optimism.

## Introduction

A person who is diagnosed with cancer, from the moment, it is diagnosed and tries to move on with life, is called a cancer survivor. Breast cancer diagnosis and treatment challenges a woman and raises physical, psychosocial, behavioral, and spiritual concerns [1]. A person will experience fear and uncertainty when diagnosed with cancer. Lubis and Elysabet stated that 62.2% of breast cancer patients experienced moderate anxiety due to chemotherapy treatment at Dr. Pirngadi Hospital, Medan [2]. Their lives are suddenly turned upside down as they struggle to understand the world of cancer treatment, how to enter that world, and how to emerge from it as fully human beings. Worry can lead to feelings of isolation so that people with breast cancer desperately need other people [3].

Breast cancer ranks first of all cancers in women with a prevalence rate of 56.5/100,000 women in the world [4]. Globocan in 2019 also stated that the prevalence of breast cancer varies, in Western Europe 177.5/100,000 women, East Asia 38.7%/100,000 women, East Africa 26.4%/100,000 women, and Japan 92.3%/100,000 women. Data from the Global Cancer

Observatory show that the most common cancer cases in Indonesia are breast cancer, which is 58,256 cases or 16.7% of the total 348,809 cancer cases [5]. The Indonesian Ministry of Health stated that the breast cancer rate in Indonesia reached 42.1 people per 100,000 population. The average death rate from cancer is 17 people per 100,000 population [5].

The form of suffering experienced by cancer patients, one of the significant experience problems is the fear of inevitable death [6]. The diagnosis and treatment of breast cancer has a considerable psychological impact on women. After the diagnosis of breast cancer, the fear of death, hopelessness, and fear related to the expected life changes, together with the impaired quality of life due to treatment, can lead to negative perceptions in the patient [7]. Patients are expected to have a positive attitude toward healing.

Efforts to stop psychological issues from developing in breast cancer patients, one of which is boosting the patient's sense of optimism about their prognosis. Optimism has been shown to have an effect on the well-being of cancer patients. However, there is not much information about optimism for healing in breast cancer patients in Medan. Optimism for healing from breast cancer is influenced by several

factors, including ethnocentric factors consisting of family, socioeconomic, gender, and egocentric factors, namely, self-esteem [8]. Family plays an important role in providing emotional and economic support. Attention from the family can increase the confidence of breast cancer patients to comply with treatment rules and prevent metastases. As a woman, breasts are one of the organs of the body that becomes a self-image, if they lose their breasts, there will be disturbances in body image, low self-esteem, and even low self-esteem. The social support obtained by breast cancer patients provides benefits for them to overcome psychological problems, adapt to stress, so they need social support [9].

Social support according to Sarafino (2011) is an action that is actually carried out by other people or receives support and also refers to a person's feelings or perceptions that comfort, attention, and help are available, namely, perceived support. Social support that can be empowered in breast cancer follow-up care is a fellow breast cancer fellow or self-help group [10], [11].

This study aims to develop a model of webinar-based empowerment to increase optimism of breast cancer survivors in Medan.

## Methods

The type of research used is action research (AR). The research was conducted at Hope Family Cancer Care (HFCC) in July 2021–October 2021. The population in this study were all cancer patients who were members of the HFCC with a total of 110 people. The sample in this study is called the participant. The selection of participants was limited to breast cancer patients who joined the HFCC. The sampling technique used was purposive sampling as many as 78 people. Six people were used for in-depth interviews and 72 people for the implementation of optimism socialization through webinars.

This action research uses four stages of research, including the stages of diagnosis, action planning, action taking and action evaluation [12].

### Diagnostics

The first stage of this research uses qualitative and quantitative studies. Qualitative studies were used in the data collection process using in-depth interview techniques to breast cancer survivors. In-depth interview aims to dig up in-depth information about the experiences of breast cancer survivors and the obstacles faced in carry out a series of therapies and series of medical procedures. Researchers will conduct in-depth interviews for 50–60 min. After conducting

**Table 1: Frequency distribution characteristics of participant**

Characteristics of participant	Frequency (%)
Age	
31–40 years old	5 (7)
41–50 years old	30 (42)
>51 years	37 (51)
Length of diagnosed (year)	
1–3	31 (42)
4–5	27 (38)
>5	14 (19.4)

**Table 2: Frequency distribution of participant optimism before the webinar**

Optimism	Frequency (%)
Positive (13–24)	14 (19)
Negative (0–12)	58 (81)
Total	72 (100)

**Table 3: Frequency distribution of participant optimism after the webinar**

Optimism	Frequency (%)
Positive (13–24)	60 (83)
Negative (0–12)	12 (17)
Total	72 (100)

FGDs and in-depth interviews, breast cancer survivors were asked to fill out a questionnaire measuring life optimism using the Revised Life Orientation Test (LOT-R) instrument [13]. LOT-R questionnaire has 10 questions with answer choices strongly disagree (0), disagree (1), neutral (2), agree (3), and strongly agree (4). Items no. 3, 7, and 9 are negative statements so that the scores (0 = 4), (1 = 3), (2 = 2), (3 = 1), and (4 = 0). Add up items 1, 3, 4, 7, 9, and 10 to get the overall result. Items 2, 5, 6, and 8 are filler items only and are, therefore, not rated as part of the revised scale.

### Action planning

The second stage in this study, researchers used the FGD method which aims to explore information on breast cancer survivors regarding the expected support from fellow breast cancer survivors, families, health workers, and religious leaders in assisting participants through a series of medical procedures. After digging up information, at this stage, the researchers together with breast cancer survivors, families, health workers, and religious leaders agreed that socialization was necessary to increase the optimism of the lives of breast cancer survivors. The planning action stage still pays attention to the resources and capabilities of the parties involved in the research.

### Taking action

The third stage of this research uses the method that has been agreed on at the planning action stage. During the process of making plans to increase the optimism of breast cancer survivors, FGDs and observations were made on the development of optimism of breast cancer survivors.

### **Evaluation action**

The last stage in this study measures the optimism of breast cancer survivors using the LOT-R questionnaire and explores the experiences of breast cancer survivors with the support of the SHGS that has been carried out. The results of the LOT-R questionnaire measurement are presented in the form of a frequency distribution table. The difference in scores before and after socialization used paired t-test analysis.

Data analysis in qualitative study using interview recordings which were transcribed word for word in verbatim form. Data analysis in quantitative studies was carried out through univariate analysis and comparing the average scores before and after the activity. Univariate analysis was conducted to obtain a descriptive picture of the results of the frequency distribution of respondents. This analysis is used to obtain a description of each variable, such as SHGS and optimism. The increase in optimism was analyzed by comparing the average score before and after the activity.

## **Results**

Data collection was carried out for 4 months in the Hope Families Cancer Care (HFCC) community. The HFCC community consists of a collection of cancer patients who live in the city of Medan and its surroundings.

### **Diagnosics**

At this stage, the researcher used six survivors using in-depth interview techniques. The six survivors had inclusion criteria, had been diagnosed with cancer for at least 5 years, had completed medical treatment, and had no metastases. Interviews to obtain information about the experiences of breast cancer survivors and the obstacles faced in undergoing a series of therapies and a series of medical actions.

### **Experiences of breast cancer survivors**

Participants revealed that they had a bitter experience when they were sentenced to breast cancer. When sentenced to breast cancer 7 years ago, participants checked themselves without being accompanied by their families, participants felt weak and confused so they took the wrong public transportation. At that time, participants did not have an Android mobile phone and online transportation was not as plentiful as it is now.

*"...when the doctor said I had breast cancer.... I feel weak and like I don't have a spine. I was confused*

*and dazed to the point that I took the wrong public transportation..."*

The survivors shared their experiences about 5–6 years ago, that at that time it was difficult to get information like it is now. The participant stated that when he was undergoing a period of treatment, there were no activities such as seminars that could be attended online and his cellphone at that time was not as sophisticated as today's cell phones, which can access the internet at any time and many public wifi networks can be accessed. Survivors only get information from doctors and nurses who treat them.

*"...I used to be very active asking the doctors and nurses who treated me about anything I didn't understand. In fact, I was called a protester by the hospital staff. Hehehehe.... That's because we can't search as easily as now. Now, if we want information, we just need to take our cellphone and look for the information we need."*

### **Obstacles encountered**

Participants revealed that the support from the family is not felt because the husband often works outside the city and her children are still young. So that the participants stated that they had to be independent in dealing with the breast cancer they suffered,

*"...when I was sick, I had to be independent and be a strong housewife. My husband could not accompany me continuously in undergoing a series of breast cancer therapies starting from surgery to chemotherapy and outpatient treatment. One night my head hurt so bad that I couldn't move from bed, there was only my son who was still in elementary school and they could only make sweet tea."*

Participants also revealed that there were obstacles from health workers that some health workers did not provide clear information to patients.

*"...I was treated by several doctors at the hospital. But there is a doctor who curtly answered my question. But there are two doctors who are friendly and always patiently answer my questions until I understand correctly ..."*

### **Hope**

Participants revealed that they needed support from fellow breast cancer patients to share information and experiences with each other in carrying out breast cancer treatment therapy. At this time, it is easier to share information because there are many social media and applications to be able to share in cyberspace.

*".. I hope that we fellow cancer patients can share information with each other so that we can strengthen our friends who have just been diagnosed with cancer..."*

### **Measurement of optimism**

After conducting in-depth interviews, breast cancer survivors were asked to fill out a questionnaire measuring life optimism using the Revised Life Orientation Test (LOT-R) instrument [13]. Participant filled a number of 72 people with the following results:

### **Action planning**

The second stage in this study using the online discussion method through the WA group to plan socialization activities in an effort to increase the optimism of breast cancer patients. The members agreed that they needed the topic "Successfully controlling emotions with optimism." They decided that the activity would be a webinar through Zoom, due to the current pandemic situation. They asked for resource persons who were experts in the field of psychology. The activity was agreed to be carried out on Saturday July 10, 2021, at 07.00 pm.

### **Taking action**

On July 10, 2021, at 07.00–09.00 pm, a webinar activity "Success in Controlling Emotions With Optimism" will be held with Ms. Namora Lumongga Lubis, M.SC., PhD as the resource person. The number of participants who took part in the webinar was 72 people, consisting of breast cancer survivors and breast cancer patients who were completing a series of breast cancer treatment therapies. Based on the results of the webinar, participants asked for tips and tricks to increase positive expectations in their lives. The resource person answered by playing a video that could increase optimism. Several participants were enthusiastic and always gave a positive response when the speakers gave material.

### **Evaluation action**

The last stage in this study measures the optimism of breast cancer survivors using the LOT-R questionnaire and explores the experiences of breast cancer survivors with the support of the SHGS that has been carried out.

Based on the results of the paired t test,  $p < 0.0001$  was obtained. This shows that webinars can affect the optimism of breast cancer survivors. After the survivors attended the webinar, there was a significant increase in optimism.

## **Discussion**

Action research requires the active involvement of participants so that jointly developed programs can be implemented according to the abilities of participants.

The agreed social media activation is WhatsApp group. Participants who were newly diagnosed with breast cancer revealed that sometimes, they did not answer incoming chats because they felt that they were worthless and felt inferior. They said that the pain would not go away and they felt that their friends who had undergone a series of medical therapies were just showing off and thought that their illness was more severe. This shows that psychological conditions require motivation to get up and feel confident.

Unpleasant feelings from cancer can be overcome by having a positive attitude toward healing. Optimism helps a person cope with life's stresses, lowers the risk of falling ill [14], increases self-acceptance to be more positive [15], has a better ability to rise from adversity [16], enables behavior change, and increases persistence in carrying out treatment. Someone who has a positive outlook and has hope for the future will be said to be optimistic [16].

Patients with advanced breast cancer face uncertainty about their cure [17]. The majority of respondents only surrendered to God and underwent treatment according to their abilities.

A woman who is diagnosed with breast cancer will go through a stage of acceptance of the loss. Breast cancer treatment takes a long time and one of them is the surgical process. Breasts are one of the crowns of a woman, if the breasts must be removed, it will cause a loss response. This condition causes a woman diagnosed with breast cancer to experience that her life is meaningless and even loses life hope. Feelings of meaninglessness and helplessness if left unchecked can hinder treatment and even patients can stop treatment.

Based on the results of interviews and discussions with breast cancer patients, there are several topics that need to be considered, namely, experiences when diagnosing breast cancer, obstacles in carrying out treatment therapy, hopes, and optimism levels of breast cancer patients.

### **Experiences of breast cancer patients**

Based on the results of interviews, the patient when diagnosed with breast cancer felt lost and very sad. At this stage, it is very important to assist the family to accompany the patient to check his health. According to Friedman (2013), the family functions as a support system for its members. Family members suffering from breast cancer must always be supportive, always ready to provide help and assistance if needed. There are four dimensions of family support, namely, emotional support, informational support, instrumental support, and reward support. Families can provide emotional support in the form of attention, love and affection, empathy, and always provide warmth in communication and interpersonal relationships. Families can provide advice and discuss ways to reduce psychological stress in breast cancer patients. Families

can also facilitate breast cancer patients to contact health workers who are deemed necessary for consultation about breast cancer and patient psychology. The domain of instrumental support provided by the family can be in the form of meeting the cost of treatment, providing a decent place to live, and providing assistance in carrying out daily activities. Families also need to give positive rewards in the form of praising breast cancer patients who have completed the stage of treatment therapy or in completing daily activities independently provide adequate housing, and provide assistance in carrying out daily activities. Families also need to give positive rewards in the form of praising breast cancer patients who have completed the stage of treatment therapy or in completing daily activities independently provide adequate housing, and provide assistance in carrying out daily activities. Families also need to give positive rewards in the form of praising breast cancer patients who have completed the stage of treatment therapy or in completing daily activities independently [18].

### **Obstacles**

Based on the results of interviews with breast cancer patients, they felt that health workers did not provide clear information about their disease. They realized that health workers had many other jobs. Health workers seem to briefly answer questions from breast cancer patients, so they feel less satisfied with the answers. Health workers should have free time to provide information to breast cancer patients about their disease. Knowledge of breast cancer patients will form a pattern of thinking and related behavior to a healthy lifestyle.

### **Hope**

In addition to support from family and health workers, breast cancer patients need support from fellow breast cancer patients. Breast cancer sufferers form a community to interact and share experiences in a WhatsApp group. They agreed to send messages of mutual encouragement and share experiences in carrying out breast cancer treatment therapy. They made rules that the information sharing allowed in the WA group is positive information, does not provide information on alternative medicine, does not provide information related to death, and does not provide information that distinguishes ethnicity and religion. After mutual agreement, they discuss the topics needed to increase their life expectancy for the better and happier. The results of the discussion agreed that the chosen topic was "Success in controlling emotions with optimism." This activity was carried out through Zoom on Saturday July 10, 2021, at 07.00–09.00 pm with the resource person Mrs. Namora Lumongga Lubis, M.Sc., PhD.

During the webinar, the participants were very enthusiastic and some participants gave a positive response when the speaker gave the material.

Resource persons provide material by actively calling participants in the webinar to share their experiences. None of the participants were off camera and responded to the ongoing discussion. Resource persons provide reinforcement for breast cancer patients to always think positively about anything. If breast cancer sufferers are not satisfied with their current life, then they should not and should not blame others. What needs to be seen is what seeds or causes have been sown in the past. When the mind is filled with negative images of the past, our attitudes and behavior will reflect something negative. However, if our minds are filled with positive things, then our attitudes and behavior will be positive and useful. Many people are calculating in doing something. In fact, we often count that we have done many good things and sacrificed for others. We often judge that other people are doing bad things and doing bad things. "But why did God give me this cancer?" so that we will think: "How miserable my life is, I am not lucky, I am not useful to others" and finally we say: "God does not love me." These phrases should be avoided.

The most dangerous beliefs, which are more dangerous than cancer, are self-limiting beliefs or beliefs that weaken us. Self-limiting beliefs are beliefs based on doubt and fear. This belief contains negative thoughts about yourself that say you are incompetent, not creative, you look bad, you have no strengths, you are stupid, and have no energy. The more often you repeat a bad behavior, the result of a false belief, the stronger the negative belief becomes.

Positive and optimistic feelings about yourself will radiate waves that will attract people, events, situations, resources, customers, or anything else that falls on that frequency. On the other hand, when the dominant thought is negative, it will attract all the negative things into our life.

### **Optimism level**

Breast cancer survivors revealed that they felt calm and had greater enthusiasm before activities. Webinars teach breast cancer sufferers to think positive things. Because our thinking will be controlled by the subconscious. Therefore, if we think positively, good things will happen. Hence, if our thoughts are positive, then positive things will come. After the webinar activity "Success in controlling emotions with optimism," there was an increase in the average score of optimism. Before the activity, the average score of optimism was 15.972, and after the activity, the average score increased to 20.944.

Before the webinar, breast cancer patients had low scores for each statement item. Item statements about the need for busyness and hope for the good for breast cancer patients are neutral with an average score of 3.125. This statement item gets the highest score because busyness in carrying out daily activities can distract breast cancer patients. The attention of breast

cancer patients is diverted to carry out daily activities, so that they forget for a moment their illness and think positive things and increase expectations. A breast cancer patient who does not always think about the best things in his life will make him think bad things will happen to him. They will depend on others and do not have the initiative to solve the problem.

After the webinar activity, there was an increase in the optimism of breast cancer patients. They have thought of good things and are optimistic about healing. However, there are statement items about being afraid of bad things happening, needing the help of others, and rarely counting good things. This happens because of many factors, one of which is family support and peer support (fellow breast cancer).

## Conclusions

Fellow breast cancer patients are needed to motivate each other and share experiences in dealing with breast cancer treatment and how to prevent complications or metastases. The role of fellow breast cancer sufferers is currently very easy to do with webinar-based empowerment. Webinars have the effect of increasing optimism.

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